STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265302	A. BUILDING 01 B. WING	C 08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE MANOR	1201 HUNT AVENUE COLUMBIA, MO 65202

(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) COMPLETION DATE
E 000	Initial Comments 42 CFR 483.73 The Emergency Preparedness portion of the survey did not result in deficiencies.	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.90(a) The facility does not meet the applicable provisions of the 2012 existing edition of the Life Safety Code of the National Fire Protection Association (NFPA) and related references.	K 000		
K 271 SS=E	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to maintain the exit discharge (the portion of the means of egress between the building exit and the public way [a street, alley, or other similar parcel of land essentially open to the outside air deeded, dedicated, or otherwise permanently appropriated to the public for public use]) from three of 11 exits level, free of trip hazards and obstructions to provide safe access to the public way. Failure to maintain exit discharges has the potential to delay evacuation procedures in the event of an emergency. This failure has the potential to affect all facility occupants in four of seven smoke	K 271		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Elizabeth Bayliss | TITLE: Administrator | (X6) DATE: 9/15/2023

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.

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K 271	Continued From page 1 zones. The facility census was 74 with a capacity of 120. 1. Review of the facility's Weekly Preventative Maintenance Checklist, undated, showed the checklist directed staff to verify all interior and exterior exit pathways to safety were cleared for emergency. Review also showed the checklist directed staff to verify all outside areas were free of any debris and proper landscaping is maintained which included "no stray weeds, tree limbs, mud/dirt on walkways, etc.". 2. Observations on 08/22/23 at 9:00 A.M., showed large cracks and areas of broken and missing concrete in the sidewalk outside of the Colonial unit exit corridor which contained the fire alarm system panel. Further observation showed the ground beneath a section of the sidewalk raised which caused the concrete of the sidewalk to crack and form a tent shaped bulge. Observations also showed sections of broken and missing concrete to the sidewalk outside the exit by resident room 223. During an interview on 08/22/23 at 10:00 A.M., the maintenance director said the exits had been that way for "a good year". The maintenance director said he/she got a bid from a company during the winter to make repairs. The maintenance director said he/she gave the bid to the administrator when he/she received it and he/she did not know what happened to it after that. The maintenance director said he/she did not follow-up with the administrator about the bid for the repairs and he/she had not made any other attempts to have the exits repaired. Review of the facility maintained maintenance records, showed a bid from a lawn service	K 271		

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K 271	Continued From page 2 company dated 02/10/23 to repair the sidewalks. During an interview on 08/23/23 at 12:55 P.M., the administrator said he/she forwarded the bid from the lawn service company upon receipt to his/her director of operations and the director declined to contract with the company because the estimated cost was too much. The administrator said he/she did contact another provider around 08/07/23 who was supposed to come to the facility to make a bid for the repairs, but he/she had not come yet and did not know when the provider intended to be on-site. The administrator said there were no other attempts made to repair the exit sidewalks between the bid provided by the lawn service company and his/her call to the secondary provider at the beginning of this month as it had just not been made a priority. 3. Observation on 08/22/23 at 10:06 A.M., showed approximately 12 feet of the sidewalk outside the exit by resident room 138 covered with overgrown brush which prevented the sidewalk from being easily navigated. During an interview on 08/22/23 at 12:00 P.M., the maintenance director said he/she is responsible to maintain the exit discharges free of trip hazards and obstructions which would include tree limbs and brush. The maintenance director said he/she should either trim overgrown brush on exit paths him/herself or schedule someone to come trim the brush. The maintenance director said he/she knew about the overgrown brush on the exit sidewalk and had hired a company recently to come trim trees and brush on the property, but he/she forgot to tell them to trim the exit sidewalk.	K 271		

