Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	32441	A. BUILDING: _____ B. WING _____	01/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURNERS ROCK	3911 EAST HIGHWAY D SPRINGFIELD, MO 65809

(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
A2228	19 CSR 30-86.022(7)(D)(1 - 8) Area of Refuge Requirements Exits, Stairways, and Fire Escapes. (D) An " area of refuge " shall have- 1. An area separated by one- (1-) hour rated smoke walls, from the remainder of the building. This area must have direct access to the exit stairway or access the stair through a section of the corridor that is separated by smoke walls from the remainder of the building. This area may include no more than two (2) resident rooms; 2. A two- (2-) way communication or intercom system with both visible and audible signals between the area of refuge and the bottom landing of the exit stairway, attendants ' work area, or other primary location as designated in the written plan for fire drills and evacuation; 3. Instructions on the use of the area during emergency conditions that are located in the area of refuge and conspicuously posted adjoining the communication or intercom system; 4. A sign at the entrance to the room that states " AREA OF REFUGE IN CASE OF FIRE " and displays the international symbol of accessibility; 5. An entry or exit door that is at least a one and three-fourths inch (1 3/4") solid core wood door or has a fire protection rating of not less than twenty (20) minutes with smoke seals and positive latching hardware. These doors shall not be lockable; 6. A sign conspicuously posted at the bottom of the exit stairway with a diagram showing each location of the areas of refuge; 7. Emergency lighting for the area of refuge; and 8. The total area of the areas of refuge on a floor shall equal at least twenty (20) square feet for each resident who is blind or requires the use of a wheelchair or walker housed on the floor. II	A2228		

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A2228	Continued From page 1 This regulation is not met as evidenced by: Class II Based on observation and interview on January 29, 2024, the facility failed to provide a two- (2-) way communication system between the area of refuge and a remote and monitored area. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. Observation showed the communication system in the area of refuge on the south end of the fourth floor did not operate when the call button was pushed in six (6) of six (6) attempts. Not having two-way communication in the areas of refuge would delay the evacuation process in the event of an emergency. During an interview on January 29, 2024, at 11:59 A.M., a maintenance person said he/she did not know why the call system would not work.	A2228		
A2229	19 CSR 30-86.022(7)(E) Locked Exit Doors Exits, Stairways, and Fire Escapes. (E) If it is necessary to lock exit doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the building. Only one (1) lock shall be permitted on each door. Delayed egress locks complying with section 7.2.1.6.1 of the 2000 edition NFPA 101 shall be permitted, provided that not more than one (1) such device is located in any egress path. Self-locking exit doors shall be equipped with a hold-open device to permit staff to reenter the building during the evacuation. I/II This regulation is not met as evidenced by:	A2229		

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A2229	Continued From page 2 Class II Based on observation, review and interview on January 29, 2024, the facility failed to ensure delayed egress locks were installed in accordance with section 7.2.1.6.1 of the 2000 edition National Fire Protection Association (NFPA) 101, Life Safety Code. The facility also failed to ensure not more than one (1) such device is located in any egress path. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. Observation of a delayed egress locked door, at the south end of the Memory Care unit showed no required delayed egress signage on the delayed egress door. Observation of a delayed egress locked door, at the south end of the Memory Care dining room showed no required delayed egress signage on the delayed egress door. Observation of a delayed egress locked gate, at the south end of the Memory Care outdoor courtyard, showed no required delayed egress signage on the delayed egress gate. Observation of the egress path from the Memory Care dining room to a public way (a public way is the surface of, and the space above and below, any public street, highway, freeway, bridge, land path, alley, court, boulevard, sidewalk, way, lane, public way, drive, circle, public right-of-way other land or waterway, dedicated or commonly used for pedestrian or vehicular traffic or other similar purposes) showed two (2) delayed egress locking devices in the egress pathway. One delayed egress door lock was at the exit door from the south end of the Memory Care dining room and	A2229		

