


Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24341B</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TIGER PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2910 BLUFF CREEK DRIVE COLUMBIA, MO 65201</b>
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A2008	<p>19 CSR 30-85.022(4) Hazardous Areas</p> <p>Hazardous areas shall be separated by construction of at least one- (1-) hour fire-resistant construction. Hazardous areas may be protected by an automatic sprinkler system in lieu of a one- (1-) hour rated fire-resistant construction. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic closing. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation, interview and record review, the facility staff failed to ensure the doors to hazardous areas were self-closing, positive latching and resisted the passage of smoke. This failure has the potential to affect all facility occupants by preventing the containment of smoke and fire. The facility census was 51.</p> <p>1. Review of the facility's Fire Safety policy, dated 09/10, showed the policy directed that fire prevention is the responsibility of all personnel and all personnel must be alert for violation of fire safety rules. Review showed the policy did not contain direction to staff on the and maintenance of hazardous areas.</p> <p>Review of the facility's Storage Area Protocol policy, dated 05/10, showed the policy directed staff to lock storage areas and flammable materials should be stored in a fireproof cabinet.</p> <p>Observation on 03/30/23 during the facility tour, showed:</p> <p>-the door to the storage room across from the</p>	A2008		

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

 **ERIC MINKUAN** **ADMINISTRATOR** **6-6-23**

Missouri Department of Health and Senior Services

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A2008	<p>19 CSR 30-85.022(4) Hazardous Areas</p> <p>Hazardous areas shall be separated by construction of at least one- (1-) hour fireresistant construction. Hazardous areas may be protected by an automatic sprinkler system in lieu of a one- (1-) hour rated fire-resistant construction. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic closing. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation, interview and record review, the facility staff failed to ensure the doors to hazardous areas were self-closing, positive latching and resisted the passage of smoke. This failure has the potential to affect all facility occupants by preventing the containment of smoke and fire. The facility census was 51.</p> <p>1. Review of the facility's Fire Safety policy, dated 09/10, showed the policy directed that fire prevention is the responsibility of all personnel and all personnel must be alert for violation of fire safety rules. Review showed the policy did not contain direction to staff on the and maintenance of hazardous areas.</p> <p>Review of the facility's Storage Area Protocol policy, dated 05/10, showed the policy directed staff to lock storage areas and flammable materials should be stored in a fireproof cabinet.</p> <p>Observation on 03/30/23 during the facility tour, showed:</p> <p>-the door to the storage room across from the</p>	A2008		

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A2008	<p>Continued From page 1</p> <p>kitchen propped open with a wooden wedge which prevented the door from self-closing. Observation showed the room measured greater than 50 square feet and was used for the storage of combustible items which included linens, and plastic tableware. Further observation showed, upon removal of the wooden wedge, a large ice cream freezer obstructed the door from closing and latching;</p> <ul style="list-style-type: none"> <li>-the kitchen doors propped open with wedges;</li> <li>-the door to the garage near resident room 603, which measured greater than 50 square feet and used for the storage of combustible materials, did not self-close and latch upon actuation of the door.</li> </ul> <p>During an interview on 03/30/23 at 4:30 P.M., said hazardous areas should have self-closing positive latching doors and staff should not prop open doors to hazardous areas. The maintenance director said he/she does not routinely monitor hazardous areas and it is the responsibility of the department that uses the areas to ensure it is maintained as required.</p> <p>During an interview on 03/30/23 at 5:05 P.M., the administrator said hazardous areas should be secured and have self-closing doors that are not propped open. The administrator said all the staff are responsible for the maintenance of hazardous areas.</p>	A2008		
A2034	<p>19 CSR 30-85.022(11)(C) Sprinkler System-Test/Maintain</p> <p>Sprinkler System. (C) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance</p>	A2034		

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A2034	<p>Continued From page 2</p> <p>with the requirements 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 observation, interview and record review, the facility staff failed to maintain three dry pipe and two wet pipe sprinkler systems in accordance with the 1998 Edition of National Fire Protection Association NFPA) 25 (Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems). Facility staff failed to maintain ceilings and escutcheons (a plate used to cover the open space around a sprinkler to slow the spread of fire between floors, open space in walls, and attics) around sprinklers to prevent space for the passage of smoke and fire into the ceiling. Facility staff also failed to maintain sprinklers free of foreign materials. These failures have the potential for system failure and delayed fire suppression in the event of an emergency and have the potential to affect all facility occupants. The facility census was 51.</p> <p>1. Review of the facility's Fire Safety Maintenance policy, dated 04/27/17, showed the policy directed maintenance staff to make sure there are no obstructions or debris within 18 inches of sprinkler heads and to check that sprinkler heads are clean and functional.</p> <p>Observations on 03/30/23 during the facility tour, showed the facility equipped with three dry pipe and two wet pipe sprinkler systems to provide fire suppression for the building. Observations also showed:</p> <p>-an accumulation of lint on the sprinkler in the front women's common toilet room;</p>	A2034		

