

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265674	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2026
NAME OF PROVIDER OR SUPPLIER St Francois Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on observation, interview, and record review, the facility failed manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences for one resident (Resident #3) of 11 sampled residents. The facility census was 86. The facility failed to provide policies and procedures for following through on physician's referrals and physician's orders. The facility failed to provide policies and procedures regarding obtaining informed consent prior to receiving a medication increase or changes in the resident's medication regimen. 1. Review of Resident #3's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 02/12/2026, showed:- Cognitively intact;- Independent with activities of daily living;- Diagnoses of low back pain unspecified, pain unspecified, anxiety, depression, schizophrenia (a chronic, severe brain disorder affecting characterized by a distorted interpretation of reality, including hallucinations, delusions, and disorganized thinking);- Receives scheduled, as needed medications and other interventions for pain;- Pain frequently. Review of the resident's plan of care, dated 08/07/2025 showed Resident #3:-Had complaints of back pain;-Interventions included to administer pain medications as ordered and monitor effectiveness;-Monitor and record any complaints of pain location, frequency, effect on function, intensity, alleviating factors and/or aggravating factors;-Refer to pain management as ordered. Review of Resident #3's progress notes showed:- On 09/12/2025, Orders for an X-ray of the middle and lower spine, a Magnetic Resonance Image (MRI) of the middle and lower spine and a consult with a pain management provider;- On 10/28/2025, the resident requested to be sent to the hospital due to having suicidal and homicidal ideations. The resident informed emergency personal he/she has pain all the times and the pain medication he/she takes does not help;- On 11/07/2025 the resident requested an increase in Tramadol stating he/she received 100 mg of Tramadol every four to six hours in the hospital. Primary care physician notified and consent form sent to guardian for approval. Received new orders to increase the Tramadol to 100 mg every 6 hours and to schedule MRI of back;- On 11/11/2025 the resident asked about his/her Tramadol dosage getting increased, the nurse explained due to federal regulations his/her guardian had to give consent before increasing any medications and consent from the guardian has not yet been received;- On 11/12/2025 the guardian refused to give consent to increase pain medication. The guardian would prefer the resident to attempt pain management first;- On 11/17/2025 resident complains of suicidal ideations, he/she had a plan to hang him/herself due to having a bad mental day and feels that the chronic back pain makes it hard to want to live. Sent to emergency room for evaluation. Review of the Physician Order Sheet (POS) dated 10/15/2025 through 02/11/2026, showed:- An order dated 09/21/2025 for MRI of the lumbar and thoracic spine for low back pain;- An order dated 10/29/2025, consult for pain management for diagnosis of low back pain. Review of showed on 09/15/2025 x-ray performed with no thoracic fracture or subluxation (a partial dislocation of a joint where bones remain partially in contact, causing pain, instability, and restricted movement); Review of the resident's record showed:-No record of the resident receiving an MRI as ordered;-No consult or documentation of referral or contact with pain management;-No documentation of attempts at alternative pain management as requested by the resident's guardian. During an interview on (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
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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>02/11/2026 at 2:00 P.M., with the Administrator, the Director of Nursing and a Corporate Nurse, the Administrator said Resident #3 originally had an appointment in January for the pain management clinic, but it had to be canceled due to staffing concerns and was never rescheduled. The Administrator said she would have expected the resident to have already seen a pain management clinic especially due to how hard it is to get an appointment within 3-6 months of requesting an appointment. The Administrator did not know what alternative pain control options they have to offer a resident. The Administrator said there is no record of an MRI for the resident. During an interview on 02/11/2026 at 2:35 P.M., the primary care physician said the nursing staff should have contacted him/her if the pain management appointment was cancelled so he/she could get involved to re-schedule due to difficulty getting an appointment in a timely manner.</p>		