STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265336	A. BUILDING 01 B. WING _____	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER	4009 GENE FIELD ROAD SAINT JOSEPH, MO 64506

(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 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 edition of the Life Safety Code of the National Fire Protection Association (NFPA) and related references.	K 000		
K 161 SS=E	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)	K 161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Robin Wilson Admr 4/11/2025

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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	265336	A. BUILDING **01** B. WING _____	**03/14/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER	**4009 GENE FIELD ROAD** **SAINT JOSEPH, MO 64506**

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K 161	Continued From page 1 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility staff failed to maintain the fire resistance rating of the walls by not repairing openings. This deficient practice had the potential to affect residents and staff who frequented the area. The facility census was 93, with the licensed capacity for 130 residents. 1. Observation on 03/19/2025 between 10:10 A.M. and 4:20 P.M., during the life safety code tour of the facility, showed a pentetration in the storage room located off of the 100 hall area of wall measuring eight inches by three inches. During interview on 03/19/2025 at 12:02 P.M., the maintenance supervisor said he expected all penetrations to be sealed. Review of the 2012 edition of the NFPA 101, Section 8.3.5.1* Firestop Systems and Devices Required showed penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires and similar items to	K 161		

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K 161	Continued From page 2 accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor/ceiling assembly constructed as a fire barrier shall be protected by a Firestop system or device. Review of the 2012 edition of the NFPA 101, Section 8.3.5.1.3 showed Firestop systems and devices shall have a minimum 1-hour rating, but not less than the required fire resistance rating of the barrier penetrated.	K 161		
K 352 SS=F	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure electronic supervision of all sprinkler system valves. This deficient practice affects one of three sprinkler systems. This deficient practice could delay the activation of the sprinkler system. This deficient practice has the potential to affect all facility residents. The facility census was 93, with the licensed capacity for 130 residents. 1. Observation on 3/19/2025 at 9:00 A.M., during the Life Safety Code tour, showed a valve	K 352		

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K 352	Continued From page 3 controlling the water supply to the anti freeze loop sprinkler system in the attic of the facility was not electronically supervised. During an interview on 03/19/2025 at 1:00 P.M., the maintenance supervisor said he did not know the valve required electronic supervision. NFPA 72 National Fire Alarm Code, 1999 edition, section 2-9.1 "Control Valve Supervisory Signal-Initiating Device." Section 2-9.1.1 "Two separate and distinct signals shall be initiated: one indicating movement of the valve from its normal position and the other indicating restoration of the valve to its normal position. The off-normal signal shall be initiated during the first two revolutions of the hand wheel or during one-fifth of the travel distance of the valve control apparatus from its normal position. The off-normal signal shall not be restored at any valve position except normal."	K 352		
K 911 SS=E	Electrical Systems - Other CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain the electrical wiring in compliance with the National Electrical Code, NFPA 70, by not protecting wire splices	K 911		

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K 911	Continued From page 4 with junction box covers. This deficient practice had the potential to affect all residents and any occupants who frequented the dining room. The facility census was 93, with the licensed capacity for 130 residents. 1. Observation on 3/19/2025 at 9:00 A.M., showed one junction box missing a cover in the attic located above the Housekeeping closet access. Observation on 3/19/2025 at 12:50 P.M., showed one junction box missing a cover in the attic located above the 100 hallway that was attached to a heater. During an interview on 03/19/25 at 11:00 A.M., the Maintenance Supervisor said he did not know the covers to the junction boxes were missing. Record review of 2012 National Fire Protection Association (NFPA) 99, 6.3.2.1 showed electrical installation shall be in accordance with NFPA 70, National Electric Code. Record review of 2011 NFPA 70, 110.12 Mechanical Execution of Work showed electrical equipment shall be installed in a neat and workmanlike manner. Record review of 2011 NFPA 70, 3.14 Outlet, Device, Pull and Junction Boxes showed the following: -314.25 Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B). -314.28(C) Covers. All pull boxes, junction boxes,	K 911		

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K 911	Continued From page 5 and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110.	K 911		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power	K 918		

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K 918	Continued From page 6 source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility staff failed to maintain their generator when they did not have all mains, feeders, and breakers tested on their generator. This had the potential to affect all residents. The facility census was 93, with the licensed capacity for 130 residents. 1. Review of the documentation on the generator showed no manual testing of the breakers, mains, and feeders. The facility had an annual generator test completed with no documentation of the mains, feeders and breakers having been tested. During an interview on 03/19/2025 at 1:15 P.M., the Maintenance Supervisor said they had an annual generator test and an electrical test, but none of them documented they tested the mains, feeders, and breakers. Review of NFPA 99, 2012 Edition, Chapter 6 (Electrical Systems) showed: -6.4.4.1.2.1* Main and feeder circuit breakers shall be inspected annually, and a program for periodically exercising the components shall be established according to manufacturer's recommendations; -A.6.4.4.1.2.1 Main and feeder circuit breakers should be periodically tested under simulated overload trip conditions to ensure reliability; -6.4.4.2 Record keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and	K 918		

