

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2025
NAME OF PROVIDER OR SUPPLIER  Lawrence County Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  915 Carl Allen Street Mount Vernon, MO 65712	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to ensure each resident was treated with respect and dignity at all times when the facility staff made harsh and upsetting comments to one resident (Resident #1) in front of other residents; when staff threatened two resident's (Resident #1 and #3) smoking rights if they shared cigarettes with one resident (Resident #1); and when staff talked with one resident (Resident #4) regarding being friends with one resident (Resident #1). A sample of six residents was reviewed in a facility with a census of 65.</p> <p>Review of the facility's policy titled Dignity, revised February 2021, showed the following information:</p> <ul style="list-style-type: none"> <li>-Residents are treated with dignity and respect at all times;</li> <li>-Residents may exercise their rights without interference, coercion, discrimination, or reprisal from any person, or entity associated with the facility;</li> <li>-Staff are to speak respectfully to residents at all times;</li> <li>-Staff are to protect confidential clinical information. Verbal staff to staff communication should be conducted outside the hearing range of residents and the public;</li> <li>-Staff promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care;</li> <li>-Demeaning practices and standards of care that compromise dignity are prohibited.</li> </ul> <p>1. Review of the Resident #1's face sheet (brief look at resident information) showed the following information:</p> <ul style="list-style-type: none"> <li>-admission date of 08/06/24;</li> <li>-Diagnoses included diabetes, liver cell carcinoma(cancer), high blood pressure, and chronic pain.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool filled out by facility staff), dated 02/19/25, showed the following information:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> </ul> <p>(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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-No feelings of depression;</p> <p>-Not isolating socially.</p> <p>Review of the resident's care plan, revised 08/19/24, showed the following:</p> <p>-Provide a comfortable and safe environment;</p> <p>-Assist and encourage the resident to develop appropriate methods of coping and interacting rather than being accusatory;</p> <p>-Attempts to manipulate staff.</p> <p>During an interview on 05/01/25, at 10:30 A.M., the resident said the following:</p> <p>-He/she wanted to discharge from the facility due to the Director of Nursing (DON) making unwanted comments;</p> <p>-He/she has been self-isolating to his/her room, because the DON has told him/her if any other behaviors occur, he/she will be issued a 30 day notice;</p> <p>-He/she has never been verbally or physically aggressive with staff. The DON says he/she has behaviors because he/she requests timely pain management and/or has borrowed cigarettes from other residents;</p> <p>-He/she is afraid the facility is going to cause him/her to be homeless again;</p> <p>-The DON has gone into other resident rooms and talked badly about him/her;</p> <p>-He/she feels humiliated and hurt.</p> <p>Observation on 05/01/25, at 11:20 A.M., of a recording of the DON in her office showed the following:</p> <p>-Resident #2 and Resident #3 was in the DON's office. The DON was discussing Resident #1's behaviors and questioning mental illness. Resident #1 then entered the DON's office;</p> <p>-Resident #1 questioned the DON and other resident's as to why they were talking about him/her;</p> <p>-The DON said You have a history of lying a lot;</p> <p>-Resident #1 began pleading his/her case as to why he/she was borrowing cigarettes from the two residents in the room;</p> <p>-The DON said, You are doing something wrong. Take accountability for your actions. Take accountability for the sneakiness. The sneakiness is what I cannot stand;</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident #1 began pleading his/her case again insisting the resident was given cigarettes, not stealing them;</p> <p>-The DON said, What's really screwed up is all the cigarettes you've taking from Resident #3. You want to discharge to another facility, but another facility won't take you because of these behaviors. You are just harming yourself by smoking;</p> <p>-Resident #1 said he/she was not a routine smoker. He/she was just craving some peace after his/her cancer diagnoses;</p> <p>-The DON said, Take some accountability and stop blaming everything on your cancer. Why are we wasting our time on taking you to your cancer appointments, if you are going to kill yourself by smoking;</p> <p>-The meeting ended with the DON asking Resident #2 if he/she had learned his/her lesson to not lend cigarettes out.