

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265844	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2025
NAME OF PROVIDER OR SUPPLIER Aurora Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 McCutchen Road Rolla, MO 65401	

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. (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
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<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide discharge notice for one resident (Resident #1) and failed to allow Resident #1 to return to the facility when the hospital discharged the resident. The facility census was 80.1. Review of the facility's Transfer and Discharge policy, revised 04/23/25, showed staff were directed to:-Once admitted , the resident has the right to remain in the facility unless their transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;-The facility's transfer/discharge notice will be provided to the resident and resident's representative in a language and manner in which they can understand. The notice will include all of the following at the time it is provided: -The specific reason and basis for transfer or discharge;-The effective date of transfer or discharge;-The specific location (such as the name of the new provider or description and/or address if the new location is a residence) to which the resident is to be transferred or discharged ; -An explanation of the right to appeal the transfer or discharge to the State;-The name, address (mailing and email) and telephone number of the State entity which receives such appeal hearing requests;-Information on how to obtain an appeal form;-Information on obtaining assistance in completing and submitting the appeal hearing request;-The name, address (mailing and email), and phone number of the representative of the Office of the State Long-Term Care Ombudsman;-For nursing facility residents with intellectual and developmental disabilities (or related disabilities) or with mental illness(or related disabilities), the notice will include name, mailing and e-mail address and phone number of the state agency responsible for the protection and advocacy of these populations;-The notice must be provided at least 30 days prior to transfer or discharge of the resident;-If the facility determines it cannot meet the resident's needs, the resident's physician will document the specific resident needs that cannot be met, facility attempts to meet the resident needs, and the specific services available at the receiving facility to meet the needs of the resident which cannot be met at the current facility;-The facility will provide transfer/discharge notice to the resident/representative and ombudsman as indicated;-For a transfer to another provider, ensure necessary information (All other information necessary to meet the resident's needs) is provided along with, or as part of, the facility's transfer form.2. Review of Resident #1's Discharge Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 06/25/25, showed an admission date of 06/04/25 and discharge date of 06/25/25.Review of the resident's nurse's note, dated 06/25/25, showed staff sent the resident to the emergency department by ambulance for suicidal ideation (often referred to as suicidal thoughts, is the experience of thinking about, considering, or contemplating suicide). Review of the resident's electronic medical record, dated 6/25/25, showed the medical record did not contain a 30 day discharge or an emergency discharge notice.During an interview on 07/02/25 at 2:05 P.M., the Social Service Director (SSD) said he/she is responsible for discharge planning and being the liaison between the facility, the family and any resources the residents may need. He/She said he/she has been sending out referrals for the resident to be transferred to another facility and they have been denied. He/She was not aware the resident was denied reentry to the facility. He/She said he/she is not aware of the rules for discharging a resident and not allowing them to reenter. He/She said when a resident is going to be discharged to another facility, he/she usually provides a 30-day notice and helps the resident to find a new placement.During an interview on 07/02/25 at 2:19 P.M., the administrator said the resident has had suicidal ideations since admission on [DATE]. He/She said the last transfer out to the hospital was on 06/25/25. He/She said in order for the resident to return to the facility, the resident would need to be placed on one-on-one care in order to ensure his/her safety. He/She said the facility does not offer one-on-one care and cannot provide the level of care the resident needs to ensure his/her safety. He/She said he/she spoke with corporate, after the hospital called the facility to discharge the resident. He/She talked to them about the resident returning to the facility and they decided as a team, since his/her care level has shifted they are denying him/her reentry. He/She said he/she was not aware of the requirement to allow the resident to return to the facility nor the proper process for discharging the resident. MO00256824</p>		