STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265778	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Manor Health & Rehabilitation	2012 Nifong Boulevard Columbia, MO 65201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265778	A. Building B. Wing	12/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Columbia Manor Health & Rehabilitation	2012 Nifong Boulevard Columbia, MO 65201

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, facility staff failed to notify the facility attending physician following a change in condition of one resident (Resident #1) out of nine sampled residents when the resident fell and received a head injury. The facility census was 44.1.Review of the facility's Change in a Resident's Condition or Status policy, revised 02/2021, showed staff are directed as follows:- The policy states facility staff promptly notify the resident, his or her attending physician, and the resident's representative of changes in the resident's medical/mental condition, and/or status, including an accident or incident involving the resident;- A significant change of condition is a major decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions;- Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.2.Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool, dated 10/31/25, showed staff assessed the resident as cognitively impaired.Review of the resident's Care Plan, updated 08/07/25, showed the resident required extensive assistance with bathing/showering. Review showed staff directed to inform the resident of any changes in condition and benefits, risks, and possible choices of treatment. The care plan did not contain documentation staff assessed the residents fall risk or implemented interventions for falls.Review of the resident's nurses' notes, dated 11/24/25, showed the Director of Nursing (DON) documented a housekeeping staff member notified him/her of an emergency in the north shower room. The DON documented the resident on the floor in front of the shower chair with Hospice Aide A squatted down next to the resident. Vitals obtained. Resident hit head, purple raised area above right eye. Resident is conscious. Neurological checks initiated. Resident is not making sense verbally. Staff reported this is the resident's baseline this morning prior to fall. RN Hospice nurse in to see resident. Hospice RN called resident's family member. The nurse's note did not contain documentation staff notified the resident's attending physician. During an interview on 12/05/25, at 11:56 A.M., the administrator said if a resident falls, staff should notify the attending physician. During an interview on 12/05/25, at 11:59 A.M., the Corporate Nurse said if a resident falls, staff should notify the resident's facility attending physician. He/She said if a resident falls and hits their head, staff should initiate neurological checks, monitor for changes related to a head injury, check the resident's medication list for anticoagulants (blood thinners), and notify the facility's attending physician. The Corporate Nurse said the DON should not rely on the Hospice Nurse to determine if the resident should be sent to the emergency room. During an interview on 12/05/25, at 1:11 P.M., Hospice Aide A said he/she was assisting the resident with a shower, and when he/she turned halfway to get the soap, the resident's eyes rolled back, the resident leaned forward, and the resident fell and hit his/her head on the wall. He/She said the DON responded and assessed the resident. Hospice Aide A said he/she notified the Hospice RN. During an interview on 12/05/25, at 1:44 P.M., the Hospice RN said the Hospice Aide notified him/her of the resident's fall. He/She said he/she was five minutes away from the facility, and he/she went to the facility to assess the resident. He/She said the facility staff did not notify him/her of the fall, and he/she notified the on-call Hospice Nurse Practitioner. During an interview on 12/05/25 at 1:53 P.M., the Hospice Nurse Practitioner said if Hospice staff notify him/her a resident has a change in condition, he/she relies on the Hospice staff to tell him/her what the resident's family wishes to do before recommending sending the resident to the hospital. During an interview on 12/05/25, at 2:15 P.M., the DON said he/she responded when the resident fell in the shower room. He/She said the resident was awake and babbling, which the resident had done previously. He/She said the resident had a raised bruised area, like a goose egg. He/She said he/she initiated neurological checks, assessed the resident's vital signs, and assessed the resident for signs of pain. He/She said the Hospice RN came in to assess the resident, and the Hospice RN told him/her he/she notified the resident's family member and the hospice nurse practitioner, and the family member said to provide comfort measures only. The DON said if a resident has a change in condition, staff should notify the administrator, the facility attending physician, and the resident's family. He/She said if a resident is on Hospice, and has a change in condition, he/she notifies Hospice, and Hospice staff determine the next steps to take. The DON said facility staff are ultimately responsible for the oversight of all residents in the facility. Complaint # 2682541