</p> <p>During an interview on 05/01/25, at 1:29 P.M., Resident # 2 said the following:</p> <p>-Resident # 1 asks for cigarettes a lot, so the facility staff get onto him/her.</p> <p>-There was a recent meeting, and the DON did get onto Resident #1 during that time;</p> <p>-Facility staff are getting irritated with Resident #1;</p> <p>-The DON told him/her if he/she did not stop giving Resident #1 cigarettes, she would take away the Resident #2's smoking privileges.</p> <p>During an interview on 05/01/25, at 1:40 P.M., Resident # 4 said the following:</p> <p>-Resident #1 admitted to the facility with a past and is treated differently because of it;</p> <p>-Resident # 1 has been called into the DON's office several times;</p> <p>-The DON came into his/her room and told him/her to be careful with being friends with Resident #1 as he/she is manipulative and could take advantage of him/her easily.</p> <p>During an interview on 05/01/25, at 1:56 A.M., Resident # 3 said the following:</p> <p>-The DON has threatened to take away his/her smoking privileges due to him/her loaning out cigarettes;</p> <p>-He/she does not understand what the problem is, it's his/her property and money.</p> <p>During an interview on 05/01/25, at 2:25 P.M., Certified Mediation Technician (CMT) A said he/she would report if a resident was talked down to and/or humiliated by staff. Staff should not threaten to take away a resident's rights.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 05/01/25, at 2:32 P.M., Licensed Practical Nurse (LPN) B said if he/she heard a resident not being treated with dignity and respect, he/she would report it.</p> <p>During an interview on 05/01/25, at 2:40 P.M., the Social Services Director (SSD) said if he/she became aware of a resident not being treated with dignity and respect, he/she would report it to the Administrator, State Agency Office, and remove the resident from the situation.</p> <p>During an interview on 05/02/25, at 10:09 A.M., the Medical Records Nurse said residents should be treated with dignity and respect. If she became aware of a resident being talked down to or humiliated, she would report it.</p> <p>During an interview on 05/02/25, at 10:37 A.M., LPN C said it would not be appropriate to talk to any resident in a manner that degraded and or humiliated them.</p> <p>During an interview on 05/02/25, at 10:59 A.M., the Nurse Practitioner said all residents should be treated with dignity and respect regardless of diagnoses and/or past.</p> <p>During an interview on 05/02/25, at 11:30 A.M., the DON said the following;</p> <ul style="list-style-type: none"> <li>-The resident often threatens to report her to the State Agency Office;</li> <li>-The resident is very accusatory;</li> <li>-She talked with the resident recently about being sneaky when obtaining cigarettes to smoke;</li> <li>-She told the resident to stop stealing cigarettes from his/her peers;</li> <li>-The resident has his/her behaviors charted and that is why another facility won't accept him/her. Behaviors include manipulation and threatening;</li> <li>-She did approach Resident #4 regarding the resident, because she didn't want Resident #4 manipulated into giving Resident #1 money. She did not encourage Resident #4 to not associate with Resident #1;</li> <li>-The resident might not like what she has to say, because she is firm with him/her;</li> <li>-She should have not said the things she said to the resident. She was trying to educate the resident on his/her behaviors but did not intend to sound malicious.</li> </ul> <p>During an interview on 05/02/25, at 1:01 P.M., the Administrator said the following:</p> <ul style="list-style-type: none"> <li>-All residents should be treated with dignity and respect;</li> <li>-The DON made him aware of the statements she had made to the resident today;</li> <li>-The resident has behaviors and they are looking into additional placement for him/her.</li> </ul> <p>MO00251691</p>		

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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>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on observation, interview, and record review, the facility failed to implement and maintain an effective pain management for all residents when staff failed to accurately and consistently document pain levels and steps taken to address pain, failed to document timely physician notification of pain, and restricted a resident's access to certain medications without a physician order for one resident (Resident #1) out of six sampled residents. The facility census was 65.</p> <p>Review of the facility's policy titled Pain Care, undated, showed the following information:</p> <ul style="list-style-type: none"> <li>-The effectiveness of the facility's pain care program will be examined monthly;</li> <li>-Pain assessments should include the location, description, frequency, level, what alleviates or exacerbates the pain, history and effectiveness of pain medications, and the residents desires about future pain care;</li> <li>-For residents with daily or chronic pain, maximum relief is achieved with around the clock medications and as needed (PRN) medications for breakthrough pain;</li> <li>-New interventions must be implemented when old interventions are ineffective.