STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265674	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Francois Manor	1180 Old Jackson Road Farmington, MO 63640

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify a resident's physician or guardian after a change in the resident's condition for one resident (Resident #1) out of three sampled residents. The facility census was 89. Review of the facility's policy titled, Condition Change, Resident, undated, showed:- The purpose of these guidelines is to observe, record, and report any condition change to the attending physician so that proper treatment can be implemented;- Notify resident's responsible party, notify physician of condition change, need for treatment orders, and/or medication order. 1. Review of Resident #1's admission Minimum Data Set (MDS - a federally mandated assessment instrument completed by the facility), dated 08/28/25, showed:- admission to the facility on [DATE];- Diagnoses of cerebral palsy (a congenital disorder of movement, muscle tone, or posture), seizure disorder (uncontrolled jerking, loss of consciousness, blank stares, or other symptoms caused by abnormal electrical activity in the brain), anxiety disorder (intense, excessive, and persistent worry and fear about everyday situations), and mental disorder (a wide range of conditions that affect mood, thinking, and behavior);- Cognition severely impaired;- The resident with a legal guardian. Review of the resident's Progress Notes, dated 08/22/25, showed:- At 5:02 A.M., the resident pulled out his/her urinary catheter (a flexible tube inserted into the bladder to drain urine) with the balloon still inflated and blood was on the bed mat;- No documentation the urinary catheter was re-inserted;- No documentation the physician was notified of the urinary catheter removal;- No documentation the guardian was notified of the change in the resident's condition. During an interview on 09/29/25 at 2:33 P.M., the Director of Nursing (DON) said she would expect staff to contact the physician and guardian if there was a change in the resident's condition. Complaint #2616588

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265674	A. Building B. Wing	11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Francois Manor	1180 Old Jackson Road Farmington, MO 63640

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interview and record review, the facility failed to follow physician's orders when two follow up appointments were not made on admission and parameters for intermittent urinary catheterization were not implemented and followed for one resident (Resident #1) out of five sampled residents. The facility census was 89.Review of the facility's policy titled, Physician Orders, undated, showed: - Specify why a urinary catheter (a thin, flexible, rubber or plastic tube that drains urine from the bladder) is ordered for as needed;- Specify the size of the catheter and the frequency of change;- Did not address following physician's orders. The facility did not provide a policy for intermittent catheterization or making appointments. Review of Resident #1's medical record showed:- An admission date of 08/21/25;- Diagnoses of cerebral palsy (a group of lifelong movement disorders that affect a person's ability to control their muscles), seizures (abnormal electrical activity in your brain), urine retention (a condition where a person is unable to empty their bladder completely), obstructive and reflux uropathy (a condition where urine flow is blocked, leading to a backup of urine into the kidneys), and acute kidney failure (a sudden and significant decline in kidney function that leads to an accumulation of waste products and fluids in the body);- No documentation of follow up appointments were made with a urologist (a physician trained to treat the urinary tract in both men and women and the male reproductive system) or a nephrologist (a physician who specialized in the diagnosis, treatment, and management of kidney diseases and other conditions affecting kidney function);- No documentation the resident was assessed for urinary retention and the need for a straight catheterization (the medical process of inserting a thin, flexible, tube called a straight catheter into the bladder to drain urine and then removing it after the bladder is empty) order. Review of the resident's Physician Order Report, dated 08/21/25 to 09/25/25, showed:- An order for urinary catheter size 18 French (Fr - size of the catheter) with a 15 milliliter (ml) balloon, dated 08/21/25, and with an end date of 08/28/25;- An order for urinary catheter changes monthly on the 21st of every month, dated 08/21/25, and with an end date of 08/28/25;- An order for urinary catheter care every shift, dated 08/21/25, and with an end date of 08/28/25;- An order for urinary catheter changes as needed, dated 08/21/25, and with an end date of 08/28/25;- An order to straight catheterize every two hours as needed, dated 09/12/25, and no measurable guidelines for the need of straight catheterization. Review of the resident's Progress Notes showed:- On 08/22/25 at 5:02 A.M., the resident pulled out his/her urinary catheter with the balloon still inflated and blood was on the bed mat;- No documentation the urinary catheter was reinserted as ordered;- On 08/27/25 at 6:00 P.M., the resident was seen by the physician with no new orders;- On 09/12/25 at 11:21 A.M., a new order for to straight catheterize every two hours as needed due to episodes of urine retention; Review of the resident's Medication Administration Record (MARs), dated August 2025 and September 2025, showed:- No documentation of a change of the resident's catheter. Review of the resident's After Visit Summary Hospitalization, dated 08/21/25, showed:- Follow up with a urologist in one week;- Follow up with a nephrologist in two weeks. During an interview on 09/25/25 at 11:29 A.M., Licensed Practical Nurse (LPN) B said he/she did not know if the resident had an order for straight catheterization. During an interview on 09/25/25 at 3:15 P.M., the Assistant Director of Nursing (ADON) said the resident had not needed straight catheterization. Staff were monitoring the resident's urine output by the number of wet briefs the resident had during a 24-hour period. Staff could also monitor if the resident's bladder was distended. This monitoring of the bladder distention should be added to the order so staff knew what to monitor. During an interview on 09/25/25 at 3:45 P.M., Nurse Aide (NA) A said he/she did not monitor the resident's urine output or document the number of wet briefs in a 24-hour period for Resident #1. The staff only documented bowel movements. During an interview on 09/25/25 at 4:35 P.M., the Administrator said she would expect staff to follow physician orders and for orders to be complete. She would expect follow up appointments to be scheduled. During an interview on 09/29/25 at 2:33 P.M., the Director of Nursing (DON) said she would expect staff to follow physician orders. She did not know why the resident's catheter was not reinserted after it was pulled out. She would expect urine output to be monitored for a resident with an order for straight catheterization as needed. Complaint #2616588