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Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>28191</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COLONY POINTE-ASSISTED LIVING BY AMERICARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1510 CHAPEL HILL ROAD COLUMBIA, MO 65203</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
A2202	<p>19 CSR 30-86.022(2)(D) Inspection Rights, No Fire Hazard</p> <p>General Requirements. (D) The department shall have the right of inspection of any portion of a building in which a licensed facility is located unless the unlicensed portion is separated by two- (2-) hour fire-resistant construction. No section of the building shall present a fire hazard. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview during a fire inspection on January 11, 2023 the facility manager failed to keep the Colony Point facility in a condition to not present a fire hazard. The Colony Point facility census was twenty four (24). This deficiency affects twenty four (24) of twenty four (24) residents.</p> <p>Observation on January 11, 2023 at 2:24P.M. showed the three carbon monoxide detectors in hallways A,C &amp;D were all expired.</p> <p>Observation on January 11, 2023 at 2:29 P.M. showed the kitchen Carbon Monoxide detector expired.</p> <p>During an interview on January 11, 2023 at 3:30 P.M. the maintainace manager stated he was not aware the detectors were expired and would get replacements as soon as possible.</p>	A2202		
A2278	<p>19 CSR 30-86.022(12)(C) Emergency Lighting -Battery Powered, 1.5 hrs</p> <p>Emergency Lighting. (C) If battery-powered lights are used, they shall</p>	A2278		

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

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A2278	<p>Continued From page 1</p> <p>be capable of operating the light for at least one and one-half (1 1/2) hours. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview during the fire safety inspection process on January 11, 2023 the facility failed to maintain the main emergency lighting in good repair. The facility census was twenty four (24). This deficiency affects twenty four (24) of twenty four (24) residents.</p> <p>Observation on January 11, 2023 at 2:26 P.M. showed the emergency light located above the exit door in B-hallway, failed to activate when the test button was depressed.</p> <p>Observation on January 11, 2023 at 2:28 P.M showed the emergency light located above the exit door in the dining room, failed to activate when the test button was depressed.</p> <p>During an interview on January 11, 2023 at 3:30 P.M. the maintenance Manager stated he would get the emergency lights fixed as soon as possible.</p>	A2278		

NO PLAN OF CORRECTION (POC) IS INCLUDED WITH THIS STATEMENT OF DEFICIENCY (2567 FORM).