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A2034	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-an accumulation of lint on the sprinkler in the men's common toilet room located near the breakroom;</li> <li>-the escutcheon removed from the sprinkler in the supply storage room near the laundry room which exposed an unsealed gap between the sprinkler and the ceiling;</li> <li>-the escutcheon removed from a sprinkler between the tables by the door in the main dining room which exposed an unsealed gap between the sprinkler and the ceiling;</li> <li>-an accumulation of lint on four sprinklers in the main cooking area of the kitchen;</li> <li>-an unsealed gap between the sprinkler and the ceiling in the bathroom of resident room 111;</li> <li>-the escutcheon removed from the sprinkler in the closet of resident room 112 which exposed an unsealed gap between the sprinkler and the ceiling;</li> <li>-an unsealed gap between the sprinkler and ceiling in the bathroom closet of resident room 113. Observation also showed an accumulation of lint on the sprinkler in the bathroom and an accumulation of lint and paint on the sprinkler above the laundry station in the room;</li> <li>-the escutcheon removed from the sprinkler in the mechanical room by resident room 113 which exposed an unsealed gap between the sprinkler and the ceiling;</li> <li>-an unsealed gap between the sprinkler and the ceiling in the 100 hall between resident room 113 and 118;</li> <li>-an accumulation of lint on the sprinklers in the bathrooms of resident room 119. Observation also showed paint and an accumulation of lint on the sprinkler above the laundry station in the room and the sprinkler's escutcheon removed which exposed and unsealed gap between the sprinkler and the ceiling;</li> <li>-the escutcheon removed from the sprinkler</li> </ul>	A2034		

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A2034	Continued From page 4  above the laundry station in 212 which exposed an unsealed gap between the sprinkler and the ceiling; -the escutcheon removed from the sprinkler above the laundry station in 220 which exposed an unsealed gap between the sprinkler and the ceiling; -an accumulation of lint on the sprinkler in the bathroom of resident room 312; -an unsealed gap between the sprinkler and the ceiling in the closet of resident room 316; -paint on the sprinkler in the mechanical room next to resident room 316; -paint and an accumulation of lint on the sprinkler in the closet of resident room 317; -an accumulation of lint on the sprinkler and the escutcheon removed from the sprinkler above the laundry station in resident room 318; -paint covered the sprinkler in the bathroom of resident room 410; -an accumulation of lint on the sprinkler in the bathroom of resident room 412. Observation also showed paint and an accumulation of lint on the sprinkler in the closet of the room; -an accumulation of lint on the sprinkler in the bathroom of resident room 413; -paint on the sprinklers in the kitchen and above the laundry unit in resident room 414; -paint on the sprinkler in the mechanical room between resident rooms 417 and 419; -an accumulation of lint on the sprinkler in the bathroom of resident room 419. Observation also showed paint on the sprinkler by the door of the room; -an accumulation of lint on the sprinkler in the closet of resident room 421. Observation also showed paint on the sprinkler in the bathroom; -an accumulation of lint on the sprinkler in the bathroom of resident room 502; -paint and an accumulation of lint on the sprinkler	A2034		

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A2034	<p>Continued From page 5</p> <p>in the bathroom of resident room 508; -an accumulation of lint on the sprinkler in the bathroom of resident room 511; -an unsealed gap between the sprinkler and the ceiling in the closet of resident room 602; -the escutcheon to the sprinkler in the mechanical room by resident room 603 pushed down from the ceiling which exposed an unsealed gap between the sprinkler and the ceiling; -the escutcheon removed from the sprinkler in the garage next to resident room 603 which exposed an unsealed gap between the sprinkler and the ceiling; -an accumulation of lint on the sprinkler in the bathroom of resident room 604; -an accumulation of lint on the sprinkler in the bathroom of resident room 606; -paint on the sprinkler and the escutcheon removed from the sprinkler in the lounge area of resident room 608 which exposed an unsealed gap between the sprinkler and the ceiling. Observation also showed paint on the sprinkler in the bathroom; -the escutcheon to the sprinkler in the exterior electrical room pushed down from the ceiling which exposed and unsealed gap between the sprinkler and the ceiling.</p> <p>During an interview on 03/30/23 at 4:30 P.M., the maintenance director said he/she is responsible to inspect the sprinklers once a month to ensure they are clean and in good repair, but he/she had not inspected the sprinklers since the remodel started at the end of last year. The maintenance director said housekeeping staff are also supposed to clean the check the sprinklers when they are in the rooms and clean them as needed, but it did not appear that they were checking the sprinklers as directed.</p>	A2034		

