

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Quail Run Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 West Grand Ave Cameron, MO 64429	
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)		
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to allow one resident (Resident #1) to return to the facility without a documented reason in the medical record as to why the resident's needs could not be met. This affected one resident of three sampled residents. The facility's census was 32. Review of the facility provided policy titled, Transfer or Discharge Notice, dated March 2025 showed:-When a resident is sent to an acute care setting, this is considered a transfer, not a discharge, because the resident's return is generally expected; -If discharge is initiated by the facility after an emergency transfer to the hospital, the reason for discharge is based on the resident's status at the time the resident seeks return to the facility, not the reason for the initial transfer; -If the facility does not permit a resident's return to the facility, based on inability to meet the resident's needs, the facility will notify the resident, and/or his/her representative in writing, including notification of appeal rights;-Nursing notes will include documentation of appropriate orientation and preparation of the resident prior to transfer or discharge.1. Review of Resident #1's Level 1 Nursing Facility Pre-admission Screening for Mental Illness/Mental Retardation or Related Condition (PASRR) dated 2/17/2015 showed:-He/She had manic (abnormally elevated mood and activity) and depressive (deep sadness) episodes; -He/She had serious problems in level of function; -He/She received intense Psychiatric treatment in the past two years; -He/She often called the crisis hotline threatening to harm self if he/she did not get what he/she wanted; -He/She had problems getting along with others and needed redirection; Review of Resident #1's preadmission packet dated 12/3/2025 at 12:22 PM showed:-The resident's guardian was the Public Administrator; -Diagnoses of anxiety, diabetes, Schizophrenia, Bipolar disorder, depression, anxiety and obesity.Review of the resident's pre-admission care plan dated 12/3/25 at 1:20P.M, showed:-He/She became angry quickly if things did not go his/her way; -He/She made threats; -He/She had suicidal thoughts, with no specific plan; -He/She was deemed safe for admission to a skilled facility; -He/She was at risk for aggression, anxiety, and irritability; trouble getting along with others and picked at his/her skin; -He/She may display high and low emotions; -He/She needed assistance with care, as he/she was unable to stay on task; -Due to his/her size and behaviors, he/she required 2 staff assistance for care. Review of the resident's Face Sheet showed:-The resident was admitted to the facility on [DATE]; -The resident was discharged on 12/7/25 at 6:30 P.M.; -Public Administrator as guardian; -Diagnoses of anxiety, obesity, depression, diabetes, Schizophrenia (a brain disorder leading to a break from reality, disorganized thinking and reduced emotional expression) and Bipolar Disorder (a mental illness causing an extreme shift in mood, energy and activity), restlessness and agitation.Review of the resident's nurse progress notes showed:-On 12/06/2025 at 12:02 P.M. He/She was very anxious, had been back and forth to the nurses station requesting things; -The resident requested hospice be called twice; -Hospice encouraged the use of his/her antianxiety medication; -On 12/06/2025 at 4:13A.M. staff reported</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 265353	Facility ID: 265353 If continuation sheet Page 1 of 2

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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>he/she was using the call light frequently for minor issues; -When the resident's call light was answered, the resident would attempt to pull staff into the bed with him/her; -The staff were instructed to provide care in pairs.-On 12/07/2025 6:34 P.M. the resident returned from a smoke break; -He/She requested hospice be called; -The resident reported he/she was having a mental and physical crisis; -He/She said he/she was having chest pain that went down the left arm, and he/she was going to hurt him/herself and everyone sitting/standing around him/her; -911 was called; -He/She began throwing things when Emergency Medical Services (EMS) arrived; -EMS de-escalated the situation and the resident was transferred to a local hospital. During an interview on 12/23/24 at 12:08 P.M. the Public Administrator for Resident #1 said:-The facility admitted the resident on 12/5/25; -He/She was sent to the hospital on [DATE]; -On 12/9/25 at 9:35 A.M. a Social Worker from the hospital called the Public Administrator's office and said the facility would not accept the resident back; -At 1:21 P.M. on 12/9/25 the office received a formal notice of discharge;-On 12/23/25 the resident remained at the hospital, and he/she continued to look for placement. During an interview on 1/6/26 at 11:12 A.M. the hospital Social Service worker said:-Resident #1 was admitted to the hospital on [DATE]; -The resident was admitted for chest pain, but had some suicidal/homicidal ideation; -Social Services from the facility called the hospital on [DATE] and said they would not re-admit the resident; -The afternoon of 12/9/25 the facility Social Service Designee delivered a letter that said they would not accept the resident for re-admission. During an interview on 1/6/26 at 1:23 P.M. the Administrator said:-The resident made verbal threats to harm his/her roommate; -Any behaviors, threats to others or self should have been charted; -She would expect threats to others or self to be documented; -The hospital treated the resident for an irregular heart rate and wanted to send the resident back to the facility; -We said the resident could not return, because he/she needed to see psychiatry for behaviors; -She did not believe an entire preadmission packet was sent prior to the resident being admitted ; -The facility was not aware of his/her previous behaviors prior to admission; -The Director of Nursing reviewed the preadmission packet and deemed the resident was appropriate for admission; -She felt other residents would not be safe based on behaviors at the time the resident was sent out, if the resident was allowed to return. Intake 2689104Intake 2699939</p>		