</li> </ul> <p>1. Review of the Resident#'s face sheet (brief look at resident information) showed the following information:</p> <ul style="list-style-type: none"> <li>-admission date of 08/06/24;</li> <li>-Diagnoses included diabetes, liver cell carcinoma(cancer), high blood pressure, and chronic pain.</li> </ul> <p>Review of the resident's care plan, revised 08/19/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Staff to administer analgesic (non-opioid drugs used to alleviate pain) medications as ordered by the physician. Staff to monitor/document side effects and effectiveness every shift;</li> <li>-Staff to ask physician to review medication if side effects occur;</li> <li>-Staff to monitor/document/report as needed medication adverse reactions to analgesic therapy.</li> </ul> <p>Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment tool filled out by facility staff), dated 02/19/25, showed the following information:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-No behavioral symptoms;</li> <li>-Administered a scheduled pain mediation regimen;</li> <li>-Received as needed pain mediation, as well as non-medication interventions for pain.</li> </ul> <p>(continued on next page)</p>		

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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>Review of the resident's February 2025 Medication Administration Record (MAR) and Physician Order Sheet (POS) showed the following:</p> <ul style="list-style-type: none"> <li>-An order, dated 09/09/24, for Tylenol (analgesic medication used to relieve pain) Extra Strength 500 milligram (mg), give one tablet by mouth four times a day;</li> <li>-An order, dated 09/27/25, for ibuprofen (nonsteroidal anti-inflammatory drug used to relieve pain) 600 milligrams (mg), give one tablet by mouth every eight hours for pain;</li> <li>-An order dated 02/06/25, for Butrans Transdermal Patch (an opioid partial agonist medication used to treat chronic pain) 10 micrograms per hour (mcg/hr), apply one patch one time a day every seven days for pain. The order was discontinued 02/08/25;</li> <li>- An order, dated 02/09/25, for Butrans Transdermal Patch 10 mcg/hr, apply one patch one time a day every seven days for pain. The order was discontinued 02/27/25.</li> </ul> <p>Review of the resident's progress note dated 02/23/25, at 6:15 P.M., showed staff noted the resident was complaining of pain in the right upper quadrant (RUQ) and the right lower quadrant (RLQ) of the abdomen. Pain was controlled when heat was applied. The resident said the pain was sharp and did not last for long. (Staff did not document physician notification of the resident's complaint of pain.)</p> <p>Review of the resident's progress note dated 02/25/25, at 3:37 P.M., showed staff noted the resident was complaining of left quadrant abdominal pain and it was believed to be caused by an old hernia and/or weight loss injection. The nurse documented he/she would continue to monitor. (Staff did not document physician notification of the resident's complaint of pain.)</p> <p>Review of the resident's progress note dated 02/27/25, at 1:26 P.M., showed staff noted the resident was complaining of left mid-back pain, causing pain with breathing. The resident also complained of blood when wiping after toileting. Staff notified the physician and an order for a pelvic ultrasound was received.</p> <p>Review of the resident's progress note dated 02/27/25, at 3:52 P.M., showed staff noted the resident complained of having migraine headaches for the last couple of weeks. The resident described the pain at an eight out of 10 with light and sound sensitivity that encompasses the entire head. The time frame when headaches started coincided with starting the Butrans Patch. The medication can have adverse reactions that include headache disorder. The resident said to the nurse that he/she would rather have the other pain instead of the headaches. Staff notified the physician and received order to discontinue the Butrans patch.</p> <p>Review of the resident's progress notes, dated 02/28/25 through 03/18/25, showed staff did not document related to the resident pain.</p> <p>Review of the resident's March 2025 MAR and POS showed the order for ibuprofen 600 mg tablet was discontinued on 03/03/25. The resident continued to have an order for Tylenol for pain treatment.</p> <p>Review of the resident's MAR, dated 03/08/25, showed staff noted the resident's pain was rated at a four out of 10 on day shift.</p> <p>(continued on next page)</p>		

