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	04/02/2026

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. Based on record review and interview the facility failed to notify the resident representative of a change in the resident's medication regimen for one resident (Resident #1) of nine sampled residents. The facility census was 85.Review of the facility's policy titled, Management of Psychotropic Medications and Unnecessary Medications, dated 04/2025, showed staff were directed to do the following: - Informed consent: The process in which a resident, or their legal representative is provided with information about their medication regimen, including risk, benefits, and alternatives and is given the opportunity to accept or refuse the prescribed treatment. 1. Review of Resident #1's quarterly Multiple Data Set (MDS), a federally mandated assessment instrument required to be completed by the facility staff, dated 01/09/26 showed:- Independent in cognitive skills for daily decision-making; - Diagnoses of stroke, non traumatic brain dysfunction and traumatic brain dysfunction;- Independent with activities of daily living. Review of the Physician Order Sheet (POS), showed:- Diagnosis of schizoaffective disorder (a chronic mental health condition characterized by a combination of psychotic symptoms and mania or depression);- An order dated 06/09/25 decrease Depakote (a anticonvulsant used in the management of manic episodes associated with bipolar disorder) 250 milligram (mg) /5 milliliters (ml) 10 ml for gradual dose reduction (GDR) one time a day;- An order dated 07/03/25 to discontinue (DC) Seroquel (an atypical antipsychotic used to treat schizophrenia, bipolar disorder, and major depressive disorder) 100 milligram (mg) tablet at hour of sleep (HS);- An order dated 08/01/25 to decrease Depakote 250 mg/5 mL; amt: 15 ml at HS:- An order dated 09/05/25 to decrease Depakote 250 mg/5 mL; amt: 10 ml at HS:- An order dated 10/03/25 to decrease Depakote 250 mg/5 mL; amt: 5 ml at HS x 14 days then DC. Review of the Progress Notes, showed:-On 06/09/25 Resident seen by Psychiatric (Psych) Nurse Practitioner (NP) on 6/6/25. New order for Gradual Drug Reduction (GDRR) on Depakote to 1000 milligrams (mg) at hour of sleep (HS) only;-On 07/03/25 3:47PM Resident seen by Psych NP. New order received to stop Seroquel;-On 08/01/25 Resident seen by Psych NP. new order to decrease Depakote to 750 mg at HS;-On 09/05/25 Resident seen by Psych NP. new order to decrease Depakote to 500 mg at HS; -On10/03/25 Resident seen by Psych NP. new order to decrease Depakote to 250 mg at HS x's 14 days then DC;- No documentation of notification of Resident #1's representative. Review of Resident #1's medical record showed no documentation of Resident #1's representative requesting to not be notified of medication changes. During an interview on 03/24/2026, Resident #1's representative said he/she was recently informed by the resident that he/she was no longer taking any medications. When finding this out, he/she notified the facility and was told the Resident #1's medications had been discontinued. The representative said the facility never contacted him/her regarding any changes in dosages or discontinuation of the resident's medications. During an interview on 04/02/26 at 2:30 P.M., the Director of Nursing (DON) said the facility policy is to contact all resident representatives of any change in condition including medication changes for informed consent purposes. She is responsible for contacting the residents, residents' family, guardians and or representatives upon any medication changes. The DON said she was under the understanding that Resident #1's guardian did not want to be contacted on any medication changes related to Resident #1 and has not contacted the guardian (continued on next page)

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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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	since May of 2025 related to any medication changes. During an interview on 04/02/26 at 2:35 P.M., the Administrator stated she would have expected the DON to follow the facility policy regarding notifications of any medication changes and document as appropriate. MO2962516