

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

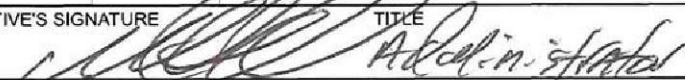
PRINTED: 02/15/2024
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265804 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 02/05/2024 |
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| NAME OF PROVIDER OR SUPPLIER MANOR AT ELFINDALE, THE | STREET ADDRESS, CITY, STATE, ZIP CODE 1707 WEST ELFINDALE STREET SPRINGFIELD, MO 65807 |
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| (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 |
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| E 000 | Initial Comments | E 000 | | |
| | An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Missouri, Missouri Department of Health and Senior Services on 02/07/2024. The facility was found to be in compliance with 42 CFR 483.73. | | | |
| K 000 | INITIAL COMMENTS | K 000 | | |
| | 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 02/07/24 and the facility and was found not to be in compliance 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. | | | |
| | The Manor at Elfindale is a one-story building constructed in 1992 with additions in 2013. It is composed of Type V (111) construction and is divided into eight smoke compartments. The facility is fully sprinklered with a wet and dry system. The diesel generator powers 50% of the building. The number of occupied beds was 93 out of 100. | | | |
| K 341 SS=F | Fire Alarm System - Installation CFR(s): NFPA 101 | K 341 | | |
| | Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE **Adalberto** (X6) DATE **2/27/24**

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| K 341 | Continued From page 1 building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure in an area not continuously occupied, smoke detection was installed at the main fire alarm control panel in accordance NFPA 101 (Life Safety Code) 2012 Edition, Section 9.6.1.8. This deficient practice could affect all 93 residents who resided at the facility. 1. Observation on 02/07/24, at 10:00 A.M., showed the main fire alarm control panel, located in an office that was not continuously occupied, was not equipped with smoke detection. During an interview on 02/07/24, at 10:00 A.M., at the time of the observation, the Administrator confirmed the finding and revealed the facility was unaware that smoke detection was required at the fire alarm control panel. | K 341 | | | |
| K 353 SS=F | Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance | K 353 | | | |

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| K 353 | <p>Continued From page 2</p> <p>with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain the sprinkler system in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011 Edition). This deficient practice had the potential to affect all 93 residents who resided at the facility.</p> <p>1. Review of the facility's sprinkler inspection reports, provided by the facility, showed the following:</p> <p>-Tests and inspections of the dry and wet sprinkler system were completed on 03/07/23, 08/16/23, 10/13/23, and 01/08/24; -Quarterly tests and inspections were not conducted during the second quarter of 2023 for the dry and wet sprinkler system.</p> <p>During an interview on 02/05/24, at the time of</p> | K 353 | | | |

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| K 353 | Continued From page 3 the record review, the Administrator confirmed the facility did ensure quarterly tests and inspections of the sprinkler system were conducted during the second quarter of 2023. The Administrator said the contracted company who completes the testing had staffing issues and could not come to complete the testing and inspections. | K 353 | | | |
| K 372 SS=E | Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure penetrations in smoke barriers were protected by a system or material capable of restricting the transfer of smoke and smoke barriers were continuous in accordance with NFPA 101 Life Safety Code (2012 Edition) Sections 8.5.6.1 and 8.5.6. 2. This deficient practice had the potential to affect all residents in the affected smoke compartments. 1. Observation on 02/07/24, at 12:07 P.M., of the | K 372 | | | |

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| K 372 | Continued From page 4 smoke barrier located by room 205, showed a 3 inch unsealed over cut around a sprinkler pipe penetration above the corridor smoke doors and ceiling on both sides of the wall. Observation on 02/07/24, at 12:24 P.M., of the smoke barrier located by room 208, showed a 2 inch' unsealed gap along the top of the wall above the corridor smoke doors and ceiling. Observation on 02/07/24, at 12:33 P.M., of the smoke barrier located by room 402, showed a 4 inch' gap around the top of a sprinkler pipe penetration above the ceiling and corridor smoke doors. During interviews on 02/07/24, at the time of the observations, the Administrator confirmed the findings and said the facility was unaware of the unsealed gaps and penetrations in the smoke barriers. | K 372 | | | |
| K 918 SS=F | Electrical Systems - Essential Electric System 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 | K 918 | | | |

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| K 918 | <p>Continued From page 5</p> <p>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 source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure the generator was maintained in accordance with NFPA 110 Emergency Power and Standby Power Systems (2010 Edition), Section 8. This deficient practice had the potential to affect all 93 residents who resided at the facility.</p> <p>1. Review of the facility's "Generator Inspection & Testing Records," provided by the facility, showed documentation of the weekly inspections of the diesel generator for February 2023 as follows:</p> <p>-On 02/01/23; -On 02/09/23; -On 02/21/23. (Staff did not document completing the weekly</p> | K 918 | | | |