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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>Review of the resident's medical record, dated 03/08/25, showed staff did not document steps taken to address the resident pain level of four out of ten on day shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's care plan, revised 03/11/25, showed staff added the resident had a history of misusing pain medications and self-medicating while he/she was in the community. The physician was treating his/her pain with non-opioids because of his/her history.</p> <p>Review of the resident's MAR, dated 03/17/25, showed staff noted the resident's pain was rated at a seven out of 10 on day shift.</p> <p>Review of the resident's medical record, dated 03/17/25, showed staff did not document steps taken to address the resident pain level of seven out of ten on day shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's progress note dated 03/19/25, at 11:53 P.M., showed the resident came to the nurses' station and requested to go to the emergency department (ED) for left flank pain, presenting with throbbing, stabbing and tenderness. Staff noted no signs and symptoms of distress. The resident was calm and collected during the nurses' assessment.</p> <p>Review of the resident's MAR, dated 03/19/25, showed a pain scale of 0/10 on both day and night shifts. (The assessments did not reflect the pain noted in the progress notes.)</p> <p>Review of the resident's progress note dated 03/20/25, at 9:00 A.M., showed the resident returned from the ED and was said to have lesions on the liver. Staff notified the physician of the resident's return.</p> <p>Review of the resident's progress notes, dated 03/22/25, showed the following:</p> <p>-At 10:10 A.M., staff noted the resident was expressing concerns that he/she had cancer due to the pain he/she was experiencing.</p> <p>-At 11:00 A.M., staff noted the resident reported to the nurse he/she was feeling bad with severe right side abdominal pain. The resident was crying and said that his/her pain was a 10 out of 10 and wanted to go to the ED. Staff notified the physician and the resident was sent to the ED.</p> <p>-At 11:25 A.M., staff noted the nurse on duty called the ED and instructed them that the resident was not allowed to have any narcotics per doctors orders.</p> <p>Review of the resident's March 2025 POS showed staff did not transcribe an order to indicate the resident had a physician order to not administer narcotics.</p> <p>Review of the resident's ED History and Physical, dated 03/22/25, showed the following;</p> <p>-The resident was found to have a possible metastatic disease (also known as stage III cancer that occurs when cancer cells from the original tumor spread to other body parts) due to multiple masses on his/her liver;</p> <p>(continued on next page)</p>		

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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>-The nurse at the facility where the resident resided called the ED department and said that the resident could not have any narcotic pain medications and could not return to the facility if that was prescribed at the hospital. The reasoning for this needs to be explored as the resident has metastatic cancer and will need pain management. The resident does not know the reasoning why the facility treats him/her this way other than in his/her distant past he/she was homeless and had substance abuse issues, but that has not been the case for the last six years;</p> <p>-Contact with the facility was made regarding diagnoses of cancer. The resident was on a Butrans patch which was discontinued several days ago. The Director of Nursing (DON) told the ED that the resident can not get narcotic pain management at the facility and they would be unable to accept the resident back at the facility if that were the case. No specific reasoning given;</p> <p>-ED provider does not believe discharging the resident back to the facility is appropriate as they refuse to provide an appropriate pain management regimen.</p> <p>Review of the resident's MAR, dated 03/23/25, showed a pain scale of six out of ten on day shift and no assessment of pain on the night shift. (The resident was not in the facility on this date.)</p> <p>Review of the resident's MAR, dated 03/24/25, showed a pain scale of six out of ten on day shift and no assessment of pain on the night shift. (The resident was not in the facility on this date.)</p> <p>Review of the resident's ED After Visit Summary, dated 03/25/25, showed the following:</p> <p>-Resident was to discharge back to the facility with an order for Percocet (opioid controlled substance medication used to treat pain) 5-325 mg, take one tablet by mouth every four hours as needed for pain.</p> <p>-Hand written note on the After Visit summary showed staff noted they conferred with the Primary Care Physician (PCP) on 3/25/25, at 5:00 P.M.</p> <p>Review of the resident's March 2025 MAR and POS showed the following:</p> <p>-The hospital order for Percocet was not transcribed to the POS.</p> <p>-An new order, dated 03/25/25, for Fentanyl Patch 25 mg, apply new patch every three days.</p> <p>Review of the resident's progress note dated 03/25/25, 5:16 P.M., showed staff did not indicate the resident had returned from the hospital and said that the physician had reviewed orders from the resident's hospitalization and wanted to return to the previous orders.</p> <p>Review of the resident's MAR, dated 03/25/25, showed the resident had pain rated a six out of 10 on the day shift and a seven out of 10 on the night shift.</p> <p>Review of the resident's medical record, dated 03/25/25, showed staff did not document steps taken to address the resident pain level of six out of 10 on day shift and seven out of 10 on night shift or how/if the resident's pain was relieved.</p> <p>(continued on next page)</p>		