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A2034	<p>Continued From page 6</p> <p>During an interview on 03/30/23 at 5:05 P.M., the administrator said the maintenance director, in conjunction with the facility's contracted service provider, is responsible to maintain the sprinkler system as required. The administrator said the maintenance director should inspect sprinklers in accordance with the preventative maintenance schedule to ensure they are free of debris, paint, and corrosion and make repairs as needed. The administrator said there should not be unsealed gaps between the sprinklers and the ceiling.</p> <p>Review of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition, section 2-2.1.1 showed, "Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation."</p>	A2034		
A2054	<p>19 CSR 30-85.022(29) Smoke Section Walls/Doors</p> <p>Each smoke section shall be separated by one- (1-) hour fire-rated walls that are continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. All doors in this wall shall be at least twenty- (20-) minute fire rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the fire alarm system. II</p> <p>This regulation is not met as evidenced by: Class II</p>	A2054		

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A2054	<p>Continued From page 7</p> <p>Based on observation, interview, and record review, the facility staff failed to maintain two of two smoke barrier walls observed, free of openings to ensure the walls were smoke tight and solid from the floor to the roof deck. This failure has the potential to affect all facility occupants by preventing the containment of smoke and fire between fire zones which included the activity room, lobby and dining room. The facility census was 51.</p> <p>1. Review of the facility's Fire Safety policy, dated 09/10, showed the policy directed that fire prevention is the responsibility of all personnel and all personnel must be alert for violation of fire safety rules. Review showed the policy did not contain direction to staff on the inspection and maintenance of smoke and fire barrier walls.</p> <p>Observations on 03/30/23 at 3:10 P.M., showed a red electrical line ran through an unsealed hole and two black cables ran through another unsealed hole in the left facing side of the smoke barrier wall located in the front of the building near the activity room. Observation also showed an unsealed square hole and an unsealed space on the right facing side of the metal ductwork ran through the wall in the right facing side of the wall.</p> <p>Observations on 03/30/23 at 4:23 P.M., showed multiple cables ran through an unsealed hole in the smoke barrier located near the dining room.</p> <p>During an interview on 03/30/23 at 4:25 P.M., the maintenance director said he/she did not have a routine schedule to check the barrier walls and he/she had not looked at the barrier walls since August 2022.</p>	A2054		

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A2054	Continued From page 8  During an interview on 03/30/23 at 5:05 P.M., the administrator said the facility did not have routine in-house inspection of the barrier walls and they rely on the fire marshal to inspect the barrier walls during their annual fire safety inspection. The administrator said the maintenance director should also inspect the barrier walls after any construction is completed that may affect the walls and he/she did not know about the issues with the walls.	A2054		
A2071	19 CSR 30-85.022(40)(A) Wastebaskets, Metal/UL/FM  Trash and Rubbish Disposal Requirements. (A) Only metal or UL- or FM-approved wastebaskets shall be used for the collection of trash. II  This regulation is not met as evidenced by: Class II  Based on observation and interview, the facility staff failed to ensure all waste containers were metal or were Underwriters Laboratory (UL) or Factory Mutual (FM)-approved. The facility census was 51.  1. Review of the facility's Fire Precautions policy, undated, showed the policy directed that waste baskets must be certified as fire retardant or metal.  Observations on 03/30/22 during the facility tour, showed non-fire rated waste containers, which contained waste, in resident rooms 111, 112, 118, 119, 210, 211, 214, 215, 312, 314, 315, 317, 318, 417, 502, 504, 505, 514, 515, 516, 601, 602, 606 and the 400 hall spa.	A2071		

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A2071	Continued From page 9  During an interview on 03/30/23 at 4:30 P.M., the Maintenance Director said he/she knew of the requirement for waste containers to be fire rated, but he/she did not have a routine schedule to monitor for the use of non-fire rated waste containers. The Maintenance Director said it was difficult to ensure all the waste containers were fire rated because the residents and families bring things in all the time.  During an interview on 03/30/23 at 5:05 P.M., the administrator said all waste containers should be metal or fire rated and the maintenance director is responsible to monitor waste containers as part of his/her monthly preventative maintenance checklist. The administrator said it was a constant struggle to ensure residents only have fire rated waste containers since the residents go shopping for themselves or have family bring things in to them.	A2071		
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:	A3030		