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K 271	Continued From page 3 During an interview on 08/23/23 at 12:55 P.M., the administrator said the maintenance director is responsible to maintain the exits and means of egress in accordance with the Preventative Maintenance Checklist and as required by regulations. The administrator said the maintenance director should check exits weekly and if there is overgrown brush on an exit sidewalk, he/she would expect the maintenance director to trim and remove the overgrown brush. The administrator said they just had a company at the facility to trim the trees and brush on the property, but he/she did not know that no one had trimmed the overgrown brush over the exit sidewalk. Review of NFPA 101, 2012 Edition, showed: - 19.2.1 "General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11." -19.2.7 "Discharge from Exits. Discharge from exits shall be arranged in accordance with Section 7.7." -7.1.10.1* "General. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency." -7.7.1.1 "Yards, courts, open spaces, or other portions of the exit discharge shall be of the required width and size to provide all occupants with a safe access to a public way." -7.1.6.1.1 Walking surfaces in the means of egress shall comply with 7.1.6.2 through 7.1.6.4. -7.1.6.1.2 Approved existing walking surfaces shall be permitted. -7.1.6.2 Changes in Elevation. Abrupt changes in elevation of walking surfaces shall not exceed 1.4	K 271		

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K 271	Continued From page 4 in. (6.3 mm). Changes in elevation exceeding 1.4 in. (6.3 mm), but not exceeding 1.2 in. (13 mm), shall be beveled with a slope of 1 in 2. Changes in elevation exceeding 1.2 in. (13 mm) shall be considered a change in level and shall be subject to the requirements of 7.1.7. -7.1.6.3 Level. Walking surfaces shall comply with all of the following: (1) Walking surfaces shall be nominally level. (2) The slope of a walking surface in the direction of travel shall not exceed 1 in 20, unless the ramp requirements of 7.2.5 are met. (3) The slope perpendicular to the direction of travel shall not exceed 1 in 48.	K 271		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to inspect, test and maintain the fire alarm system in accordance with the 2010 Edition of NFPA 72 (National Fire Alarm and Signaling Code) when the staff failed to provide complete and verifiable documentation for 100 percent inspection and testing of the fire alarm system semi-annually by qualified individuals. Failure to inspect, test and maintain the fire alarm system in accordance with the	K 345		

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K 345	Continued From page 5 standard has the potential to prevent the proper function of the fire alarm system and delay response procedures in the event of an emergency. This failure has the potential to affect all facility occupants. The facility census was 74 with a capacity of 120. 1. Review of the facility maintained fire alarm system inspection, testing and maintenance records dated August 2022 through July 2023, showed the records contained documentation of a semi-annual fire alarm system inspection dated 12/06/22 and an annual fire alarm system inspection dated 06/29/23. Review showed the technician who performed the annual inspection did not list their credentials. Review of the technician's National Institute for Certification in Engineering Technologies (NICET) Certification, provided by the facility, showed the technician who performed the annual inspection was certified as Inspection and Testing of Fire Alarm Systems Level I, not Level II or higher as required. During an interview on 08/22/23 at 3:45 P.M., the administrator said the maintenance director is responsible to ensure the fire alarm system is inspected, tested and maintained as required. The administrator said the maintenance director should verify that individuals that provide service for the fire alarm system are qualified before they provide the service. Review of NFPA 72, 2010 Edition, showed: -14.2.2.5* "Service Personnel Qualifications and Experience. Service personnel shall be qualified and experienced in accordance with the	K 345		

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K 345	Continued From page 6 requirements of 10.4.3." -10.4.3.1* "Service personnel shall be qualified and experienced in the inspection, testing, and maintenance of systems addressed within the scope of this Code. Qualified personnel shall include, but not be limited to, one or more of the following: (1)*Personnel who are factory trained and certified for the specific type and brand of system being serviced (2)*Personnel who are certified by a nationally recognized certification organization acceptable to the authority having jurisdiction (3)*Personnel who are registered, licensed, or certified by a state or local authority to perform service on systems addressed within the scope of this Code (4) Personnel who are employed and qualified by an organization listed by a nationally recognized testing laboratory for the servicing of systems within the scope of this Code." -10.4.3.2 "Evidence of qualifications shall be provided to the authority having jurisdiction upon request." -14.3.1* "Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction." -14.4.5* "Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction." -14.6.2.4 "A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4:	K 345		