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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>Review of the resident's MAR, dated 03/26/25, showed the resident had pain rated a seven out of 10 on the day shift and a six out of 10 on the night shift.</p> <p>Review of the resident's medical record, dated 03/26/25, showed staff did not document steps taken to address the resident's pain level of seven out of 10 on day shift and six out of 10 on night shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's progress note dated 03/27/25 showed the resident took off his/her Fentanyl patch that was placed in the hospital due to increased irritation of the skin. Physician notified and new orders for MS Contin (opioid agonist controlled substance indicated for management of severe pain) 15 mg two times a day (BID) received.</p> <p>Review of the resident's March 2025 MAR showed the following:</p> <ul style="list-style-type: none"> <li>-An order, dated 03/27/25, for Fentanyl Patch 25 mg, apply new patch every three days. The order was discontinued on 03/27/25 before it had been administered in the facility;</li> <li>-An order, dated 03/27/25, for MS Contin (opioid agonist controlled substance indicated for management of severe pain) 15 mg, give one tablet by mouth twice a day for pain. Staff administered medication at 5:00 P. M. on 03/27/25. The order was discontinued on 03/28/25;</li> <li>-An order, dated 03/28/25, for MS Contin 30 mg, give one tablet by mouth every 12 hours for pain.</li> </ul> <p>Review of the resident's MAR, dated 03/27/25, showed a pain scale of five out of 10 on the day shift and a 0/10 on the night shift.</p> <p>Review of the resident's medical record, dated 03/27/25, showed staff did not document steps taken to address the resident pain level of five out of 10 on day shift or or how/if the resident's pain was relieved.</p> <p>Review of the resident's progress note, dated 03/28/25, showed the DON said that the resident was screaming at her due to uncontrolled pain. The DON insisted that the resident wanted different types of medication based off his/her history with long term drug use to give the resident his/her desired effect. Continuing to educate the resident on non-pharmacological options for pain control.</p> <p>Review of the resident's progress note, dated 03/30/25, showed the resident was complaining of itching all over, nausea, generalized pain that was uncontrolled with administration of MS Contin 30 mg. The resident had recently been diagnosed with liver cancer and is very concerned with his/her condition. Staff notified physician and the resident was sent to ED.</p> <p>Review of the resident's care plan, revised 03/31/25, showed staff added the following:</p> <ul style="list-style-type: none"> <li>-Assist and encourage the resident to develop more appropriate methods of coping and interacting rather than being accusatory and indicating that his/her pain is not being appropriately treated;</li> </ul> <p>(continued on next page)</p>		

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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>-The resident has a history of misusing controlled medication while in the community. The resident continues to demand instant release opioids rather than use extended-release medications. If the resident does not feel he/she has received his/her medication timely, he/she will request to go to the ED.</p> <p>Review of the resident's MAR, dated 03/31/25, showed the resident's pain rated at a six out of 10 on the day shift.</p> <p>Review of the resident's medical record, dated 03/31/25, showed staff did not document steps taken to address the resident pain level of six out of 10 on the day shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's progress note dated 04/01/25, at 9:48 A.M., showed staff did not indicate the resident returned from the ED. Staff noted the resident was seeking more pain medication with complaints of headache and abdominal pain. The resident was notified he/she could not have any more pain medication. The resident was aware of this and knew the parameters of his/her pain medication orders. (Staff did not document of physician notification of the resident's complaints of additional pain.)</p> <p>Review of the resident's MAR, dated 04/01/25, showed a pain scale of 6/10 on the day shift and a 3/10 on the night shift.