

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/30/2025
NAME OF PROVIDER OR SUPPLIER  Farmington Presbyterian Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  500 Cayce Street 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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>Based on interview and record review, the facility failed to respond to or act upon the grievances and dietary recommendations for five residents (Resident #7, #17, #40, #45, and #62) out of 17 sampled residents, six residents (Resident #4, #6, #10, #28, #35, and #66) outside the sample and had the potential to affect all the residents in the facility. The facility's census was 67.</p> <p>Review of the facility's policy titled, Resident Council, revised January 5, 2023, showed:</p> <ul style="list-style-type: none"> <li>- Residents of each community within each level of living (independent, assisted, and skilled nursing) may organize and participate in resident councils. The resident council shall be composed of representatives from the designated living area (independent, assisted, and skilled nursing), officers of the council and chairpersons of the standing committees;</li> <li>- The purpose of the Resident Council will be to provide an orderly means of communication between residents and community administration; provide and receive necessary information for the benefit of all residents, including the interpretation of administrative policies to residents and conveying to administration suggestions regarding any phase of life and service of the community; assist with activities which will benefit resident of the community; and allow residents to retain part of the responsibility for certain action affecting their day-to-day living;</li> <li>- The Executive Director shall act upon the recommendations of the Council concerning proposed policy and operational decisions affecting resident care and life in the Community;</li> <li>- The Executive Director and other community staff members as determined by resident council and Executive Director will attend the resident council meetings;</li> <li>- Any issues/concerns identified by the resident council will be brought to the attention of the Executive Director or designee and addressed at the next resident council meeting for appropriate follow-up.</li> </ul> <p>1. Review of the Resident Council Minutes, dated 11/20/24, showed:</p> <ul style="list-style-type: none"> <li>- Some residents are not seeing improvements in dietary;</li> <li>- Too much white rice on the menu and residents would like to see Spanish or flavored rice;</li> <li>- Over easy eggs are too hard;</li> <li>- Food was cold on Sunday;</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265583
		If continuation sheet Page 1 of 10

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> <li>- Some items missing from trays if residents eat in their rooms;</li> <li>- Not enough staff in the dining room;</li> <li>- Residents ask staff for ice water or coffee and staff state that they will be right back but then never return;</li> <li>- Dietary Manager asked what food was missing and if kitchen staff were bringing missing items to the residents.</li> <li>- The facility did not document a response or assign a responsible staff member for follow up to other concerns.</li> </ul> <p>2. Review of the Resident Council Minutes, dated 12/19/24, showed:</p> <ul style="list-style-type: none"> <li>- Some residents are not seeing improvements in dietary;</li> <li>- Too much white rice on the menu and residents would like to see Spanish or flavored rice;</li> <li>- Residents have not been getting dinner until after 6:00 P.M.;</li> <li>- Residents would like to see more soup on the menu during the colder months and would like more in their bowls as they are usually only half full;</li> <li>- Dietary Manager stated that he would inform dining staff to fill the bowls with more soup;</li> <li>- Staff are taking residents to the dining room too early and residents are having to wait on meals;</li> <li>- Residents are having to yell to get coffee because they are in the dining room too early;</li> <li>- Not enough staff in the dining room during mealtimes;</li> <li>- The facility did not document a response or assign a responsible staff member for follow up to other concerns.</li> </ul> <p>3. Review of the Resident Council Minutes, dated 01/15/25, showed:</p> <ul style="list-style-type: none"> <li>- Some residents are not seeing improvements in dietary;</li> <li>- Too much white rice on the menu;</li> <li>- Residents would like to see more meat and less rice with meals;</li> <li>- Residents would like to see more soup and bigger bowls of soup;</li> <li>- Residents would like to see less cabbage on the menu;</li> <li>- Staff are still taking them too early to the dining room for meals;</li> </ul> <p>(continued on next page)</p>

