

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165480	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2026
NAME OF PROVIDER OR SUPPLIER St Francis Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Fourth Avenue Grinnell, IA 50112	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on staff certification review, policy review, and staff interviews, the facility failed to ensure 1 of 6 staff members reviewed for Dependent Adult Abuse(DAA) Mandatory Reporter's Training had current training(Staff A). The facility reported a census of 59 residents.Findings included:The facility Abuse Prevention, Identification, Investigation, and Reporting Policy, revised 12/16/22, stated each employee would complete 1-hour reporting of dependent adult abuse training every three years.An undated facility document entitled Hire Date, documented Staff A Maintenance Staff's hire date as 4/21/08.A DAA Mandatory Reporter Training Course certificate, dated 12/31/25, stated Staff A successfully completed the course.On 2/11/26 at 12:15 p.m., via phone, Staff A stated he had trouble passing the test and took it 5 times. He stated Staff C, Administrative Assistant (AA) told him she would let it go. Staff A stated he never did take the test with a passing score. He stated it was possible that Staff C had his login for the test. He stated he did not know what happened with his test after Staff C okayed it.On 2/11/26 at 12:22 p.m., via phone, Staff B Maintenance Staff stated that Staff A struggled taking the DAA Mandatory Reporter Training Course. He stated he talked to Staff C and she stated she would take it from there. Staff B stated he was not sure what that meant. On 2/11/26 at 2:04 p.m. via phone, Staff C, AA stated at first that she had never taken a test for another employee. After further questioning, Staff C stated that she did take the test for Staff A as he was really struggling and had taken it many times. She stated no one at the facility was aware that she took this test for him and stated this was her error. On 2/11/26 at 3:04 p.m., the Executive Administrator stated employees should take tests themselves and he just became aware of the situation with Staff A and Staff C today.</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
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