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A3030	<p>Continued From page 10</p> <p>Class III</p> <p>Based on observation, interview and record review, the facility staff failed to maintain electrical equipment in good repair when the facility staff failed to maintain complete and verifiable documentation of inspections and testing of the generator, used to supply emergency power to the facility in the event of a power failure, in accordance with the requirements set forth by the National Fire Protection Association (NFPA) for the months of April 2022 through March 2023. The facility census was 51.</p> <p>1. Review of the facility's Inspection, Maintenance and Testing of Emergency Generators policy dated 01/17/17, showed "This facility will provide continual power to all elders and all life-essential equipment to all elders by installing, testing, and maintaining all emergency power sources per the manufacturer recommendations an current NFPA requirements. An emergency generator is part of the essential electrical system which is the system comprised of alternate sources of power and all connected distribution systems and ancillary equipment, designed to ensure continuity of electrical power to designated areas and function of this health care facility during disruption of normal power sources which minimize disruption within the internal wiring system. All maintenance and testing will be performed in accordance with the manufacturer's recommendations, instruction manual and minimum requirements of NFPA and regulatory agencies." Review showed the policy directed staff to inspect and exercise the generator weekly, exercise the generator under load for at least 30 minutes at not less than 30 percent of the generator's nameplate kilowatt (kW) rating monthly. Review showed the policy directed staff</p>	A3030		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24341B</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/30/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TIGER PLACE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2910 BLUFF CREEK DRIVE COLUMBIA, MO 65201</b>
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A3030	<p>Continued From page 11</p> <p>to maintain a written record of generator inspections, tests, exercising, operation and repairs on the premises and make the records available for review by an appropriate agency including regulators.</p> <p>Observation on 03/30/23 during the facility tour, showed the facility equipped with a 40 kW diesel fueled generator to supply emergency power to the facility's life safety and critical branches.</p> <p>Review of the facility maintained emergency generator inspection, testing and maintenance records dated April 2022 through March 2023, showed the records contained documentation of weekly inspections and a 30 minute load test of the generator in April 2022, an annual inspection dated 10/31/22 and a one and one half hour load test dated 11/17/22 . Review showed the records did not contain any additional weekly inspections or monthly load tests of the generator during the 12 month period.</p> <p>During an interview on 03/30/23 at 11:10 A.M., the administrator said he/she did not have documentation of any in-house weekly or monthly generator inspections and testing after 04/26/22 and they just got missed.</p> <p>During an interview on 03/30/23 at 4:30 P.M., the maintenance director said he/she inspects the generator every Monday during its preset run time, but he/she just forgot to document the inspections and testing after April 2022.</p> <p>During an interview on 03/30/23 at 5:05 P.M., the administrator said the maintenance director is responsible to inspect, test and maintain the generator as required and all inspections and test of the generator should be documented.</p>	A3030		

Missouri Department of Health and Senior Services

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A3030	Continued From page 12  Review of NFPA 70, 1999 Edition, National Electrical Code, showed direction to inspect and maintain emergency power supply systems (EPSSs), in accordance with NFPA 110 Standard for Emergency and Standby Power Systems.	A3030		
A6005	19 CSR 30-87.020(5) Toxic Material Storage  Poisonous or toxic materials consist of the following categories: insecticides and rodenticides; disinfectants, sanitizer and related cleaning or drying agents; and caustics, acids, polishes and other chemicals. Each of these three (3) categories set forth shall be stored and physically located separate from each other. All poisonous or toxic materials shall be stored in locked cabinets or in a similar physically separate place used for no other purpose which is not accessible to residents. II  This regulation is not met as evidenced by: Class II  Based on observation, interview and record review, the facility staff failed to maintain poisonous and toxic chemicals, which included disinfectants and cleaning agents, in a manner not accessible to residents. The facility census was 51.  1. Review of the facility's Chemical Spills/Exposure policy, undated, showed the policy directed that staff will be trained on the proper storage and maintenance of chemicals and how exposures may occur, which included accidental swallowing, physical contact and exposures of unknown origin. Review also showed chemical storage will be checked	A6005		

