

THE FACILITY DID NOT RETURN A  
PLAN OF CORRECTION  
THEREFORE, NO POC IS INCLUDED  
WITH THE STATEMENT OF  
DEFICIENCIES (2567 FORM)

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>16785C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/27/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND CREST ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2204 SOUTH HALLIBURTON STREET KIRKSVILLE, MO 63501</b>
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(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
A2269	<p>19 CSR 30-86.022(11)(B) Sprinkler System Maintenance/Testing</p> <p>Sprinkler Systems. (B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were in effect for such facilities on August 27, 2007. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on record review, and interview the facility failed to install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. The facility census was nineteen (19). This affected nineteen (19) of nineteen (19) residents.</p> <p>Record review on 10-27-2025, at 12:30 P.M., showed on the annual sprinkler system report dated, 7-22-2025 stating that the system was due for their 5 year internal inspection. The last 5 year internal inspection was completed in August 2020.</p> <p>During an interview on 10-27-2025 at 12:30 P.M. with the administrator, she stated she was going to call and get on the schedule to get the 5 year inspection completed.</p>	A2269		
A3219	<p>19 CSR 30-86.032(18) Extension Cords/Duplex Receptacles</p> <p>If extension cords are used, they must be Underwriters' Laboratory (UL)-approved or shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1)</p>	A3219		

Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Missouri Department of Health and Senior Services

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A3219	<p>Continued From page 1</p> <p>appliance shall be connected to one (1) extension cord and only two (2) appliances may be served by one (1) duplex receptacle. If extension cords are used, they shall not be placed under rugs, through doorways or located where they are subject to physical damage. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview during the fire safety inspection process, the facility failed to ensure only one appliance shall be connected to one extension cord and only two electrical appliances may be served by one duplex receptacle. The facility also failed to ensure appliances were directly plugged into the wall outlet. Facility census was nineteen (19). This affected nineteen (19) of nineteen (19) residents.</p> <p>Observation on 10-27-2025 starting at 11:00 A.M. through 12:30 P.M. showed the following:</p> <ul style="list-style-type: none"> <li>-1 two-way adapter with multiple items plugged into it being used in resident room #D5</li> <li>-2 a power strip with mini fridge plugged into it in resident room #D6</li> <li>-3 a power strip with a coffee pot and microwave plugged into it in resident room #A3</li> </ul> <p>During an interview on 10-27-2025 at 12:30 P.M. with the administrator, she stated she would get those items removed and/or plug items directly into the wall.</p>	A3219		