

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  13735C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  09/22/2025
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  SOUTH POINTE-ASSISTED LIVING BY AMERICARE	STREET ADDRESS, CITY, STATE, ZIP CODE 5125 OLD HWY 100 WASHINGTON, MO 63090
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2253	<p>19 CSR 30-86.022(9)(G) Fire Alarm System-Correct Faults</p> <p>Complete Fire Alarm Systems. (G) Upon discovery of a fault with the complete fire alarm system, the facility shall correct the fault. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview during the fire safety inspection process, the facility failed to correct a fault with the complete fire alarm system. The facility census was 27. This deficiency affects 27 of 27 residents.</p> <p>Observation revealed the fire alarm control panel for the Arbors indicating a trouble signal.</p> <p>During the exit interview on September 22, 2025 at 12:30 PM, the maintenance man advised the trouble was due to a new outside alarm for the sprinkler system and that he would contact the alarm company for an update on repairs.</p>	A2253		
A2256	<p>19 CSR 30-86.022(10)(A) Hazardous Area Requirements</p> <p>Protection from Hazards. (A) In assisted living facilities and residential care facilities licensed on or after November 13, 1980, for more than twelve (12) beds, hazardous areas shall be separated by construction of at least a one- (1-) hour fire-resistant rating. In facilities equipped with a complete fire alarm system, the one- (1-) hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one- (1-) hour fire separation. Doors to hazardous areas shall be</p>	A2256		

Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

8MQ711

If continuation sheet 1 of 5

*Prince Johnson*  
*Prince Johnson*  
10/31/2025  
10/31/2025

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13735C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH POINTE-ASSISTED LIVING BY AMERICARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5125 OLD HWY 100 WASHINGTON, MO 63090</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2253	<p>19 CSR 30-86.022(9)(G) Fire Alarm System-Correct Faults</p> <p>Complete Fire Alarm Systems. (G) Upon discovery of a fault with the complete fire alarm system, the facility shall correct the fault. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview during the fire safety inspection process, the facility failed to correct a fault with the complete fire alarm system. The facility census was 27. This deficiency affects 27 of 27 residents.</p> <p>Observation revealed the fire alarm control panel for the Arbors indicating a trouble signal.</p> <p>During the exit interview on September 22, 2025 at 12:30 PM, the maintenance man advised the trouble was due to a new outside alarm for the sprinkler system and that he would contact the alarm company for an update on repairs.</p>	A2253		
A2256	<p>19 CSR 30-86.022(10)(A) Hazardous Area Requirements</p> <p>Protection from Hazards. (A) In assisted living facilities and residential care facilities licensed on or after November 13, 1980, for more than twelve (12) beds, hazardous areas shall be separated by construction of at least a one- (1-) hour fire-resistant rating. In facilities equipped with a complete fire alarm system, the one- (1-) hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one- (1-) hour fire separation. Doors to hazardous areas shall be</p>	A2256		