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K 345	Continued From page 7 (1) Date (2)Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(s) tested (8) Functional test of detectors (9)*Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Functional test of mass notification system control units (13) Functional test of signal transmission to mass notification systems (14) Functional test of ability of mass notification system to silence fire alarm notification appliances (15) Tests of intelligibility of mass notification system speakers (16) Other tests as required by the equipment manufacturer's published instructions (17) Other tests as required by the authority having jurisdiction (18) Signatures of tester and approved authority representative (19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place).	K 345		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353		

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K 353	Continued From page 8 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to inspect, test and maintain one dry pipe sprinkler system in accordance with the 2011 Edition of NFPA 25 (Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems) and 2010 Edition of NFPA 13 (Standard for the Installation of Sprinkler Systems). Facility staff failed to provide complete and verifiable documentation of the sprinkler system's installation. Facility staff also failed to maintain a general information sign (a permanently marked weatherproof metal or rigid plastic sign used to determine system design basis and information relevant to the inspection, testing, and maintenance of the system put in place at the time of installation of the sprinkler system) and a	K 353		

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K 353	Continued From page 9 hydraulic nameplate (a permanently marked weatherproof metal or rigid plastic sign used to identify information about the sprinkler system's hydraulic specifications put in place at the time of installation of the sprinkler system) for the sprinkler systems. Failure to inspect, test and maintain the sprinkler systems in accordance with these standards has the potential for system failure and delayed fire suppression in the event of an emergency. The facility census was 74 with a capacity of 120. 1. Observations on 08/22/23 during the life safety code tour, showed the facility equipped with one dry pipe sprinkler systems to provide fire suppression for the building. Review of the facility's Preventative Maintenance Handbook, undated, showed the handbook directed staff to conduct a visual inspection of the hydraulic name plate monthly. Review of the facility's licensing and certification records, showed construction plans for the facility approved by the department in February 1974 and the facility licensed to operate on 06/12/1985. Review of the facility maintained dry pipe sprinkler system inspection, testing and maintenance records showed the records did not contain documentation of the sprinkler systems' installation. Observation on 08/22/23 during the Life Safety Code tour, showed the facility equipped with a dry pipe sprinkler system to provided fire suppression to the building. Further observation showed the sprinkler system riser and surrounding area did not contain a general information sign and	K 353		

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K 353	Continued From page 10 hydraulic nameplate to provide information about the system's design specifications and installation. Review of the facility's annual sprinkler system inspection, dated 04/19/23, showed the inspecting technician documented the system's hydraulic nameplate was not attached. Review also showed the record did not contain the date of the systems' installation. During an interview on 08/22/23 at 3:45 P.M., the administrator said he/she did not have a policy for the inspection, testing and maintenance of the sprinkler system, but the maintenance director is responsible to maintain the sprinkler system as required by regulations. The administrator said he/she could not provide any additional documentation of installation of the sprinkler systems. The administrator said he/she did not know about the missing nameplate. Review of NFPA 13, 2010 Edition, showed: -24.5.1 The installing contractor shall identify a hydraulically designed sprinkler system with a permanently marked weatherproof metal or rigid plastic sign secured with corrosion_resistant wire, chain, or other approved means. Such signs shall be placed at the alarm valve, dry pipe valve, preaction valve, or deluge valve supplying the corresponding hydraulically designed area. -24.5.2 The sign shall include the following information: (1) Location of the design area or areas (2) Discharge densities over the design area or areas (3) Required flow and residual pressure demand	K 353		

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K 353	Continued From page 11 at the base of the riser (4) Occupancy classification or commodity classification and maximum permitted storage height and configuration (5) Hose stream allowance included in addition to the sprinkler demand (6) The name of the installing contractor -24.6.1 The installing contractor shall provide a general information sign used to determine system design basis and information relevant to the inspection, testing, and maintenance requirements required by NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. -24.6.1.1 Such general information shall be provided with a permanently marked weatherproof metal or rigid plastic sign, secured with corrosion-resistant wire, chain, or other acceptable means. -24.6.1.2 Such signs shall be placed at each system control riser, antifreeze loop, and auxiliary system control valve. -24.6.2 The sign shall include the following information: (1) Name and location of the facility protected (2) Occupancy classification (3) Commodity classification (4) Presence of high-piled and/or rack storage (5) Maximum height of storage planned (6) Aisle width planned (7) Encapsulation of pallet loads (8) Presence of solid shelving (9) Flow test data (10) Presence of flammable/combustible liquids (11) Presence of hazardous materials (12) Presence of other special storage (13) Location of auxiliary drains and low point drains on dry	K 353		