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A2229	Continued From page 3 the second delayed egress door lock was on the gate at the south end of the outside courtyard of the Memory care unit. Further observation showed no other means of egress from the courtyard. Review of NFPA 101, 2000 edition, Section 7.2.1.6.1 (d) states: "On the door adjacent to the release device, there shall be a readily visible, durable sign in letters not less than 1 in. (2.5cm) high and not less than 1/8 in. (0.3 cm) in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS." During an interview on January 29, 2024, at 1:48 P.M., a maintenance person said he/she did not know the delayed egress signage needed to be on the doors and / or gate. The maintenance person said he/she also did not know about having two delayed egress locks in one path of egress.	A2229		
A2240	19 CSR 30-86.022(9)(A)(1) Smoke Detectors-NFPA 13 Complete Fire Alarm Systems. (A) All facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a main panel that interconnects all	A2240		

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A2240	Continued From page 4 alarm-activating devices and audible signals. Manual pull stations shall be installed at or near each required attendant ' s station and each required exit. I/II 1. For facilities with a sprinkler system in accordance with NFPA 13, 1999 edition, smoke detectors interconnected to the complete fire alarm system shall be installed in all corridors and spaces open to corridors. Smoke detectors shall be no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. I/II This regulation is not met as evidenced by: Class II Based on observation and interview on January 29, 2024, the facility, with a sprinkler system installed in accordance with NFPA 13, 1999 edition, failed to ensure smoke detectors shall be installed no more than thirty feet (30') apart with no point on the ceiling more than twenty-one feet (21') from a smoke detector. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. Observation of the corridor outside of resident room 403 and the fourth floor nurses station showed the distance between the smoke detectors to be thirty-four feet (34'). Observation of the corridor outside of resident rooms 308 and 312 showed the distance between the smoke detectors to be thirty-three feet (33'). During an interview on January 29, 2024, at 1:48 P.M., the maintenance person said he/she did not know the smoke detectors were not properly installed.	A2240		

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A2249	Continued From page 5	A2249		
A2249	19 CSR 30-86.022(9)(C) Fire Alarm System-Test/Maintain Complete Fire Alarm Systems. (C) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II This regulation is not met as evidenced by: Class II Based on record review and interview on January 29, 2024, the facility failed to test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. National Fire Protection Association (NFPA) 72, 1999 edition, chapter 7-3.1 states "Visual Inspection. Visual inspection shall be performed in accordance with the schedules in Section 7-3 or more often if required by the authority having jurisdiction. The visual inspection shall be made to ensure that there are no changes that affect equipment performance.". NFPA 72, 1999 edition, table 7-3.1 shows the following items that shall be visually inspected semiannually: ~ Nickel-Cadmium and Sealed Lead-Acid batteries ~ Transient Suppressors ~ Control Unit Trouble Signals ~ Emergency Voice / Alarm Communications Equipment ~ Remote Annunciators ~ Initiating Devices including air sampling devices, duct detectors, electromechanical	A2249		

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A2249	Continued From page 6	A2249		

releasing devices, fire-extinguishing system(s) or suppression system(s) switches, fire alarm boxes, heat detectors, smoke detectors.
~ Guard's Tour Equipment
~ Interface Equipment
~ Alarm Notification Appliances - Supervised
~ Supervising Station Fire Alarm Systems - Transmitters including DACT, DART, McCulloh and RAT.
~ Special Procedures
~ Supervising Station Fire Alarm Systems - Receivers including DARR, McCulloch Systems, Two-Way RF Multiplex, RASSR, RARS, Private Microwave.

NFPA 72, 1999 Edition, chapter 7-3.2 states "Testing. Testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction.".

NFPA 72, 1999 edition, table 7-3.2 shows the following fire alarm battery types that shall be tested semiannually:
~ Lead-Acid Type battery
Discharge Test (30 minutes)
Load Voltage Test
Specific Gravity
~ Sealed Lead-Acid Type and Nickel-Cadmium Type batteries
Load Voltage Test

Record review showed no documentation that semi-annual fire alarm visual inspections had been completed as required by NFPA 72, 1999 edition, table 7-3.1.