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- Residents are still having to yell for dietary staff to get coffee;</p> <p>- The facility did not document a response or assign a responsible staff member for follow up to other concerns.</p> <p>During an interview on 01/27/25 at 1:14 P.M., Resident #7 said the food is cold sometimes.</p> <p>During an interview on 01/27/25 at 1:25 P.M., Resident #17 said the food is cold sometimes.</p> <p>During an interview on 01/27/25 at 1:29 P.M., Resident #10 said the chicken is poorly cooked. It is really hard on the outside and just doesn't have a good flavor.</p> <p>During an interview on 01/27/25 at 1:39 P.M., Resident #6 said the food needs help. The potatoes at lunch today were raw. His/Her sister was in the room and had to microwave them. Food is cold by the time he/she gets his/her hall tray and meals are consistently late.</p> <p>During an interview on 01/27/25 at 1:51 P.M., Resident #4 said food is warm most of the time when he/she gets it in his/her room. Staff will drop the tray off and leave without telling him/her, and when he/she realizes it's there, the food is cold.</p> <p>During an interview on 01/28/25 at 9:50 A.M., Resident #45 said the food is not good and sometimes it's not hot when he/she gets his/her hall tray. He/She always eats in his/her room.</p> <p>During an interview on 01/29/25 at 10:30 A.M., six members of the Resident Council (Resident #6, #28, #35, #40, #62, and #66) collectively said they would like to have extra people in the dining room to assist them and to help get refills and to help take other residents back to the room after eating. The food isn't perfect all the time, but it is good sometimes. Sometimes the food is cold even if it is served in the dining room.</p> <p>During an interview on 01/30/25 at 10:47 P.M., the Dietary Manager (DM) said there had been a few residents complain about food temperatures, but they were located at the end of the halls. He/She would expect food to be served to residents at a temperature within the recommended guidelines per regulation.</p> <p>During an interview on 01/30/25 at 2:20 P.M., the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON), and Infection Preventionist (IP) collectively said the dietary manager is new, but they would expect food to be served to residents at a temperature within the recommended guidelines per regulation.</p> <p>During an interview on 02/07/25 at 10:44 A.M., the Administrator said if the issue is related to food, then the dietary manager would address it. The Social Services Designee follows up to make sure issues are addressed and reports to me.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to follow physician's orders for three residents (Resident #7, #9, and #36) out of 17 sampled residents. The facility's census was 67.</p> <p>The facility did not provide a policy regarding following physician's orders for weighing residents.</p> <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> <li>- An admission date of 05/24/21;</li> <li>- Diagnoses of heart failure (a condition where the heart muscle is unable to pump enough blood to meet the body's needs), chronic respiratory failure with hypoxia (a serious condition where the body's respiratory system can't remove enough oxygen from the blood), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause airflow obstruction and breathing problems).</li> </ul> <p>Review of the resident's Physician's Order Sheet (POS), dated January 2025, showed an order to weigh daily, dated 12/06/24.</p> <p>Review of the resident's weights summary and Treatment Administrator Record (TAR), dated December 2024 - January 2025, showed:</p> <ul style="list-style-type: none"> <li>- Staff were documenting weights in either the weights summary or the TAR;</li> <li>- No weights recorded in either location for 12/21/24, 12/22/24, 01/01/25, 01/11/25, and 01/12/25, for a total of five out of 54 opportunities missed.