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K 353	Continued From page 12 pipe and preaction systems (14) Original results of main drain flow test (15) Name of installing contractor or designer (16) Indication of presence and location of antifreeze or other auxiliary systems Review on NFPA 25, 2011 Edition, showed: -4.1.1 "The property owner or designated representative shall be responsible for properly maintaining a water-based fire protection system. -4.3.1 Records shall be made for all inspections, tests and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. -4.3.3 Records shall be maintained by the property owner. -4.3.4 As-built system installation drawings, hydraulic calculations, original acceptance test records, and device manufacturer's data sheets shall be retained for the life of the system. -5.2.6* Hydraulic Design Information Sign. The hydraulic design information sign for hydraulically designed systems shall be inspected quarterly to verify that it is attached securely to the sprinkler riser and is legible. *A.5.2.6 The hydraulic design information sign should be secured to the riser with durable wire, chain, or equivalent. -5.2.8* Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible. *A.5.2.8 The information sign should be secured with wire, chain, or equivalent to each system control valve, antifreeze loop, and auxiliary system control valve indicating the information required by 4.1.	K 353		
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101	K 511		

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K 511	Continued From page 13 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to leak test the liquefied petroleum gas (LPG) tank used for the facility backup generator annually. Failure to leak test the LPG tank annually has the potential for failure to identify impairments which could render the emergency utilities provided by systems inoperable. This failure has the potential to affect all facility occupants. The facility census was 74 with a capacity of 120. 1. Observation on 08/22/23, during the Life Safety Code tour, showed the facility equipped with a LPG storage tank on the exterior grounds. Observation also showed the facility equipped with a generator fueled by the LPG storage tank to supply emergency power to the facility. Review of the facility maintained inspection, testing and maintenance records dated July 2022 through June 2023, showed the records did not contain documentation of an annual LPG leak test.	K 511		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265302	A. BUILDING **01** B. WING _____	C **08/23/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE MANOR	**1201 HUNT AVENUE** **COLUMBIA, MO 65202**

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K 511	Continued From page 14 During an interview on 08/22/23 at 3:45 P.M., the administrator said he/she did not have a policy for the inspection, testing and maintenance of the LPG storage tank, but the maintenance director is responsible to maintain the LPG tank as required which would include the having the tank leak tested by a third party annually. Review of NFPA 101, 2012 Edition, showed: -19.5.1.1 Utilities shall comply with the provisions of Section 9.1 - 9.1 Utilities - 9.1.1 Gas. Equipment using gas and related piping shall be in accordance with NFPA 54, National Fuel Gas Code, or NFPA 58, Liquefied Petroleum Gas Code, unless such installations are approved existing installations, which shall be permitted to be continued in service. Review of NFPA 54, 2012 Edition, showed: -1.1.2 Other Standards. In applying this code, reference shall also be made to the manufacturers ' instructions and the serving gas supplier regulations. -8.1.5 Detection of Leaks and Defects. -8.1.5.1 The piping system shall withstand the test pressure specified without showing any evidence of leakage or other defects. Any reduction of test pressures as indicated by pressure gauges shall be deemed to indicate the presence of a leak unless such reduction can be readily attributed to some other cause. -8.1.5.2 The leakage shall be located by means of an approved gas detector, a noncorrosive leak detection fluid, or other approved leak detection methods. Matches, candles, open flames, or other methods that provide a source of ignition	K 511		

