Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21512C	A. BUILDING: _____ B. WING _____	C 01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST FRANCOIS MANOR	1180 OLD JACKSON ROAD FARMINGTON, MO 63640

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2298	19 CSR 30-86.022(17) Oxygen Storage Requirements Oxygen storage shall be in accordance with NFPA 99, 1999 Edition. II/III This regulation is not met as evidenced by: Class III Based on observation and interview, the facility failed to display proper signage on two resident room doors where oxygen/oxygen concentrators were in use. This had the potential to affect all residents of the facility. The facility's census was 17. Review of the Resident Care Survey completed by the facility identified two residents with oxygen use. Review of NFPA 99; 1999 edition, 8-3.1.11.3: Signs showed: A precautionary sign must be readeble from a distance of five feet, shall be conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum: - CAUTION; - OXIDIZING GAS(ES) STORED WITHIN; - NO SMOKING. Review of guidelines provided by the facility from a Nursing Guidelines Manual page 221, titled Oxygen Administration showed: - 1. Place "oxygen in use" or "No smoking" sign on door. Observation of the facility on 01/15/26 between 10:20 A.M. and 3:00 P.M. showed no oxygen	A2298		

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A2298	Continued From page 1 warning signs outside of the building or on any resident rooms. During an interview on 01/15/26 at 3:00 P.M., the Facility Administrator said he/she was not aware of any oxygen use signs on display in the facility. The Administrator said he/she would obtain appropriate signs for the resident's rooms and/or the outside of the facility.	A2298		
A3223	19 CSR 30-86.032(22) Furniture/Equip, Provide Comfort & Safety Furniture and equipment shall be maintained in good condition and shall be replaced if broken, torn, heavily soiled or damaged. Rooms shall be so designed and furnished that the comfort and safety of the residents are provided for at all times. II/III This regulation is not met as evidenced by: Class III Based on observation and interview, the facility failed to maintain equipment in good condition. This had the potential to affect all residents. The facility's census was 17. Observation on 01/15/26 at 10:55 A.M. in the kitchen showed: - A gas stove containing six burners with the covering plate of the burners covered with a black, greasy and charred substance; - Both sides of the double oven were not in working order. During an interview on 01/15/26 at 11:45 A.M., Facility Staff B said the ovens have been out of order for a while, but staff have managed with the	A3223		

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A3223	Continued From page 2 small oven sitting on a table beside the stove. During an interview on 01/15/26 at 1:45 P.M., the Administrator said the double oven has not worked for a while and he/she would talk with the corporate office about replacing or repairing the stove.	A3223		
A6016	19 CSR 30-87.020(16) Wall/Ceiling Covering-Sealed & Cleanable Wall- and ceiling-covering materials shall be attached and sealed so as to be easily cleanable. This regulation is not met as evidenced by: Class III Based on observation and interview, the facility failed to ensure ceilings were kept sealed and in good repair. This had the potential to affect all residents of the facility. The facility's census was 17. Observation on 01/15/26 at 12:50 P.M. of resident hallways showed 13 ceiling tiles moved to the side with pipes and wiring visible and exposed. Ceiling tiles were not in place in the following locations: two tiles in front of the med station, one tile above each of resident rooms numbered 34, 38, 39, 44, 45, 33, between room 28 and 30, 27, 24, 21 and 20. During an interview on 01/15/26 at 11:45 A.M., Facility Staff (FS) A said that the water pipes are above the ceiling and freeze and break during cold weather. FS A said the ceiling tiles are pushed back to help the heat get to the water pipes so the water doesn't freeze.	A6016		

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A6016	Continued From page 3 During an interview on 01/15/26 at 1:00 P.M., the Facility Administrator said the heating system was repaired and the tiles do not need to be pushed to the side to open the ceiling area. He/She said the maintenance staff would be notified and the ceiling tiles would be put back in place.	A6016		

PLAN OF CORRECTION		
Provider/Supplier Name:	St.Francois Manor-RCF II	
Street Address, City, Zip:	1198 Old Jackson Rd, Farmington, MO 63640	
Date of Survey:	January 15th, 2026	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		**26D0985383**
ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**
A2298	**Corrective action for residents affected:** Required oxygen warning signage was immediately obtained and posted on all resident room doors where oxygen or oxygen concentrators are in use to ensure resident and facility safety. **Identification of other residents at risk:** A facility-wide review was conducted to identify all residents receiving oxygen therapy. All applicable rooms were inspected to verify appropriate signage placement. **Systemic changes to prevent recurrence:** Facility procedures were updated to require oxygen signage placement upon initiation of oxygen therapy and verification during admissions, room changes, and care plan reviews. **Monitoring to ensure sustained compliance:** RCF Manager will conduct weekly audits for four (4) weeks, then monthly audits thereafter, to ensure required signage remains in place. Audit results will be documented and corrective action taken as needed.	2.16.26

A3223	**Corrective action for residents affected:** Kitchen stove burners and surfaces were thoroughly cleaned to remove grease and char buildup. **Identification of other residents at risk:** All dietary equipment was reviewed to identify additional equipment concerns that could impact resident safety or meal service. **Systemic changes to prevent recurrence:** A preventive maintenance process was implemented requiring routine inspection of dietary equipment and prompt reporting of malfunctioning items to maintenance and administration. **Monitoring to ensure sustained compliance:** The Maintenance Supervisor will review maintenance logs and conduct routine kitchen inspections to ensure equipment remains in good working order.	2.16.26
A6016	**What corrective action was taken for residents affected** All displaced ceiling tiles were immediately returned to their proper position, sealing exposed pipes and wiring. Maintenance confirmed ceilings were intact and cleanable. **How other residents at risk were identified** All resident hallways and common areas were inspected to ensure no additional ceiling tiles were displaced or missing. **Systemic changes to prevent recurrence** The facility implemented an alternative cold-weather pipe protection plan that does not involve removal or displacement of ceiling tiles. Maintenance procedures were updated accordingly.	2.16.26

	Monitoring to ensure ongoing compliance The Maintenance Supervisor will conduct weekly ceiling inspections for thirty (30) days, then monthly inspections thereafter. Findings will be documented and addressed promptly.	
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