AN ADMINISTRATOR SIGNATURE COULD NOT BE OBTAINED.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	21851C	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED FAMILY HEALTHCARE, INC	900 EAST LAHARPE KIRKSVILLE, MO 63501

(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 on January , 2024 the facility failed to display precautionary signage that is readable from 5 ft away on each door to any enclosure containing oxygen products, in accordance with NFPA 99, 1999 Edition. The facility census was thirty-fire (35) . This deficiency affects thirty-five (35) of thirty-five (35) residents. Observation during the inspection process showed no precautionary signage present on or near the entry door of room 207 where a concentration machine was located. Observation during the inspection process showed no precautionary signage present on or near the entry door of room the lab room where extra bottles were stored. During an interview at 1:00 P.M. the maintenance manager stated he would see that the proper signage was displayed.	A2298		
A3211	19 CSR 30-86.032(10) Heaters-Approved Label, Venting, No Portable In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to	A3211		

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PREFERRED FAMILY HEALTHCARE, INC	900 EAST LAHARPE KIRKSVILLE, MO 63501

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A3211	Continued From page 1 steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. The foregoing requirements are applicable to residential care facilities. In assisted living facilities, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. For all facilities, oil or gas heating appliances shall be properly vented to the outside and the use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II This regulation is not met as evidenced by: Class II. Based on observation and interview on January 22, 2024, the facility fails to ensure the use of portable heaters is prohibited. The facility census is thirty-five (35). This deficiency affects thirty-five (35) of thirty-five (35) residents. Observations found unplugged space heaters in second floor directors office, front staff office, and Becky's office. Observations found plugged in space heaters in front staff office and second floor hallway.	A3211		

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	21851C	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED FAMILY HEALTHCARE, INC	900 EAST LAHARPE KIRKSVILLE, MO 63501

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A3211	Continued From page 2 Interview with maintenance manager on January 22, 2024 at 1:00 PM stated he would have them all removed from the building.	A3211		
A3214	19 CSR 30-86.032(13) Electrical Wiring, Maintained, Inspected In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the National Electrical Code, 1999 edition, National Fire Protection Association, Inc., incorporated by reference, in this rule and available by mail at One Batterymarch Park, Quincy, MA 02269, and local codes. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Facilities built between September 28, 1979 and July 1, 2005 shall be maintained in accordance with the requirements of the National Electrical Code, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III This regulation is not met as evidenced by: Class III Based on observation, document review, and interview during the fire safety inspection on January 22, 2024, the facility failed to ensure the facility's electric wiring was inspected every two (2) years by a qualified electrician. The facility census on January 22, 2024 was thirty-five (35).	A3214		

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A3214	Continued From page 3 This deficiency affects thirty-five (35) out of thirty-five (35) residents. Document review on January 22, 2024 showed the facility failed to have the electric wiring inspected every 2 years. During an interview on January 22, 2024 at 1:00 pm, the maintenance manager stated he would get the certification scheduled.	A3214		

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