</p> <p>Review of the resident's medical record, dated 04/01/25, showed staff did not document steps taken to address the resident pain level of six out of 10 on day shift and three out of 10 on night shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's April 2025 POS showed an order, dated 03/28/25, for MS Contin 30 mg, give one tablet by mouth every 12 hours for pain was increased on 04/01/25 to MS Contin 30 mg give one tablet by mouth three times daily for pain.</p> <p>Review of the resident's MAR, dated 04/02/25, the resident's pain rated at a five out of 10 on the day shift.</p> <p>Review of the resident's medical record, dated 04/02/25, showed staff did not document steps taken to address the resident pain level of five out of 10 on the day shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's MAR, dated 04/03/25, showed the resident's pain rated as a six out of 10 on the night shift.</p> <p>Review of the resident's medical record, dated 04/03/25, showed staff did not document steps taken to address the resident pain level of six out of 10 on the day shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's MAR, dated 04/04/25. showed the resident's pain rated as a three out of 10 on the night shift.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Lawrence County Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  915 Carl Allen Street Mount Vernon, MO 65712	
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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>Review of the resident's medical record, dated 04/04/25, showed staff did not document steps taken to address the resident pain level of three out of 10 on the night shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's MAR, 04/06/25, showed the resident's pain rated as a three out of 10 on the day shift and a two out of 10 on the night shift.</p> <p>Review of the resident's medical record, dated 04/06/25, showed staff did not document steps taken to address the resident pain level of three out of 10 on the day shift and a two out of 10 on the night shift or how/if the resident's pain was relieved.</p> <p>Review of the resident's progress notes, dated 04/07/25, showed the following:</p> <p>-At 12:00 P.M., staff noted the resident came to the nurses' station numerous times and told the staff he/she was hurting due to his/her cancer diagnoses and needed something to be done. The staff member reported to the resident that he/she had seen the physician on Friday with no changes. The resident said he/she wanted to go to the hospital for pain management then as the medication was ineffective and his/her pain level was nine out of 10. The resident did not show any signs and symptoms of pain. He/she was up in the wheelchair and propelling self through the facility, eating meals, and attending smoke breaks.</p> <p>-At 3:18 P.M., the resident said he/she wanted to go to the ED and told staff that he/she can go whenever he/she wants as the physician has already told him/her that. DON and the Administrator spoke with the resident regarding the request to go to the ED. The physician was notified and gave the order to send the resident to the ED.</p> <p>Review of the resident's progress note dated 04/08/25, at 11:18 P.M., showed the resident returned from the hospital with new orders for Percocet 7.5/325 mg tablet every six hours for pain. Staff notified the physician and was awaiting confirmation.</p> <p>Review of the resident's ED's after visit summary, dated 04/08/25, showed a new order for Percocet 7.5/325 mg tablet by mouth every six hours as needed.</p> <p>Review of the resident's April 2025 POS showed an order, dated 04/10/25, for Percocet 5-325 mg by mouth every six hours as needed for pain.</p> <p>Observation and interview on 05/01/25, at 10:30 A.M., showed the resident said the following:</p> <p>-The resident wanted to discharge from the facility due to staff refusing to treat his/her pain;</p> <p>-The DON says he/she has behaviors because he/she requests timely and effective pain management. The DON would only allow him/her to have Tylenol until his/her most recent hospitalization where he/she was diagnosed with stage III cancer;</p> <p>-He/she has had to go to the ED so much for unrelieved pain that the DON now makes him/her sign an Against Medical Advice (AMA) Form if he/she wished to go to the ED for pain;</p> <p>-The resident provided the AMA form for the surveyor to view.</p> <p>(continued on next page)</p>		