Missouri Department of Health and Senior Services

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A6005	<p>Continued From page 13</p> <p>monthly by the director of nursing "DON" in the regular monthly checklist performed. Review showed the policy did include direction to store poisonous and toxic chemicals in a manner not accessible to the residents.</p> <p>Observations on 03/30/23 during the facility tour, showed:</p> <ul style="list-style-type: none"> <li>-a one gallon bottle of bleach and two 32 ounce (oz.) spray bottle of disinfectant spray with bleach stored unsecured in resident occupied room 118;</li> <li>-a 32 oz. spray bottle of disinfectant bathroom cleaner made with ammonium chloride stored unsecured in resident occupied room 210;</li> <li>-a one gallon bottle of bleach stored unsecured in resident occupied room 217;</li> <li>-a 32 oz. spray bottle of all-purpose cleaner with bleach, a 32 oz. bottle of carpet cleaner and stain remover stored unsecured in resident occupied room 223;</li> <li>-a housekeeping cart stored in the 300 hall with toxic cleaning chemicals unsecured;</li> <li>-a 32 oz. bottle of carpet cleaner stored unsecured in resident occupied room 312;</li> <li>-a 12 oz. bottle of disinfectant spray with bleach stored unsecured in resident occupied room 313;</li> <li>-a 32 oz. spray bottle of glass cleaner with ammonia, a 19 oz. can of glass cleaner, a 16 oz. bottle of multi-surface cleaner and a 12 oz. can of wood cleaner unsecured in resident occupied room 316;</li> <li>-a 32 oz. bottle of glass cleaner with ammonia unsecured in resident occupied room 413;</li> <li>-a 1/34 quart of bleach in resident occupied room 414;</li> <li>-a 12 oz. canister of disinfectant spray made with butane, ammonium hydroxide, and propane stored unsecured in resident occupied room 421;</li> <li>-a 32 oz. bottle of mold and mildew remover and</li> </ul>	A6005		

Missouri Department of Health and Senior Services

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A6005	<p>Continued From page 14</p> <p>a 32 oz. spray bottle of disinfectant spray with bleach, stored unsecured in resident occupied room 501;</p> <p>-a 12.5 oz. canister of disinfectant cleaner made with propane, sodium benzoate, and alkyl chlorides and a 9.7 oz canister of furniture polish stored unsecured in resident occupied room 504;</p> <p>-the door to resident room 605 unlocked and the room unattended by staff. Observation showed a housekeeping cart with cleaning agents, which included a 32 oz. bottle of disinfectant spray with bleach and a 32 oz. bottle of odor eliminator, stored unsecured on the cart.</p> <p>Review of the product labels for the unsecured chemicals showed the labels contained various human health and fire hazard warnings.</p> <p>During an interview on 03/30/23 at 4:30 P.M., the Maintenance Director said he/she thought it was okay for residents to have chemicals in their rooms, but facility chemicals should not be stored accessible to residents. The maintenance director said staff who use the chemicals are responsible to store the chemicals securely and placing a housekeeping cart with unsecured chemicals in an unlocked room would not make the chemicals secured.</p> <p>During an interview on 03/30/23 at 5:05 P.M., the administrator said the facility allows residents to keep their own chemicals in their rooms and had done so for several years. The administrator said facility chemicals should be stored in a manner not accessible to residents and whomever is using the chemical is responsible to ensure it is stored appropriately.</p>	A6005		

Missouri Department of Health and Senior Services

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A7003 A7003	<p>Continued From page 15</p> <p>19 CSR 30-87.030(3) Clean Clothing, Hair Restraints</p> <p>The outer clothing of all employees shall be clean and employees shall use effective hair restraints to prevent the contamination of food or food-contact surfaces. III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation, interview and record review, the facility staff involved in food preparation and service failed to wear effective hair restraints to protect food and food contact surfaces from potential contamination. The facility census was 51.</p> <p>1. Review of the facility's Kitchen Services policy, undated, showed the policy directed dietary service personnel to wear hair coverings at all times while in the kitchen.</p> <p>Review of the facility's employee handbook, dated September 2020, showed "Hairnets or caps must be worn while preparing food."</p> <p>Observation on 03/30/23 from 9:07 A.M. to 9:40 A.M., Cook A and Dietary Aide (DA) B prepared food for service to resident without wearing hair restraints.</p> <p>Observation on 03/30/2023 at 11:32 A.M., showed DA C carried two plates to residents for lunch in the dining room. Observation showed DA C did not wear a hair restraint or beard restraint.</p> <p>Observation on 03/30/2023 at 11:36 A.M., showed DA B carried residents' lunch plates from</p>	A7003 A7003		