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K 918	Continued From page 7 available for inspection by the authority having jurisdiction	K 918		
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain the electrical system by allowing improper use of power taps (also known as surge protectors or power strips) and outlet extenders in resident rooms. The facility census was 93, with the licensed capacity for 130 residents.	K 920		

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K 920	Continued From page 8 Observation on 03/19/25 starting at 8:00 A.M., of the room to room inspection showed the following: -Room 103 contained 1 non healthcare rated powerstrip; -Room 101 contained 1 non healthcare rated powerstrip; -Room 102 contained 1 non healthcare rated powerstrip; -Room 104 contained 1 non healthcare rated powerstrip; -Room 106 contained 1 non healthcare rated powerstrip; -Room 204 contained 1 non healthcare rated powerstrip; -Room 216 contained 1 non healthcare rated powerstrip; -Room 205 contained 1 non healthcare rated powerstrip; -Room 307 contained 1 non healthcare rated powerstrip; -Room 303 contained 1 non healthcare rated powerstrip; -Room 301 contained 1 non healthcare rated powerstrip; -Room 404 contained 1 non healthcare rated powerstrip; -Room 603 contained 1 non healthcare rated powerstrip; -Room 510 contained 1 non healthcare rated powerstrip; -Room 509 contained 1 non healthcare rated powerstrip; -Room 507 contained 1 non healthcare rated powerstrip; -Room 505 contained 1 non healthcare rated powerstrip -Room 503 contained 1 non healthcare rated	K 920		

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K 920	Continued From page 9 powerstrip. During an interview on 03/19/2025 at 2:10 P.M., the Maintenance Supervisor said he/she did not know the powerstrips needed a rating of UL 1363 or UL 60601-1. Electrical Equipment - Power Cords and Extension Cords NFPA 99 (2012 edition):10.2.3.6, 10.2.4/NFPA 70 (2011 edition):400.8, 590.3(D)/TIA 12-5/ S&C: 14-46-LSC: Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. NFPA 99 (2012 edition):3.3.139: Patient Care Vicinity: A space, within a location intended for the examination and treatment of	K 920		

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K 920	Continued From page 10 patients, extending 1.8 m (6 ft) beyond the normal location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment and extending vertically to 2.3 m (7 ft 6 in.) above the floor. (MED)	K 920		

Missouri Department of Health and Senior Services

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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 on August 27, 2007. I/II This regulation is not met as evidenced by: Class II Refer to K352.	A2034		
A2058	19 CSR 30-85.022(33)(A) Fire Drill/Emergency Preparedness - Plans Fire Drills and Emergency Preparedness. (A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility ' s entire plan shall be provided to the local jurisdiction ' s emergency management director. II/III This regulation is not met as evidenced by: Class II* Based on interview and record review, the facility failed to annually request consultation from a local fire unit, for the review of their fire and evacuation plans. This deficiency had the potential to affect all occupants of the facility in the event of an emergency. The facility census was 93, with the licensed capacity for 130	A2058		

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A2058	Continued From page 1 residents. Review of the facility's inspection records on 3/19/25, showed the following: -No documentation of any request for consultation from a local fire unit, for review of the facility's emergency fire and evacuation plans; -No documented written request for assistance from the State Fire Marshal, for review of the facility's emergency fire and evacuation plans. During an interview on 3/19/25 at 2:00 P.M., the Maintenance Supervisor said he did not realize he needed the Fire Department Consultation. *The higher classification merited due to the extent of the violation.	A2058		
A3001	19 CSR 30-85.032(2) Substantially Constructed/Maintained The building shall be substantially constructed and shall be maintained in good repair. New facilities shall comply with the requirements in accordance with the provisions found in 19 CSR 30-85.012. Existing licensed facilities shall meet and maintain the facility's physical plant in accordance with the construction standards in effect at the time of initial licensing, unless there is a specific rule governing the subject cited in this section or in 19 CSR 30-85.022, except that those facilities licensed between 1957 and 1965 shall not increase the capacity of any room or the total capacity of the facility without meeting new construction requirements. Existing licensed facilities with plans approved after April 8, 1972 and prior to January 1, 1999, shall comply as Existing Health Care Occupancies with NFPA 101, 2000 edition. Facilities whose physical plant	A3001		