</li> </ul> <p>2. Review of Resident #9's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted on [DATE];</li> <li>- Diagnoses of Type 2 diabetes (the body has trouble controlling blood sugar), hypertensive heart and chronic kidney disease (chronic kidney disease caused by or significantly worsened by uncontrolled high blood pressure), emphysema (chronic lung disease), and heart failure (heart does not pump correctly).</li> </ul> <p>Review of the resident's POS, dated January 2025, showed an order for daily weights, weigh daily in morning for congestive heart failure (CHF), dated 11/09/24.</p> <p>Review of the resident's weights summary and Treatment Administrator Record (TAR), dated December 2024 - January 2025, showed:</p> <ul style="list-style-type: none"> <li>- Staff were documenting weights in either the weights summary or the TAR;</li> <li>- No weights recorded in either location for 12/3/24, 12/5/24, 12/6/24, 12/8/24, 12/9/24, 12/10/24, 12/11/24, 12/12/24, 12/13/24, 12/14/24, 12/15/24, 12/16/24, 12/17/24, 12/18/24, 12/19/24, 12/20/24, 12/21/24, 12/23/24, 12/25/24, 12/26/24, 12/27/24, 12/28/24, 12/29/24, 12/30/24, 12/31/24, 01/1/25,</li> </ul> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/2/25, 01/4/25, 01/5/25, 01/6/25, 01/7/25, 01/8/25, 01/9/25, 01/10/25, 01/11/25, 01/12/25, 01/13/25, 01/14/25, 01/15/25, 01/17/25, 01/18/25, 01/20/25, 01/21/25, 01/22/25, 01/23/25, 01/27/25, 01/28/25, for a total of 47 out of 62 opportunities missed.</p> <p>Review of Resident #9's progress notes showed starting on 12/11/24, notations saying the scale was broken, so weights were not being documented for the resident.</p> <p>3. Review of Resident #36's medical record showed:</p> <ul style="list-style-type: none"> <li>- admitted on [DATE];</li> <li>- Diagnoses of Type 2 diabetes, hypertensive chronic kidney disease, and edema (fluid retention).</li> </ul> <p>Review of the resident's POS, dated January 2025, showed an order for weekly weights every Friday, dated 12/13/24.</p> <p>Review of the resident's weights summary and Treatment Administrator Record (TAR), dated December 2024 - January 2025, showed:</p> <ul style="list-style-type: none"> <li>- Staff were documenting weights in either the weights summary or the TAR;</li> <li>- No weights recorded in either location for 01/03/25, 01/17/25, and 01/24/25 for a total of three out of six opportunities missed.</li> </ul> <p>During an interview on 01/30/25 at 11:06 A.M., Registered Nurse (RN) D said the previous Director of Nursing (DON) had been made aware of the lift not working. He/She had mentioned it more than once to the previous DON.</p> <p>During an interview on 01/30/25 at 11:38 A.M., the Infection Preventionist (IP) said he/she had seen notes saying the scale wasn't working, but when he/she worked that hall the other week the lift was working fine. The aides working the hall are responsible for completing the weights. Staff should know who needs weighed each day because it's listed on the daily sheet, is written on a white board in the nurses station, is on the TAR and it also lights up in the electronic charting. He/she did not know why the scale was listed as not working because it worked fine for him/her. The Assistant Director of Nursing (ADON) may know more about it.</p> <p>During an interview on 01/30/25 at 11:43 A.M., the ADON said there are two lifts. One of them is working, so staff should be able to weigh Resident #9. He/She would check the scale to make sure it's in working order.</p> <p>During an interview on 01/30/25 at 11:54 A.M., the ADON said he/she checked and the facility actually has four lifts, but one doesn't have a scale and two are not calibrated accurately, so they only have one that will weigh accurately. He/she will call the company and request the others be recalibrated and see if they can have a scale added to the one that doesn't have a scale. The aide working the hall should do the weight, but the staff work as a team, so any of the nursing staff can do it to help out. It's possible at times staff were grabbing the non-working scales not realizing there was a working one, but could not say for sure. He/She will move the non-working scales to a different area, so only the working one will be on that hall for staff to use since Resident #9 is the only resident requiring a lift.