Missouri Department of Health and Senior Services

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A7003	Continued From page 16  the kitchen to the prep area for service. Observation showed DA B did not wear a hair restraint.  During an interview on 03/30/23 at 9:40 A.M., the Dietary Manager (DM) said dietary staff should wear hair restraints, but had "never been called out on it before."  During an interview on 03/30/23 at 5:05 P.M., the administrator said dietary staff should wear hair restraints and the staff are trained on the use of hair restraints upon hire.	A7003		
A7015	19 CSR 30-87.030(13) Food-Protected, Temp, Need to Contact DHSS  At all times, including while being stored, prepared, displayed, served or transported to or from the facility, food shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous food shall be forty-five degrees Fahrenheit (45°F) or below or one hundred forty degrees Fahrenheit (140°F) or above at all times, except as otherwise provided in this section. In the event of a fire, flood, power outage or similar event that might result in the contamination of food, or that might prevent potentially hazardous food from being held at required temperatures, the person in charge shall immediately contact the Department of Health and Senior Services (the department). Upon receiving notice of this occurrence, the department shall take whatever action that it deems necessary to protect the residents. II/III	A7015		

Missouri Department of Health and Senior Services

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A7015	<p>Continued From page 17</p> <p>This regulation is not met as evidenced by: Class II*</p> <p>*The higher classification merited due to the extent of the violation.</p> <p>Based on observation, interview and record review, the facility staff failed to store food in a manner to prevent potential contamination and out-dated use. The facility census was 51.</p> <p>1. Review of the facility's Kitchen Services policy, undated, showed "All food is to be prepared, distributed and served to residents under sanitary conditions. Successful kitchen practices shall include requirements for cleanliness, food storage, food handling, and sanitation. Consulting dietician will do quarterly sanitation checks. Deficiencies will be corrected timely and recommendations followed up. Staff will do sanitation checklist routinely to ensure quality of standards." Review also showed the policy directed staff to maintain the proper storage of food, both dry and refrigerated and leftovers were to be stored in proper storage containers labeled and dated.</p> <p>Review of the registered dietician's (RD) kitchen inspection dated 03/21/23, showed the RD documented "needs correction" in the following areas:</p> <ul style="list-style-type: none"> <li>-Use of first in-first out (FIFO) in dry storage. Further review showed the RD documented "Some boxes, bags, cans, etc. not dated. It was not easy to tell which are oldest. Unable to assess if food is rotated properly.";</li> <li>-All items labeled/dated/covered with use by date in the refrigerator;</li> </ul>	A7015		

Missouri Department of Health and Senior Services

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A7015	<p>Continued From page 18</p> <p>-All items labeled/dated/covered with use by date in the walk-in refrigerator. Further review showed the RD documented "Some foods did not have an opened date or use by date. See attached document for proper storage times.";</p> <p>Observations on 03/30/23 at 8:50 A.M., showed the kitchen service station contained opened and undated bags of corn chips and tortilla chips stored in undated plastic resealable bags.</p> <p>Observations on 03/30/23 at 9:07 A.M., showed the reach-in refrigerator below the counter by the mixer contained:</p> <ul style="list-style-type: none"> <li>-an opened and undated five pound bag of Monterey jack cheese;</li> <li>-an opened and undated five pound bag of parmesan cheese;</li> <li>-an opened and undated 16 oz. container of roasted garlic concentrate;</li> <li>-opened and undated 16 oz. containers of ham, beef and vegetable base;</li> <li>-an opened and undated 16 oz. container demi-glace (a rich, glossy brown sauce from which the liquid has been partly evaporated);</li> <li>-an opened and undated 14 oz. package of hard salami with a use by date of 03/18/23 printed on the package.</li> </ul> <p>Observations on 03/30/23 at 9:22 A.M., showed the dry goods pantry contained:</p> <ul style="list-style-type: none"> <li>-an opened and undated 16 oz. bag of marshmallows;</li> <li>-an opened and undated 28.2 oz. creamy cinnamon spread;</li> <li>-an opened and undated 12 oz. box of gluten-free spaghetti;</li> <li>-an opened and undated one gallon bottle of</li> </ul>	A7015		