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K 511	Continued From page 15 shall not be used. -8.2 Piping System Leak Check. -8.2.1 Test Gases. Leak checks using fuel gas shall be permitted in piping systems that have been pressure tested in accordance with Section 8.1. Review of NFPA 58, 2011 Edition, showed: -14.3.2.2 Maintenance manuals shall include routine inspections and preventative maintenance procedures and schedules. -14.3.2.3 Each facility shall maintain a record of all maintenance of fixed equipment used to store and transfer LP-Gas. -14.3.2.4 Maintenance records shall be made available to the authority having jurisdiction during normal office hours. Review of 2 CSR 90-10.011 (2), showed "The inspection authority shall have discretional authority to require annual leak testing of all LP gas piping systems serving schools, churches, nursing homes, resorts, mobile home parks, public housing, hospitals, amusement parks, summer camps (Boy Scout, Girl Scout, church, etc.), and other public buildings and institutions. It shall be the responsibility of the owner, administrator, superintendent, director, or other responsible person directly associated with any of the piping systems serving any of the listed public buildings, mobile home parks, summer camps (Boy Scout, Girl Scout, church, etc.), amusement parks, and institutions to assume full responsibility to secure the annual leak test of the LP gas system on or before September 1 of each calendar year with the exception of summer camps and amusement parks which shall be completed on or before May 1 of each calendar	K 511		

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K 511	Continued From page 16 year. A copy of the test report shall be submitted to the inspection authority within five (5) days after completion of the test. Failure to complete the required annual leak tests may be due cause to consider the LP gas system unsafe for continued use and shall be reason to place the system out-of-service until the time a leak test is completed and the system found to be free of leaks and safe for continued operation."	K 511		
K 521 SS=F	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to provide functioning exhaust ventilation units to provide negative airflow to vent vapors and odors from toilet rooms and soiled utility rooms. This failure has the potential to affect all facility occupants. The facility census was 74 with a capacity of 120 1. Observations on 08/22/23 during the Life Safety Code tour, showed the facility did not contain functional exhaust units for all toilet rooms, shower rooms equipped with toilets and soiled utility rooms.	K 521		

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	265302	A. BUILDING **01** B. WING _____	C **08/23/2023**

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K 521	Continued From page 17 During an interview on 08/22/23 at 11:43 A.M., the maintenance director said he/she had not inspected the exhaust ventilation units for proper function during his/her employment at the facility, which had been years, and he/she did not know that he/she needed to do so. During an interview on 08/22/23 at 12:55 P.M., the administrator said he/she did not have policy for the maintenance of the exhaust ventilation units, but the maintenance director is responsible to inspect the exhaust ventilation units monthly for proper function. The administrator said he/she did not know that the maintenance director had not inspected the exhaust ventilation units. Review of NFPA 101, 2012 Edition, showed: -19.5.2.1 "Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2"; -9.2.1 "Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service." Review of NFPA 90A, 2012 Edition, 4.2.3.1 showed fans shall be installed in accordance with the applicable NFPA standards and the manufacturer's instructions. Fans shall be	K 521		

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K 521	Continued From page 18 approved for the specific installation.	K 521		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to identify the assessment of each electrical receptacle in resident care rooms to include their physical integrity, continuity of the grounding circuit, polarity and retention force. This failure has the potential for increased fire risk and electrical injury. This failure has the potential to affect all facility occupants. The facility census was 74 with a capacity of 120.	K 914		

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K 914	Continued From page 19 1. Review of the facility's Receptacle Test (Patient Care Areas) records, completed by facility staff, dated 05/02/23 through 06/20/23, showed staff documented how many outlets were tested in each room. The records did not contain an itemized list of receptacles in each room which were assessed for their physical integrity, continuity of the grounding circuit, polarity and retention force. Review of the facility's Certification of Electrical Wiring, dated 02/02/23, showed the record did not contain information to show the certified electrician conducted an assessment of all receptacles in resident care rooms for their physical integrity, continuity of the grounding circuit, polarity and retention force. During an interview on 08/22/23 at 3:45 A.M., the administrator said he/she the maintenance director is responsbile to test the receptacles in the resident rooms. He/She said he/she was unsure if the faility had a policy. The administrator said the maintenance director only documents the number of receptacles tested and does not itemized the list. Review of NFPA 99, 2012 Edition showed: -6.3.3.2 Receptacle Testing in Patient Care Rooms; -6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection; -6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified; -6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be verified; -6.3.3.2.4 The retention force of the grounding	K 914		