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 01/30/25 at 2:20 P.M., the Administrator, DON, ADON, and IP collectively said they would expect the staff to follow physician's orders and weigh residents as ordered.</p> <p>During an interview on 02/06/25 at 4:50 P.M., the Administrator said most of the time the aides document the weights under tasks, like vital signs. The nurse documents on the TAR also. When the nurse documents it on the TAR from the weight on the vital sign sheet, the paper sheet that the aides write their vitals on for the nurses, they may document it also. Staff are still learning this new system. Staff are having trouble seeing the notes the nurses wrote as to why a weight did not get done, resident out of building, refused, etc.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician's orders for supplemental oxygen therapy and oxygen tubing and humidifier changes for one resident (Resident #7) out of 17 sampled residents. The facility's census was 67.</p> <p>Review of the facility's policy titled, Oxygen Therapy, revised 10/08/21, showed:</p> <ul style="list-style-type: none"> <li>- Oxygen is treated as a medication ordered by the physician;</li> <li>- The order includes the amount per minute to be delivered, the device used for delivery, and during what times to deliver oxygen therapy;</li> <li>- Change tubing once a week or when soiled. Date, time, and initial tubing when changed;</li> <li>- Non-disposable refillable humidifier bottles are changed every seven days;</li> <li>- Date and initial each non-disposable refillable humidifier when changed every seven days or if contaminated;</li> <li>- Document on the Medication Administration Record (MAR)/Treatment Administration Record (TAR).</li> </ul> <p>1. Review of Resident #7's medical record showed:</p> <ul style="list-style-type: none"> <li>- An admission date of 05/24/21;</li> <li>- Diagnoses of heart failure (a condition where the heart muscle is unable to pump enough blood to meet the body's needs), chronic respiratory failure with hypoxia (a serious condition where the body's respiratory system can't remove enough oxygen from the blood), and chronic obstructive pulmonary disease (COPD - a group of lung diseases that cause airflow obstruction and breathing problems.)</li> </ul> <p>Review of the resident's Physician's Order Sheet (POS), dated 01/29/25, showed:</p> <ul style="list-style-type: none"> <li>- An order for oxygen at two liters to maintain oxygen saturation above 92%, dated 12/06/24;</li> <li>- An order to change oxygen tubing and clean concentrator filter weekly every Sunday night shift, dated 12/06/24;</li> <li>- An order for oxygen tubing and humidifier change every Sunday night shift, dated 12/06/24.</li> </ul> <p>Review of the resident's MAR, dated January 2025, showed:</p> <ul style="list-style-type: none"> <li>- The resident received oxygen at two liters on day shift, evening shift, and night shift on 01/27, 01/28, and 01/29;</li> <li>- The resident received oxygen at two liters on day shift on 01/30.</li> </ul> <p>Review of the resident's TAR, dated January 2025, showed:</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Oxygen tubing changed and concentrator filter cleaned on 01/05, 01/12, 01/19, and 01/26;</p> <p>- Oxygen tubing and humidifier changed on 01/05, 01/12, 01/19, and 01/26.</p> <p>Review of the resident's TAR, dated December 2024, showed:</p> <p>- Oxygen tubing changed and concentrator filter cleaned on 12/08, 12/15, 12/22, and 12/29;</p> <p>- Oxygen tubing and humidifier changed on 12/08, 12/15, 12/22, and 12/29.</p> <p>Observation of Resident #7 showed:</p> <p>- On 01/27/25 at 1:14 P.M., the resident sat on the side of the bed wearing oxygen at four liters per nasal cannula (a thin, flexible tube with two prongs that fit into the nostrils) with tubing dated 12/23/24 and humidity bottle dated 01/08/25;</p> <p>- On 01/28/25 at 1:23 P.M., the resident sat on the side of the bed wearing oxygen at four liters per nasal cannula with tubing dated 12/23/24 and humidity bottle dated 01/08/25. Resident removed the cannula from his/her nose while eating lunch;</p> <p>- On 01/29/25 at 2:11 P.M., the resident sat in a recliner using a second oxygen concentrator, wearing oxygen at two liters per nasal cannula, the humidity bottle dated 12/9 and no date on tubing. The concentrator by the resident's bed with tubing dated 12/23/24 and the humidity bottle dated 01/08/25;</p> <p>- On 01/30/25 at 9:21 A.M., the resident lay in bed wearing oxygen at four liters per nasal cannula with tubing dated 12/23/24 and humidity bottle dated 01/08/25.