Record review showed no documentation that semi-annual fire alarm functional testing had been completed as required by NFPA 72, 1999

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A2249	Continued From page 7 edition, table 7-3.2. During an interview on January 29, 2024, at 1:20 P.M., the maintenance person said the semi-annual fire alarm inspection should have been conducted in June of 2023, but did not know why it was not conducted.	A2249		
A2262	19 CSR 30-86.022(10)(G) Door Devices - Self/Auto closing Protection from Hazards. (G) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, electromagnetic hold-open devices shall be used that are interconnected with either an individual smoke detector or a complete fire alarm system. II This regulation is not met as evidenced by: Class II Based on observation and interview on January 29, 2024, the facility failed to ensure doors providing separation between floors shall be self-closing. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. Observation showed the stairwell door providing separation between floors at the south end of the second floor hallway would not self-close when the door was opened 90 degrees from the closed position in six (6) of six (6) attempts. Separation doors failing to close will allow fire, smoke and toxic gases to spread to other areas of the building. Observation showed the stairwell door providing	A2262		

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A2262	Continued From page 8 separation between floors at the south end of the third floor hallway would not self-close when the door was opened 90 degrees from the closed position in six (6) of six (6) attempts. Observation showed the stairwell door providing separation between floors at the south end of the fourth floor hallway would not self-close when the door was opened 90 degrees from the closed position in six (6) of six (6) attempts. During an interview January 29, 2024, at 1:49 P.M., a maintenance person said he/she was not aware the doors would not close properly.	A2262		
A2264	19 CSR 30-86.022(10)(I) Smoke Section Partitions > than 20 beds Protection from Hazards. (I) In facilities whose plans were approved or which were initially licensed after December 31, 1987, for more than twenty (20) beds and all facilities licensed after August 28, 2007, each smoke section shall be separated by one- (1-) hour fire-rated smoke partitions. The smoke partitions shall be 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 complete fire alarm system. II This regulation is not met as evidenced by: Class II Based on observation and interview on January 29, 2024, the facility, licensed after August 28, 2007, failed to ensure doors in a smoke partition	A2264		

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A2264	Continued From page 9 shall be self-closing. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. Observation showed fire door 13, located at the north end of the second floor Assisted Living hallway, did not close completely in six (6) of six (6) attempts. Fire doors failing to close will allow smoke and toxic gases to spread to other areas of the building. Observation showed fire door 15, located at the north end of the fourth floor Assisted Living hallway, did not close completely in six (6) of six (6) attempts. During an interview January 29, 2024, at 1:49 P.M., a maintenance person said he/she was not aware the doors would not close properly.	A2264		
A2274	19 CSR 30-86.022(11)(F) Sprinkler Systems-Inspections, Cert. Sprinkler Systems. (F) All facilities shall have inspections and written certifications of the approved sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II This regulation is not met as evidenced by: Class II Based on observation, review and interview on January 29, 2024, the facility, which had a sprinkler system installed prior to August 28,	A2274		

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A2274	Continued From page 10 2007, failed to maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. The facility census on January 29, 2024, was 62. This deficiency affects 62 out of 62 residents. Observation of the large closet of resident room 207 showed a sprinkler head covered with white paint. Further observation showed a concealed sprinkler head with no cover plate installed. Painted sprinkler heads may not operate as designed in the event of a fire. Observation of the furnace room of resident room 207 showed a sprinkler head with brown paint on the deflector plate of the sprinkler head. Observation of the furnace room of resident room 402 showed a sprinkler head with white drywall compound on the deflector plate of the sprinkler head. Drywall compound on the sprinkler head may not allow the sprinkler head to operate as designed in the event of a fire. Review of National Fire Protection Association (NFPA) 13, Standard for the Installation of Sprinkler Systems, 1999 edition, chapter 12-1 states "A sprinkler system installed in accordance with this standard shall be properly inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, to provide at least the same level of performance and protection as designed.". Review of National Fire Protection Association (NFPA) 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition, chapter 2-2.1.1 states "Sprinklers shall be inspected from the floor level	A2274		