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

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13735C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH POINTE-ASSISTED LIVING BY AMERICARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5125 OLD HWY 100 WASHINGTON, MO 63090</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2256	<p>Continued From page 1</p> <p>self-closing and shall be kept closed unless an electromagnetic hold-open device is used which is interconnected with the fire alarm system. 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. Facilities formerly licensed as residential care facility I or II, and existing prior to November 13, 1980, shall be exempt from this requirement. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview during the fire safety inspection, the facility failed to maintain self closing smoke partition doors that separate hazardous areas from residential areas. The facility census was 27. This deficiency affects 27 of 27 residents.</p> <p>Observation revealed the Arbors kitchen smoke partition roll door was disconnected from the fire alarm activated closing device and was open.</p> <p>Observation revealed the South Pointe facility laundry smoke partition door was open and did not have a self closure device.</p> <p>Observation revealed a stove, for resident use, in South Pointe that did not have the power secured and is not enclosed in a 1 hour rated room. Facilities that have a residential use stove setup like this, must have an exception from DHSS.</p> <p>During an interview on September 22, 2025 at 12:35 PM, the maintenance man advised no one on staff knew how to reset the roll door release. He is going to have the installers come and do an inservice on resetting the roll door. He further</p>	A2256		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13735C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH POINTE-ASSISTED LIVING BY AMERICARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5125 OLD HWY 100 WASHINGTON, MO 63090</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2256	Continued From page 2  advised he would install a self closer on the laundry room door. The facility will make a decision regarding the resident use stove, but will lock out the power with a padlock for the time being.	A2256		
A2269	<p>19 CSR 30-86.022(11)(B) Sprinkler System Maintenance/Testing</p> <p>Sprinkler Systems. (B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were 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 and interview during the fire safety inspection process, the facility failed to maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. The facility census was 27. This deficiency affects 27 of 27 residents.</p> <p>Observation revealed loose escutcheon rings in the central TV room (3), room 19 (1), and the dry pantry (1) of South Pointe.</p> <p>Observation revealed missing escutcheon rings in the central TV room (1) and room 9 of South Pointe.</p> <p>Observation revealed a missing escutcheon ring in the facility laundry of the Arbors.</p> <p>These penetrations could allow smoke, fire and toxic gases to travel to unaffected areas on the</p>	A2269		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13735C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH POINTE-ASSISTED LIVING BY AMERICARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5125 OLD HWY 100 WASHINGTON, MO 63090</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2269	Continued From page 3  building  During the exit interview on September, 2025 at 12:40 PM the maintenance man advised he would check all the sprinkler heads within the facility to ensure the escutcheon rings are properly aligned and replace the missing escutcheon rings.	A2269		
A3201	19 CSR 30-86.032(2) Substantially Constructed & Maintained  The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III  This regulation is not met as evidenced by: Class III  Based on observation and interview during the fire safety inspection process, the facility failed to maintain the building in good repair. The facility census was 27. This deficiency affects 27 of 27 residents.  Observation revealed a large 2' X 4' ceiling drywall collapse in the beauty shop due to a pin leak of South Pointe's sprinkler.  Observation revealed 4' X 3" penetration of the ceiling drywall, along a seam in room 20, due to another pin leak of South Pointe's sprinkler.  These penetrations could allow smoke, fire, and gases to travel to unaffected portions of the building.  During the exit interview on September 22, 2025	A3201		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13735C</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/22/2025</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SOUTH POINTE-ASSISTED LIVING BY AMERICARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5125 OLD HWY 100 WASHINGTON, MO 63090</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A3201	Continued From page 4  at 12:45 PM, the maintenance man stated they can't repair the drywall until the sprinkler company repairs the leaks.	A3201		

## PLAN OF CORRECTION

<b>Provider/Supplier Name:</b>	Americare South Pointe and Americare South Pointe Memory Care	
<b>Street Address, City, Zip:</b>	5125 and 5129 Old Highway 100, Washington, MO 63090	
<b>Date of Survey:</b>	09/22/2025	
<b>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</b>		
<b>ID PREFIX TAG</b>	<b>PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</b>	<b>COMPLETION DATE</b>
	This plan of correction (POC) is submitted as required under State law. The submission of the POC does not constitute an admission on the part of Americare South Pointe and Americare South Pointe Memory Care (the Facility) as to the accuracy of neither the inspector's findings, nor the conclusions drawn there from. The Facility's submission of the POC does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency, or the scope and severity regarding any deficiencies cited are correctly applied. This POC is intended to constitute the Facility's credible letter alleging compliance.	
A2253	<p>The facility will contact the monitoring company and have them update the fire alarm system to ensure all areas are included and that the trouble signal for the Memory Care is corrected.</p> <p>To identify other areas at risk of similar issues, the maintenance department will conduct a complete inspection of all fire alarm panels throughout the facility to verify proper operation and documentation.</p> <p>To ensure this deficient practice does not recur, the maintenance team will perform and document scheduled checks of the alarm panels, in addition to responding promptly to any panel trouble signals when they arise. All staff will be in-serviced on the requirement to immediately report and escalate any trouble indicators.</p> <p>The Executive Director will review the documented alarm panel checks to confirm ongoing compliance. All corrective action for this deficiency will be completed by October 28<sup>th</sup>, 2025.</p>	10/28/2025
A2256	<p>The facility will have the alarm vendor reconnect the Arbors kitchen smoke partition roll door to the fire alarm system and will provide an in-service for staff on how to reset the roll door release. A self-closer will be installed on the South Pointe ALF laundry room door to ensure it remains compliant, and the resident-use stove will have the power locked out with a padlock until a final determination is made to either remove the stove or obtain an exception from DHSS.</p> <p>To identify other areas with similar risk, the maintenance department will conduct a full inspection of all smoke partition doors, hazardous areas, and resident-use appliances throughout the facility to ensure they</p>	10/28/2025



**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.**