STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265717	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grand Manor Health Care Center	3645 Cook Ave Saint Louis, MO 63113

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 0555 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to choose his or her attending physician. Based on interview and record review, the facility failed to honor the rights of residents to choose their own physician when the facility discontinued services with Physician A, who provided care to 30 residents. Three of the residents were sampled and one expressed the desire to continue care with Physician A (Resident #8). The sample was 10. The census was 101.The Administrator was notified on 05/28/26 at 2:20 P.M., of the past non-compliance, which occurred on 03/25/26. The facility provided training and in-servicing for all staff regarding the facility's resident rights policies and Physician A has been reinstated to the facility as of 05/16/26. The deficiency was corrected on 05/16/26. Review of the facility's Resident Rights policy, dated 09/21/25, showed the following:-Purpose: To ensure that resident rights are protected;-Resident Rights Under Social Security Act: Resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside facility. Facility must protect and promote rights of each resident, including each of the following rights:--Notice of Rights and Services: Facility must inform resident both orally and in writing in a language that resident understands of his or her rights and all rules and regulations governing resident conduct and responsibility during the stay in facility;--Free Choice:---Resident has the right to:----Choose a personal attending physician;----Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect Resident's well-being; and----Unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment. Review of Resident #8's annual Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 03/4/26, showed the resident cognitively intact. Review of the resident's Social Service (SS) notes showed the following:-On 03/25/26 at 12:01 P.M., SS talked to the resident and inform him/her that his/her Primary Care Physician (PCP) will be changing from Physician A to Physician B. The change of PCP paperwork was signed;-On 05/18/26 at 2:52 P.M., the resident was informed that Physician A will be back practicing in the facility and SS asked the resident do you want to back under him/her as your PCP, the resident said yes. Review of the resident's medical record, showed Physician A listed as the resident's PCP. During an interview on 05/28/26 at 1:55 P.M., the resident said he/she did not want to change to Physician B. He/She wanted to stay with Physician A, but he/she did not have a choice. He/She was glad to be back with Physician A. During an interview on 05/28/26 at 2:06 P.M., the Administrator said she expected resident rights to be honored and the resident rights policy to be followed as written. 2797338

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