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K 914	Continued From page 20 blade of each electrical receptacle (except locking-type receptacles) shall not be less than 115 g (4 oz) ; -6.3.4* Administration of Electrical System. -6.3.4.1 Maintenance and Testing of Electrical System. -6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device. -6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. -6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. -6.3.4.1.4 The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch (see 6.3.2.6.3.6). For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12 months. Actuation of the test switch shall activate both visual and audible alarm indicators. -6.3.4.1.5 After any repair or renovation to an electrical distribution system, the LIM circuit shall be tested in accordance with 6.3.3.3.2. -6.3.4.2 Record Keeping. -6.3.4.2.1* General. -6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. -6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have	K 914		

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K 914	Continued From page 21 failed to meet, the performance requirements of this chapter.	K 914		

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	11262	A. BUILDING: 01 B. WING _____	C 08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE MANOR	1201 HUNT AVENUE COLUMBIA, MO 65202

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A1133	19 CSR 30-85.012(126) Electrical System-Test/Certify per Code A qualified electrician shall test and certify the entire electrical system as being in compliance with the 1996 National Electrical Code, incorporated by reference in this rule. In facilities whose plans were approved on or before December 31, 1998, the electrician shall test the system according to the standards of the National Electrical Code as referenced in the 1985 Life Safety Code. Facilities shall make this test certification available to the division. III This regulation is not met as evidenced by: Class III See deficiency cited at K914	A1133		
A2019	19 CSR 30-85.022(10)(B) Fire Alarm System-Test/Maintain Complete Fire Alarm Systems. (B) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II This regulation is not met as evidenced by: Class II Please see deficiency cited at K345.	A2019		
A2034	19 CSR 30-85.022(11)(C) Sprinkler System-Test/Maintain Sprinkler System. (C) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements in effect for such facilities	A2034		

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A2034	Continued From page 1 on August 27, 2007. I/II This regulation is not met as evidenced by: Class II Please see deficiency cited at K353	A2034		
A2037	19 CSR 30-85.022(12) Exit Requirements Each floor of an existing licensed facility shall have at least two (2) unobstructed exits remote from each other. One (1) of the required exits in an existing multi-story facility must be an outside stairway or an enclosed stair that is separated by one- (1-) hour construction from each floor and has an exit leading directly outside at grade level. One (1) exit may lead to a lobby with exit facilities to the ground level outside instead of leading directly to the outside. The lobby shall have at least a one- (1-) hour fire-rated separation from the remainder of the exiting floor. I/II This regulation is not met as evidenced by: Class II Refer to K271	A2037		
A3015	19 CSR 30-85.032(16) Toilet Rm-Accessible, Ventilated, Locks Toilet rooms shall be easily accessible, conveniently located, well-lighted and properly ventilated. Doors to toilet rooms which may be locked from the inside shall be equipped with a special lock which may be opened from the outside. II/III This regulation is not met as evidenced by: Class III	A3015		

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A3015	Continued From page 2 Refer to K521	A3015		
A3030	19 CSR 30-85.032(31)(A) Electrical Wiring & Equipment Maintained Electrical Wiring Requirements. (A) Electrical wiring and equipment shall be installed and maintained in accordance with the NFPA 70, 1999 edition. Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA 70 referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department. II/III This regulation is not met as evidenced by: Class III Please see deficiency cited at K511	A3030		

PLAN OF CORRECTION

Provider/Supplier Name:	Parkside Manor
Street Address, City, Zip:	1201 Hunt Avenue Columbia, MO 65202
Date of Survey:	Exit 08/23/2023

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This Plan of Correction (POC) is submitted under State and Federal Law. The submission of this POC does not constitute an admission on the part of Parkside Manor (the facility) as to the accuracy of the surveyor's findings or the conclusions drawn therefrom. The Facility's submission of this POC does not constitute the submission of Parkside Manor that the findings cited are accurate, constitute a deficiency, or that the scope and severity regarding the deficiencies cited are correctly applied. The POC is intended to constitute the facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date listed in the POC. Compliance will be maintained as provided in the POC. Date of Alleged Compliance: October 4, 2023	10/04/2023