</p> <p>During an interview on 01/27/25 at 1:14 P.M., Resident #7 was unable to say if or when staff changed his/her oxygen tubing.</p> <p>During an interview on 01/30/25 at 1:24 P.M., Registered Nurse (RN) D said staff are supposed to change tubing every Sunday on night shift and they should be dating it when they change it.</p> <p>During an interview on 01/30/25 at 2:20 P.M., the Administrator said oxygen orders should be followed with the exception of a resident with low oxygen saturation. In that case, it would be nursing judgment to increase the oxygen liter flow and call the physician, but a resident should not be at an incorrect liter flow for an extended amount of time without a physician's order. The Director of Nursing (DON), Assistant Director of Nursing (ADON), and Infection Preventionist agreed that residents should receive oxygen as ordered and residents' tubing and humidity bottles should be changed on Sundays and dated with the date changed.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation and interview, the facility failed to provide a safe and functional environment for the residents by allowing items to be stored on top of over bed light fixtures for residents in ten resident rooms. Storing items on the over bed light creates a hazard of the items falling on the resident below and does not utilize the light fixtures as intended. The deficient practice had the potential to affect all residents and staff in the facility. The facility census was 67.</p> <p>The facility did not provide a policy for over bed lighting safety.</p> <ol style="list-style-type: none"> <li>1. Observation on 01/29/25 at 12:26 P.M. of room [ROOM NUMBER] showed seven stuffed animals on top of the light fixture above the resident's bed.</li> <li>2. Observation on 01/29/25 at 12:28 P.M. of room [ROOM NUMBER] showed four baseball caps on top of the light fixture above the resident's bed.</li> <li>3. Observation on 01/29/25 at 12:30 P.M. of room [ROOM NUMBER] showed: <ul style="list-style-type: none"> <li>- Six bird figurines and two birdhouses on top of the light fixture on the far right wall of the room;</li> <li>- Six glasses and a painting on top of the light fixture on the far left wall of the room.</li> </ul> </li> <li>4. Observation on 01/30/25 at 12:40 P.M. of room [ROOM NUMBER] showed a cup, pictures, and other [NAME] knacks on top of the light fixture above the resident's bed.</li> <li>5. Observation on 01/30/25 at 12:44 P.M. of room [ROOM NUMBER] showed multiple framed photos on top of the light fixture above the resident's bed.</li> <li>6. Observation on 01/30/25 at 12:50 P.M. of room [ROOM NUMBER] showed three painted canvas pictures on top of the light fixture above the resident's bed.</li> <li>7. Observation on 01/30/25 at 12:55 P.M. of room [ROOM NUMBER] showed a framed painting, a Valentine heart decoration, and a Christmas flower arrangement on top of the light fixture to the right of the resident's bed.</li> <li>8. Observation on 01/30/25 at 1:10 P.M. of room [ROOM NUMBER] showed a large painting on top of the light fixture above the resident's bed.</li> <li>9. Observation on 01/30/25 at 1:10 P.M. of room [ROOM NUMBER] showed: <ul style="list-style-type: none"> <li>- A stuffed animal and a white board on top of the light fixtures on the far right wall of the room;</li> <li>- Five stuffed animals on top of the light fixture on the far left wall of the room.</li> </ul> </li> <li>10. Observation on 01/30/25 at 1:12 P.M. of room [ROOM NUMBER] showed:</li> </ol> <p>(continued on next page)</p>		

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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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Five paintings on top of the light fixture above the resident's bed;</p> <p>- Three paintings on top of the light fixture across the room.</p> <p>During an interview on 01/30/25 at 2:20 P.M., the Administrator, Director of Nursing (DON), Assistant Director of Nursing (ADON) and Infection Preventionist (IP) collectively said items should not be placed on the light fixtures due to a possible hazard.</p>