DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265633	A. BUILDING 01 B. WING _____	03/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMERON NURSING CENTER	801 EUCLID CAMERON, MO 64429

(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 An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Missouri, Department of Health and Senior Services on 03/18/25. The facility was found to be in compliance with 42 CFR 483.73.	E 000		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Missouri, Department of Health and Senior Services on 03/18/25 and the facility and was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90(a), Life Safety from Fire, and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 EXISTING Health Care Occupancy. Cameron Nursing Home is a one-story building constructed in 1973 and 2001. It is composed of Type V (000) and Type III (000) construction and is divided into six smoke compartments. The facility has a complete automatic sprinkler system wet and dry. The diesel generator powers 50% of the building. The number of occupied beds was 67 out of 120.	K 000		
K 222 SS=F	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements:	K 222		

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

Cynthia Hunter, Administrator | 4/14/24

Any daficiency 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 222	Continued From page 1 CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS	K 222		

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K 222	Continued From page 2 Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to meet the delayed egress locking requirements of NFPA 101 Life Safety Code (2012 Edition) Sections 19.2.2.2.4 and 7.2.1.6.1.1 when an exit door failed to sound an audible alarm after 15 seconds of pressure was applied and also failed to open for one of six doors equipped with delayed egress. This deficient practice had the potential to affect staff and 10 residents. Findings include: Observation on 03/18/25 at 3:30 PM of the designated exit door at the main entrance to the facility revealed the delayed-egress lock failed to initiate an audible alarm after pressure had been applied to the door for 15 seconds and the door then failed to open. The signage for the door indicated the lock would unlock 15 seconds after pressure was applied and that an alarm would sound. During an interview at the time of the observation,	K 222		

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K 222	Continued From page 3 the Maintenance Director confirmed the finding and stated the facility was unaware the delayed egress lock was not functioning.	K 222		

PLAN OF CORRECTION

Provider/Supplier Name:	Cameron Nursing Center
Street Address, City, Zip:	801 Euclid Avenue, Cameron, Missouri 64429
Date of Survey:	3/18/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	

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	Preparation or execution on this plan does not constitute admission or agreement by the provider that a deficiency exists, the response is also not to be construed as an admission of fault by the facility, its employees, agents, or other individuals who draft or may be discussed in this response and plan of correction. The plan of correction is submitted as the facility's credible allegation of compliance.	
K222	Egress Doors	
SS=F	CFR(s): NFPA 101	
	Facility will ensure to meet the delayed egress locking requirements of NFPA 101 Life Safety Code (2012 Edition) Sections 19.2.2.2.4 and 7.2.1.6.1.1 and ensure to sound an audible alarm after 15 seconds of pressure when applied.	
	The facility has ordered a replacement of the entire door, door assembly, and delayed egress locking device to ensure full functionality and ongoing code compliance with installation to be completed when door arrives. A full facility audit of all delayed egress doors was completed on 3/19/25 to ensure proper function. All other delayed egress doors were found to be functioning as required, with alarms activating and locks releasing after 15 seconds of pressure.	4/16/25
	This affected one of six doors.	
	The Maintenance Director was re-educated on delayed egress lock requirements, including proper signage, function testing, and documentation.	4/16/25
	New employees going forward in the Maintenance Director position will be educated in the process of delayed egress lock requirements, including proper signage, function testing, and documentation.	4/16/25 and on-going
	The Administrator and/or designee will review, and document	

	monthly delayed egress system checks for a minimum of six months.	
	Findings of the reviews will be reviewed monthly in the QAPI meeting for 3 months or until substantial compliance is achieved.	

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.