Missouri Department of Health and Senior Services

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A7015	<p>Continued From page 19</p> <p>pancake syrup; -an opened and undated 24 oz. bottle of agave syrup; -an opened and undated 13 oz. bottle of cinnamon maple syrup; -an opened and undated five pound container of honey; -an opened and undated 32 oz. bag of croutons; -opened and undated 7.25 pound containers of black pepper and granulated garlic; -an opened and undated one gallon bottle of hickory liquid smoke with a best by date of 02/05/23 printed on the bottle; -an opened and undated one gallon bottle of peanut oil with a best by date of 09/30/22 printed on the package.</p> <p>Observations on 03/30/23 at 9:30 A.M., showed the walk-in refrigerator contained:</p> <p>-an opened and undated one gallon bottle of Worcestershire sauce; -an opened and undated one gallon bottle of barbeque sauce; -an opened and undated two quart bottle of soy sauce; -an opened and undated five pound container of sour cream; -an undated and unlabeled plastic food storage container that contained an unidentifiable creamy substance; -a pan of raw chicken thighs stored on the floor; -a pan with three packages of raw beef stored on the floor.</p> <p>Observation on 03/30/23 at 9:35 A.M., showed a case of wheat bread stored on the floor in the walk-in freezer.</p> <p>During an interview on 03/30/23 at 9:38 A.M., the</p>	A7015		



Missouri Department of Health and Senior Services



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A7015	<p>Continued From page 20</p> <p>dietary manager (DM) said food items should be stored covered, dated, labeled and off of the floor. The DM also said staff should discard food items past their use by and best by dates. The DM said the cooks are responsible to check the food storage daily to ensure foods are stored properly and he/she checks some things when he/she does inventory, but he/she does not check everything.</p> <p>During an interview on 03/30/23 at 5:05 P.M., the administrator said opened food items should be stored sealed, dated, labeled and at least six inches off of the floor. The administrator said raw food items should be stored beneath ready-to-eat food items and staff should discard foods that are past their best by or use by dates. The administrator said staff are trained on these requirements and the administrator said the DM is responsible to monitor the food storage through general walk-throughs of the kitchen weekly.</p>	A7015		

P L A N O F C O R R E C T I O N


Provider/Supplier Name:	Tiger Place	
Street Address, City, Zip:	2910 Bluff Creek Drive, Columbia, Missouri 65201	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		24341B
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2008	<p>The filing of this correction does not constitute any admissions by the facility regarding the alleged violation stated in the summary Statement of Deficiencies dated 3/30/2023 by the Missouri Department of Health and Senior Services. This plan of correction is filed as evidence of our continuing commitment to provide care in compliance with applicable law.</p> <p>In response to 19 CSR 30.85-022(4) Hazardous Areas</p> <p><b><u>Immediate Action:</u></b></p> <p>Facility will ensure all self-closing doors in facility are not obstructed. Facility will ensure all self-closing latches are in proper working order. Facility will provide training to all staff that doors cannot be propped open.</p> <p><b><u>Ongoing Compliance:</u></b></p> <p>Facility Administrator or designee in absence of Administrator will monitor all doors periodically throughout each day to assure all doors self-closing latches are functioning properly and that no doors are left propped open.</p> <p><b><u>Compliance Date:</u></b> 05/9/2023</p>	<p>5/9/2023</p> 
A2034	<p>In response to 19 CSR 30-85.022(11)(C) Sprinkler System-Test/Maintain</p> <p><b><u>Immediate Action:</u></b></p> <p>Maintenance will go through entire building and ensure all sprinkler heads are free of foreign materials. Facility has contacted Mainline Fire Protection and they are scheduled</p>	<p>5/9/2023</p> 

	<p>to do a full site survey on 4.25.23 to better understand the scope of work needed and put a plan of action in place for replacing sprinkler heads that are impacted by paint, address any unsealed gaps, and install any missing escutcheon rings. Anticipated completion is dependent on outside contractor securing all needed materials and scheduling work.</p> <p><b>Ongoing Compliance:</b> Facility has added housekeeping team (in addition to Maintenance Supervisor) on monthly room audits (which include sprinkler head audits) to increase oversight throughout the facility and ensure ongoing compliance. Maintenance Supervisor will inspect sprinkler heads in any area where any outside contractor completes work and immediately address any concerns.</p> <p>Completion Date: 5.9.2023</p>	
A2054	<p>In response to 19 CSR 30-85.022(29) Smoke Section Walls/Doors</p> <p><b>Immediate Action:</b> On 4.17.23 entire firewall in attic was inspected by maintenance supervisor and any holes / openings were filled with fire caulk. On 4.17.23 the facility reached out to the fire marshal to inform him of the repairs in the firewall. Fire marshal came out on 4.17.23 and inspected the firewall in the attic after the work was done and approved of completed work at that time.</p> <p><b>Ongoing Compliance:</b> Maintenance Supervisor will assure ongoing compliance by adding rough Facility annual firewall inspections to the preventative maintenance checklist. Attic fire walls will be checked by maintenance after any work has been done in the attic that may have compromised a fire wall and no less than annually thereafter.</p>	<p>4/17/2023</p> 
A2071	<p>In response to 19 CSR 30-85.022(40)(A) Wastebaskets, Metal/UL/FM</p> <p><b>Immediate Action:</b> Maintenance Supervisor will remove all non-complaint trash cans from the facility and replace all with UL approved trash cans that meet regulatory compliance.</p> <p><b>Ongoing Compliance:</b> Maintenance Supervisor will assure ongoing compliance through</p>	<p>5/5/2023</p> 

