STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265798	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Manor	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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent the misappropriation of two gift cards from one resident (Resident #1) out of a sample of five residents when a staff member took possession of the resident's $200 Amazon gift card and $300 Visa gift card. The facility census was 98.The administration was notified on 06/04/26 of the Past Non-Compliance which occurred between 05/29/26 through 06/01/26. On 06/01/26, upon notification, the facility administration started an investigation, notified the police department and the Department of Health and Senior Services of the misappropriation. The non-compliance was corrected on 06/01/26, as the facility completed disciplinary action for CNA A, in-serviced all staff on the facility's policy and procedures on misappropriation and refunded Resident #1 for the amount misappropriated.Review of the facility's policy titled, Abuse Prevention Program, revised April 2021, showed:-Misappropriation of resident property defined as deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent;-Employees are educated on the Abuse Prevention Program upon hire and annually.1. Review of Resident #1's face sheet showed:-admitted on [DATE];- Diagnoses of Wernicke's encephalopathy (severe thiamine [vitamin B1] deficiency characterized by sudden confusion, abnormal eye movements and loss of muscle coordination), polyneuropathy (condition where multiple peripheral nerves throughout the body malfunction causing burning, tingling, numbness and weakness), morbid obesity, depression and anxiety.Review of the resident's quarterly Minimum Data Set (MDS - a federally mandated assessment instrument completed by the staff), dated 05/22/26, showed the resident's cognition to be intact.Review of the facility's investigation dated, 06/01/26, showed:-On 05/29/26, Resident #1 notified the facility he/she believed his/her gift cards had been stolen by CNA A. Resident #1 provided the facility with communication between himself/herself and Amazon customer service to verify CNA A had redeemed the $200 Amazon gift card. The facility immediately removed CNA A from the floor for questioning, as well as contacted the police per Resident #1's request. CNA A was questioned regarding the use of the gift cards and denied using them. CNA A was escorted from the facility pending the investigation. On 06/01/26, CNA A sent a text message to Social Services Director (SSD) admitting to taking the two gift cards. CNA A's employment with the facility was terminated. On 06/01/26, the facility reimbursed Resident #1 with $200 for the Amazon card and $300 for the Visa card. Review of CNA A's personnel file showed her signature, dated 04/27/26, on the Abuse Prevention Program Policy acknowledging she had read and understood the policy.During an interview on 06/04/26 at 11:00 A.M., Resident #1 said he/she never gave CNA A access or permission to use his/her gift cards. During an interview on 06/04/26 at 12:00 P.M., the Administrator said he/she would expect facility staff to follow the Abuse Prevention Program policy, which they are trained on upon hire and annually. The Administrator said facility staff should not take resident's personal items.During an interview on 06/04/26 at 12:22 P.M., the SSD said he/she received a text message from CNA A admitting to taking Resident #1's gift cards and using them for a total of $500. During a phone interview on 06/04/26 at 1:51 P.M., CNA A said he/she took the Amazon gift card and Visa gift card from Resident #1 approximately three to four weeks ago. CNA A said he/she did not know why he/she did it, but would be reimbursing the resident the money.

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