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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>During an interview on 05/01/25, at 2:25 P.M., Certified Mediation Technician (CMT) A said the following:</p> <ul style="list-style-type: none"> <li>-If a resident complained of pain, he/she would let the nurse know, assess the pain, and administer pain medication if it was available. After the administration of pain medication, effectiveness should be documented;</li> <li>-No resident's are denied pain medication, even if they have a history of substance abuse;</li> <li>-The facility has tried a few different things for the resident, but he/she would have interactions so those medications would get discontinued;</li> <li>-The resident complained of pain frequently.</li> </ul> <p>During an interview on 05/01/25, at 2:32 P.M., Licensed Practical Nurse (LPN) B said the following:</p> <ul style="list-style-type: none"> <li>-If a resident was complaining of increased pain and the current pain regimen was not controlling the pain, he/she would contact the physician;</li> <li>-The facility staff attempted to use all non-pharmacological means to treat the resident's pain prior to the use of narcotics related to his/her history of substance abuse.</li> </ul> <p>During an interview on 05/01/25, at 2:40 P.M., the Social Services Director (SSD) said the following:</p> <ul style="list-style-type: none"> <li>-The resident came in with the goal of sobriety, so non-narcotic medication was offered, but when he/she got a terminal diagnosis that changed everything;</li> <li>-She was not sure if the sobriety goal is documented anywhere;</li> <li>-She was aware of the resident's past substance abuse due to getting the resident from a halfway house.</li> </ul> <p>During an interview on 05/02/25, at 10:09 A.M., the Medical Records Nurse said the following:</p> <ul style="list-style-type: none"> <li>-If a resident complained of increased pain, she would report it to the charge nurse who would assess the pain and contact the physician;</li> <li>-The resident has a history of past substance abuse, so the facility attempted non-pharmacological attempts to relieve pain;</li> <li>-This should be documented in the POS and care plan.</li> </ul> <p>During an interview on 05/02/25, at 10:37 A.M., LPN C said the following:</p> <ul style="list-style-type: none"> <li>-If a resident is exhibiting increased pain, staff should assess the pain and try non-pharmacological attempts prior to administering pain medication. If those attempts do not work, administer pain medication, and notify the doctor;</li> </ul> <p>(continued on next page)</p>		

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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>-The physician said he/she did not want the resident to have any narcotics. The resident could go to the ED if his/her pain was unrelieved;</p> <p>-The resident now has seemed to experience some relief with the new pain medications on board.</p> <p>During an interview on 05/02/25, at 10:59 A.M., the on-call Nurse Practitioner (NP) said effective pain medication should not be withheld from any resident regardless of their history. The resident is in a controlled environment, so there is not a concern of the resident becoming re-addicted to narcotics. She is not sure how or where the physician would have documented that the resident is not allowed to have narcotics. They expected to be contacted for uncontrolled pain and/or an ineffective regimen.</p> <p>During an interview on 05/02/25, at 11:30 A.M., the DON said the following:</p> <p>-If a resident was exhibiting pain, she expected the staff to assess the pain. Staff should also monitor if the resident is complaining of pain and is sleeping or not showing signs and symptoms of pain;</p> <p>-If the resident continued to complain of increased pain, they can go to the ED if the physician won't order anything additional;</p> <p>-Pain medication wasn't withheld from the resident, other avenues were explored due to his/her history;</p> <p>-The resident had a lot of behaviors and the physician determined what was appropriate for the resident and narcotics were chosen not to be allowed;</p> <p>-Just because a medication is not a narcotic does not mean it doesn't work for the resident's pain;</p> <p>-The resident will complain of pain but will appear drowsy and or laughing.</p> <p>-The resident would present as drowsy and fatigued since starting medication. She does not believe that this could be related to a diagnoses of stage III cancer.</p> <p>-Since the resident has had new medications on board, the resident has had much fewer complaints of pain.</p> <p>During an interview on 05/02/25, at 1:01 P.M., the Administrator said the following:</p> <p>-If a resident is complaining of increased pain, he expected staff to assess the pain and communicate with the physician;</p> <p>-The resident came to the facility with a history of substance abuse, so it was a goal for him/her to be sober;</p> <p>-The physician was on board with the resident remaining sober;</p> <p>(continued on next page)</p>		

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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>-The resident went to the ED several times for pain not being relieved, but if they were to give him/her narcotics he/she would be addicted again;</p> <p>-Since the resident has had medication changes, he/she has not complained of pain as frequently.</p> <p>MO00251691</p>		