STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265482	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River City Living Community	3038 West Truman Blvd Jefferson City, MO 65109

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to obtain a discharge order, and provide the resident and/or his/her representative with a comprehensive Discharge Summary to include a summary of the resident's stay and course of treatment in the facility, including diagnosis, course of illness, treatment, and/or therapy, and pertinent lab, radiology, and consultation results, including pending lab results, special instructions for ongoing care, a post discharge plan of care, advance directive information, and a reconciliation of medications for one resident (Resident #2) out of three sampled residents. The facility census was 44. 1. Review of the facility's Discharge/Transfer of Resident policy, undated, showed staff are directed as follows:-To provide safe departure from the facility and to provide sufficient information for aftercare of the resident;-Explain discharge guidelines and reason to resident and give copy of Transfer & Discharge Notice as required. Include resident representative;-The attending physician is required to write a discharge order. Telephone orders are acceptable;-Complete a discharge summary and post discharge plan of care form:-Include instructions for post discharge care and explain to the resident and/or representative;-Have resident and/or representative or person responsible for care sign discharge summary and post discharge care form;-Give copy of form to the resident and/or representative or person(s) responsible for care;-Place signed original form in the medical record.2. Review of Resident #2's five day MDS, dated [DATE], showed staff assessed the resident as admitted to the facility on [DATE], with a planned discharge for the resident to return to the community.Review of the resident's progress notes, dated 10/26/25, showed staff documented the resident was discharged to the community with medication and instructions. The record did not contain documentation a physician's order was not obtained, and a discharge summary was provided to the resident and/or his/her representative to include a safe departure from the facility, sufficient information for aftercare, a signed copy of discharge summary or post discharge plan by the resident or his/her representative. Review of the resident's Physician Order Summary (POS) undated, contained an order for physical therapy five times per week for five weeks. They did not contain a physician order for discharge.During an interview on 11/18/25 at 1:11 P.M., Licensed Practical Nurse (LPN) A said the discharge process started the day of the discharge for this resident, included obtaining physician order for discharge, and he/she was unaware of any follow up resources being set up like home health. During an interview on 11/18/25 at 2:18 P.M., the administrator said he/she expects the SSD to setup any resources needed, including home health, therapy services and transportation. He/She said the SSD would relay the information to the resident and/or her representative prior to discharge. He/She said there should be a progress note entered in the resident's medical record by the SSD and passed on in a report. He/She said he/she expected staff to get a physician order for discharge. He/She said there was not a single form with all the information included in the discharge summary.During an interview on 12/5/25 at 1:43 P.M., the administrator said there was no physician's order from the physician to discharge the resident to home in his/her electronic medical record. 2667959

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