	<p>adding monthly inspection of trash receptacles to the Monthly Maintenance checklist to include Housekeeping Team room audits. Any trash receptacle found during monthly room inspections to not meet UL approval will be removed and replaced with a UL approved trash can.</p> <p>Completion Date: 5/5/2023</p>	
A3030	<p>In response to 19 CSR 30-85.032(31)(A) Electrical Wiring &amp; Equipment Maintained</p> <p><b><u>Immediate Action:</u></b></p> <p>Maintenance Supervisor has been inserviced on proper policy and procedure for generator weekly, monthly and annual inspections. Facility has implemented weekly / monthly generator testing. Generator inspections and documentation of inspections has been added to internal weekly/monthly checklist to ensure ongoing tracking. Checklists are reviewed by administrator monthly to ensure ongoing compliance.</p> <p><b><u>Ongoing Compliance:</u></b></p> <p>The Administrator will assure ongoing compliance through monthly review of Maintenance Checklist review, to assure that weekly/monthly and annual generator testing are completed in accordance with facility policy and per regulations.</p> <p><b><u>Completion Date:</u></b> 4/3/2023</p>	<p>4/3/2023</p> 
A6005	<p>In response to 19 CSR 30-87.020(5) Toxic Material Storage</p> <p><b><u>Immediate Action:</u></b></p> <p>Facility Administrator will provide training to all team members on proper storage and maintenance of chemicals. Cleaning charts that house chemicals will be kept in view of the housekeeper at all times and stored in the designated locked area when not in use. All chemical storage areas will be locked when not in use.</p> <p>Facility views resident owned chemicals as their own personal property and respects their right to keep these products in a safe manner. In accordance with a DHSS Poisonous, Toxic, or Hazardous Materials Guidance, dated 6/12/2012 this facility will instruct and educate residents that they will all keep their chemicals secure and behind a locked door, when outside of his/her room. Facility will assess each resident who chooses to use and store chemicals for safety awareness and care plan resident's personal choice to utilize and securely store household cleaning and laundry products in his/her room. This will be evaluated no less than semiannually with each resident to assure resident is able to safely use and secure chemicals in a manner that does not pose harm to self or others.</p>	<p>5/9/2023</p> 

	<p><b><u>Ongoing Compliance:</u></b></p> <p>Maintenance Supervisor will assure compliance through documented monthly building walk throughs to audit all chemical storage rooms, housekeeping carts are locked when not in immediate use or visual sight of the employee and spot checks on resident rooms to assure no chemicals are left out or unsecure. Areas of concern found will be immediately addressed and corrected as well as additional training provided to maintain compliance.</p> <p><b><u>Completion Date:</u></b> 5/9/2023</p>	
A7003	<p>In response to 19 CSR 30-87.030(3) Clean Clothing, Hair Restraints</p> <p><b><u>Immediate Action:</u></b></p> <p>Facility will purchase hair coverings for all staff and make them available at kitchen entrances. Facility will provide training to all staff on the proper use of hair restraints in this setting.</p> <p><b><u>Ongoing Compliance:</u></b></p> <p>Dietary Manager or designee in absence of will assure on going compliance through monthly monitoring of all employees who are working in the kitchen or serving meals have appropriate hair coverings.</p> <p><b><u>Completion Date:</u></b> 5/9/2023</p>	5/9/2023 
A7015	<p>In response to 19 CSR 30-87.030(13) Food-Protected, Temp, Need to <b><u>Contact</u></b> DHSS</p> <p><b><u>Immediate Action:</u></b></p> <p>All dietary staff will be inserviced on appropriate storage of storage of food. Inservicing will be completed by Dietary Manager for all current staff and all new hires.</p> <p><b><u>Ongoing Compliance:</u></b></p> <p>Dietary Manager will ensure compliance with proper food storage of all items throughout building. Facility will implement daily audits to ensure continued compliance.</p> <p><b><u>Compliance Date:</u></b> 5/9/23</p>	5/9/2023 

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

 ERIC MINTURN ADMIN 5.5.23