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A3001	Continued From page 2 requirement plans are approved on or after January 1, 1999, shall comply as New Health Care Occupancies with NFPA 101, 2000 edition. II/III This regulation is not met as evidenced by: Class II* Refer to K161. *The higher classification merited due to the extent of the violation.	A3001		
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 II* Refer to K911, K918, and K920. *The higher classification merited due to the extent of the violation.	A3030		

PLAN OF CORRECTION

Provider/Supplier Name:	CARRIAGE SQUARE REHAB AND HEALTHCARE CENTER
Street Address, City, Zip:	4009 GENE FIELD RD ST. JOSEPH, MO 64506
Date of Survey:	03/14/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265336

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K161	Our facility will maintain the fire resistance rating of the walls and ensure that all sprinkler system valves are electronically supervised. The penetration identified in the storage room located off of the 100 hall area of wall measuring eight inches by three inches has been repaired. Residents who currently reside at the facility have the potential to be affected by this deficient practice. Maintenance staff will audit 3 areas per week x4 weeks and monthly after for fire resistance rating. The Administrator and/or designee will in-service maintenance staff regarding the regulation for penetrations in walls and the importance of repairing holes immediately when identified. The results of these audits will be reviewed by QA for further audit or QAPI recommendations. Any issues identified will result in 1:1 education.	4/17/2025
K 352	The valve controlling the water supply to the anti-freeze loop sprinkler system in the attic of the facility will be electronically supervised. Residents who currently reside at the facility have the potential to be affected by this deficient practice. Administrator/designee in serviced the maintenance director on NFPA 101 and 72 – Sprinkler System Supervisory Signals Maintenance staff will audit 1 sprinkler system valve per week x4 weeks then monthly after.	4/17/2025

K 352	The results of these audits will be reviewed by QA for further audit or QAPI recommendations. Any issues identified will result in 1:1 education.	
K911	Electrical wiring in the facility will be maintained to comply with the National Electrical Code, NFPA codes. The junction box that was missing a cover in the attic located above the Housekeeping closet access, has been replaced by maintenance staff. Residents who currently reside at the facility have the potential to be affected by this deficient practice. Administrator/Designee in serviced maintenance staff on NEC and NFPA 101 – Electrical Systems – ensuring junction boxes have covers. Maintenance staff will audit 5 junction boxes per week x4 weeks and then monthly after. The results of these audits will be reviewed by QA for further audit or QAPI recommendations. Any issues identified will result in 1:1 education.	4/17/2025
K918	Our facility generator will be maintained to include all mains, feeders, and breakers being tested. When the generator is checked annually, documentation of manual testing of the mains, feeders, and breakers will be completed. Residents who currently reside at the facility have the potential to be affected by this deficient practice. Administrator/designee will in-serviced maintenance staff on the requirements for the annual generator inspection, to include documentation of manual testing of the mains, feeders, and breakers. Administrator/Designee will audit Life Safety Book for proper documentation monthly. The results of these audits will be reviewed by QA for further audit or QAPI recommendations. Any issues identified will result in 1:1 education.	4/17/2025

K920	Rooms 103, 101, 102, 104,106, 204, 216, 205, 307, 303, 301, 404, 603, 510, 509, 507, 505, and 503 will either have the surge protectors removed or replaced with UL 1363a or UL 60601-1 power strips, as needed. Residents who currently reside at the facility have the potential to be affected by this deficient practice. Administrator/designee in serviced maintenance staff on the regulation for the use of surge protectors or power strips. Maintenance staff will audit 5 resident rooms per week x4 weeks for proper power strip ratings. The results of these audits will be reviewed by QA for further audit or QAPI recommendations. Any issues identified will result in 1:1 education.	4/17/2025

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.

PLAN OF CORRECTION

Provider/Supplier Name:	CARRIAGE SQUARE REHAB & HEALTHCARE CENTER
Street Address, City, Zip:	4009 GENE FIELD ST. JOSEPH, MO 64506
Date of Survey:	3/14/2025
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265336

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2034	SEE POC FOR K352	4/17/2025
A2058	Annual Fire Department Consultation was scheduled with Fire Department. Residents who currently reside at the facility have the potential to be affected. Administrator/Designee in serviced the Maintenance Director on Fire Drills/Emergency Preparedness Plans – Annual Fire Department Consultation. Administrator/Designee will audit the Life Safety Binder and Drill Schedule monthly for 3 months to ensure the Fire Department Consultation is completed. The results of these audits will be reviewed by QA for further audit or QAPI recommendations. Any issues identified will result in 1:1 education.	4/17/2025
A3001	SEE POC FOR K161	4/17/2025
A3030	SEE POC FOR K911, K918, AND K920	4/17/2025

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