

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2026
NAME OF PROVIDER OR SUPPLIER Community Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 783 Weber 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 0567</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 manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure resident funds were placed in an account separate from the facility operating account. The facility did not provide residents with refunds of their personal funds for the operating account in a timely manner for six residents (Residents #1, #2, #3, #4, #5 and #6). The facility census was 66.1. Record review of the facility-maintained Accounts Receivable (A/R) Aging Report, dated [DATE], showed the following residents with personal funds held in the facility operating account: Resident Amount Held in Operating Account#1 \$241.00#2 \$4,140.00#3 \$18.00#4 \$6,902.43#5 \$4,420.00#6 \$1,205.00Total \$16,926.43 Record review of the facility-maintained paperwork showed Residents #1, #2, #3, #4 and #5 expired and Resident #6 discharged on the following dates: Number Discharge/ Expire Date#1 [DATE]#2 [DATE]#3 [DATE]#4 [DATE]#5 [DATE]#6 [DATE] Record review showed the facility did not provide the Personal Fund Account Balance Report (TPL) to the Missouri HealthNet Division, Third Party Liability Unit or complete the refund until the following dates:- [DATE], 62 days after Resident #1's credit was generated;- [DATE], 55 days after Resident #2 expired;- [DATE], 49 days after Resident #3 expired;- [DATE], 136 days after Resident #4 expired;- [DATE], 85 days after Resident #5 expired; - [DATE], 97 days after Resident #6 discharged . During an interview on [DATE] at 1:34 P.M., the Accounts Receivable Regional Manager said the funds should have been refunded timely but were not, due to the following:- A posting error on [DATE] created the credit balance for Resident #1;- The facility was waiting for insurance to pay before refunding Resident #2's money;- The credit balance for Resident #3 was moved forward each month;- The credit balance for Resident #4 was sent to the home office four times to be reviewed;- The credit for Resident #5 was not refunded until [DATE];- Resident #6 has not been refunded. Complaint #2793296</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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