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| K 918 | Continued From page 6 inspection the third week of February 2023.) Review of the facility's "Generator Inspection & Testing Records," provided by the facility, showed documentation of the weekly inspections of the diesel generator for April 2023 as follows: -On 04/07/23; -On 04/14/23; (Staff did not document completing the weekly inspection the third and fourth weeks of April 2023.) Review of the facility's "Generator Inspection & Testing Records," provided by the facility, showed documentation of the weekly inspections of the diesel generator for July 2023 as follows: -On 07/06/23; -On 07/21/23; -On 07/28/23. (Staff did not document completing the weekly inspection the second week of July 2023.) Review of the facility's "Generator Inspection & Testing Records," provided by the facility, showed documentation of the weekly inspections of the diesel generator for December 2023 as follows: -On 12/06/23; -On 12/21/23; -On 12/28/23. (Staff did not document completing the weekly inspection the second week of December 2023.) Review of the facility's "Generator Inspection & | K 918 | | | |

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| K 918 | Continued From page 7 Testing Records," provided by the facility, showed documentation of the weekly inspections of the diesel generator for January 2024 as follows: -On 01/11/24; -On 01/17/24; -On 01/25/24. (Staff did not document completing the weekly inspection the first week of January 2024.) During an interview on 02/07/24. at 2:00 P.M., the Administrator confirmed the findings and said the facility could not locate the missing documentation. | K 918 | | | |

| PLAN OF CORRECTION | | |
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| Provider/Supplier Name: | The Manor at Elfindale | |
| Street Address, City, Zip: | 1707 W Elfindale Springfield, Missouri 65807 | |
| Date of Survey: | 01/30/2024 thru 02/05/2024 | |
| PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | | 265804 |
| ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION: EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | COMPLETION DATE |
| K 341 | <p>The submission of the Plan of Correction does not constitute an admission on the part of The Manor at Elfindale as to the accuracy of the surveyors' findings nor the conclusions drawn there from. The Facility's submission of the Plan of Correction does not constitute an admission on the part of the Facility that the findings are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. This Plan of Correction will also serve as our credible letter of allegation.</p> <p>CFR(s):NFPA 101 Fire Alarm System-Installation</p> <p>The Facility must- Assure a fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>Corrections for examples cited during the survey will include:</p> <p>Marmic Fire and Safety will install smoke detector within the space of the office that is not continuously occupied, where the main fire control panel is located.</p> <p>The above plan will be monitored through the monthly Quality Assurance Performance Improvement Committee Meeting.</p> <p>The Maintenance Director and/or designee will perform monthly life safety checks to ensure appropriate smoke alarm placement.</p> | 03/15/2024 |

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| <p>K 353</p> | <p>CFR(s): NFPA 101 Sprinkler System-Maintenance and Testing</p> <p>The Facility must- Assure the automatic sprinkler and standpipe system is tested, inspected, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>Corrections for examples cited during the survey will include:</p> <p>The Maintenance Director and/or designee will ensure all quarterly and annual tests and inspections are conducted by the Marmic during each quarter. In the case that Marmic is unavailable then the maintenance director and/or designee will contact an alternative qualified fire safety company to complete the required inspections on time.</p> <p>First Quarter tests were completed on 1/8/2024.</p> <p>The above plan will be monitored through the monthly Quality Assurance Performance Improvement Committee Meeting.</p> <p>The Administrator, Maintenance Director and /or designee will review the inspection records maintained in the life safety code binder quarterly and annually.</p> | <p>03/15/2024</p> |
| <p>K 372</p> | <p>CFR(s): NFPA 101 Subdivision of Building Spaces-Smoke Barrier Construction</p> <p>The Facility must- Assure smoke barriers are constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required induct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1)</p> <p>Corrections for examples cited during the survey will include:</p> <p>All penetration areas located by room 205 were sealed with fire retardant caulk, 3M Fire Stop Intumescent on 2/8/2024. All penetrations areas located by 208 were sealed with fire retardant caulk, 3M Fire Stop Intumescent on 2/8/2024. All penetrations areas located by 402 were sealed with fire retardant caulk, 3M Fire Stop Intumescent on 2/15/2024.</p> <p>The above plan will be monitored through the monthly Quality Assurance Performance Improvement Committee Meeting.</p> | <p>3/15/2024</p> |

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| <p>K 918</p> | <p>The Maintenance Director and/or designee will do monthly spot checks and remove ceiling tiles above corridor smoke doors on two hallways. When any in house work or outside contractor's work is done in ceiling or the attic those areas will be inspected by The Maintenance Director and/or designee upon completion of work to assure all penetrations were sealed.</p> <p>CFR(s): NPFA 101 Electrical Systems-Essential Electric System Maintenance and Testing</p> <p>The Facility must- Assure 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 101. Generator sets will be inspected weekly, exercised under load of 3- minutes, 12 times a year in 20–40-day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled testing under load conditions will 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 source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NAPA 99), NFPA 110, NFPA 111, 700.10 (NAPA 70)</p> <p>Corrections for examples cited during the survey will include:</p> <p>A four-hour load test was completed by Norton Power Systems on 2/8/2024. Weekly inspections were done on 2/12 and 2/19/2024. The Maintenance Director and/or designee will perform all required weekly/monthly tests and documentation will be maintained in TELS, which is The Building Management Platform.</p> <p>The above plan will be monitored through the monthly Quality Assurance Performance Improvement Committee Meeting. Then Administrator and/or designee will review generator documentation of testing, monthly for a period of six months.</p> | <p>03/15/2024</p> |
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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.