STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265840	A. Building B. Wing	05/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neighborhoods Rehabilitation and Skilled Nursing B	3003 Falling Leaf Court 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 0627 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide an appropriate emergency discharge notice to one resident (Resident #1) when staff discharged the resident to the hospital and refused to allow him/her to return to the facility. The facility census was 93.1. Review of the facilities policies did not contain a policy for emergency discharge.2. Review of Resident #1's face sheet, dated 5/29/26, showed the resident admitted to the facility on [DATE] and staff discharged him/her to the local hospital on 5/20/26.Review of the resident's progress notes, dated 5/20/26 at 11:48 A.M., showed staff documented the resident discharged back to the hospital for uncontrolled pain.Review of the resident's medical records did not contain documentation of an emergency discharge issued to the resident.During an interview on 5/29/26 at 8:47 A.M., the Director of Nursing (DON) said the facility was not informed of the full acuity of care and it was felt they could not meet the residents' needs. He/She said it is not clinically safe for the resident to be at the facility.During an interview on 5/29/26 at 8:48 A.M., the Administrator said when the resident was assessed his/her acuity of care was much higher than anticipated. He/She said the resident was sent to the hospital and the social worker at the hospital was informed the resident would not be permitted back because of the level of care the resident needed. He/She said he/she did not issue a written discharge. Complaint #3021427

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