Beth Bowles, Admin
9/27/2023

and

K 271	The facility will maintain tall exit discharge(s) level, free of trip hazards, and obstructions to provide safe access to the public way. All residents are considered at risk of the alleged deficient practice. The cracked area and area with missing and broken sidewalk outside the Colonial Unit (outside 200 hall) has been repaired by an outside contractor and will be maintained. The overgrown brush outside the Colonial Unit (100) hall has been removed and will be maintained. The Maintenance Supervisor will continue to perform weekly preventative maintenance to outside of facility and will trim bushes and remove any other debris as needed to maintain clear pathways. The Maintenance Supervisor will alert the Administrator as needed for structural sidewalk issues requiring outside maintenance. The Maintenance Supervisor will provide a quarterly plant maintenance report to the QAA committee and will follow recommendations and guidance as given by the Administrator. Date of Alleged Compliance: October 4, 2023	10/04/2023
K 345	The facility will inspect, test and maintain the fire alarm system in accordance with the 2010 Edition of NFPA 72. The facility staff will provide complete and verifiable documentation for 100% inspection and testing of the fire alarm system semi-annually by qualified individuals. All residents are considered at risk of the alleged deficient	10/04/2023

and

	practice. The facility has had received the Level II certification information for the technician completing testing & will be maintained at facility on file. The Administrator will ensure any future inspections are completed by qualified individuals and qualifications will be maintained on file. The Maintenance Supervisor will provide a quarterly plant maintenance report to the QAA committee and follow guidance and recommendations as given by the Administrator. Date of Alleged Compliance: October 4, 2023	
K 353	The facility will inspect, test and maintain the dry pipe sprinkler system in accordance with the 2011 Edition of NFPA 25 & the 2010 Edition of NFPA 13. The facility will provide complete and verifiable documentation of the sprinkler system's installation and will maintain a general information sign and a hydraulic nameplate for the sprinkler system. All residents are considered at risk of the alleged deficient practice. The facility is working with a contracted company and work order for signage and nameplate is in process The Maintenance Supervisor will ensure the dry pipe system testing and documentation is completed per the regulation. The Maintenance Supervisor will provide a quarterly plant maintenance report to the QAA committee and will follow guidance and recommendations as given by the Administrator. Date of Alleged Compliance: October 4, 2023	10/04/2023
K 511	The facility will leak test the liquified petroleum gas (LPG) tank used for the backup generator annually. All residents are considered at risk of the alleged deficient practice. The leak test has been completed by the gas company. The facility will maintain a copy of completed work on file and test will be completed annually thereafter. The Maintenance Supervisor will provide a quarterly plant maintenance report to the QAA committee and will follow recommendations and guidance as given by Administrator. Date of Alleged Compliance: October 4, 2023	10/04/2023
K 521	The facility will provide functioning exhaust ventilation units to provide negative airflow to vent vapors and odors from toilet rooms and soiled utility rooms. All residents are considered at risk of the alleged deficient practice.	10/04/2023

and

	The Maintenance Supervisor has completed testing on all exhaust fans and has repaired any non-functional exhaust fans as discovered, and will test monthly hereafter. Non-functioning exhaust fans will be repaired if and when identified. The Maintenance Supervisor will provide a quarterly plant maintenance report to the QAA committee and will follow recommendations and guidance as given by the Administrator. Date of Alleged Compliance: October 4, 2023	
K 914	The facility will assess each of the electrical receptacles in resident care rooms to include physical integrity, continuity of grounding circuit and retention force in accordance with the regulation. All residents are considered at risk of the alleged deficient practice. The form utilized for electrical receptacle assessment in resident areas has been updated to include itemized receptacle documentation for each receptacle in room to assess physical integrity, continuity of grounding circuit and retention force. The updated form will be utilized for all receptacle testing. The Maintenance Supervisor will provide a quarterly plant maintenance report to the QAA committee and will follow recommendations and guidance as given by the Administrator. Date of Alleged Compliance: June 16, 2023	10/04/2023

A 1133	Refer to K 914	10/04/2023
A 2019	Refer to K 345	10/04/2023
A 2034	Refer to K 353	10/04/2023
A 2037	Refer to K 271	10/04/2023
A 3015	Refer to K 521	10/04/2023
A 3030	Refer to K 511	10/04/2023