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A2274	Continued From page 11 annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation. Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.". During an interview on January 29, 2024, at 1:20 P.M., the maintenance person said the painted sprinkler heads should have been replaced when the building was built two years ago.	A2274		
A2286	19 CSR 30-86.022(15)(A) Wastebaskets, Metal/UL/FM-Requirements Trash and Rubbish Disposal. (A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II This regulation is not met as evidenced by: Class II Based on observation and interview on January 29, 2024, the facility failed to ensure only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. The facility census on January 29, 2024, was 62. This deficiency potentially affects 62 of 62 residents. Observation of the following resident rooms showed non-compliant wastebasket(s) being used for trash: ~ 101 ~ 103 ~ 105 ~ 106 ~ 107 (two (2) non-compliant wastebaskets) ~ 108 ~ 109	A2286		

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A2286	Continued From page 12 ~ 115 ~ 116 (two (2) non-compliant wastebaskets) ~ 203 (two (2) non-compliant wastebaskets) ~ 205 (two (2) non-compliant wastebaskets) ~ 206 ~ 210 ~ 212 ~ 213 (four (4) non-compliant wastebaskets) ~ 215 (two (2) non-compliant wastebaskets) ~ 216 ~ 306 ~ 309 ~ 310 (two (2) non-compliant wastebaskets) ~ 312 (three (3) non-compliant wastebaskets) ~ 314 (two (2) non-compliant wastebaskets) ~ 402 ~ 406 ~ 410 (two (2) non-compliant wastebaskets) ~ 413 ~ 415 Observation of the second floor nurses station showed two (2) non-compliant wastebasket being used for trash. Observation of the resident care director's office showed a non-compliant wastebasket being used for trash. Observation of the Memory Care sensory room showed a non-compliant wastebasket being used for trash. During an interview on January 29, 2024, at 1:20 P.M., the maintenance person said he/she did not know there were so many non-compliant wastebaskets in the facility.	A2286		

PLAN OF CORRECTION

Provider/Supplier Name:	Turners Rock Senior Living	page 1 of 3
Street Address, City, Zip:	3911 East Highway D, Springfield, MO 65809	
Date of Survey:	01-29-2024	

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	**32441**

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2228	The communication system on the south end of the fourth floor has been repaired and tested so that it operates correctly, to provide the necessary two-way communication with that area of refuge. The Maintenance Director will conduct Monthly tests on all the units. The Maintenance Director will schedule these monthly inspections on the communications systems in the areas of refuges to assure they are completed & working properly. These tests and results will be logged appropriately and kept for future verifications.	03-11-24
A2229	The community will have one(1) of the cited delayed egress doors that were both locked, located at the south end of the memory care dining room, and the south end of the memory care courtyard, always unlocked, just leaving one(1) of them locked during the same times. This will assure one(1) of them unlocked, and one(1) always locked. Both egress doors will be monitored daily by on-site staff, with all staff being orientated and trained by the Maintenance Director, of the proper procedures of maintaining these doors properly. The staff will sign the training log, stating they have been trained and understand the proper locking & unlocking procedures.	3-15-24
	The required delayed egress signage will be placed at all the doors that were cited, by the Maintenance Director, that have delayed egress. This signage will be monitored daily by all staff to assure that it remains in place.	3-20-24
A2240	The community had our licensed Fire equipment vendor relocate the 2 smoke detectors in the cited locations, outside of room 403 and the fourth-floor nurse's station; and outside of room 308 and room 312; and assured they are complying within the <30' apart regulation on the ceiling.	3-11-24

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:	Turners Rock Senior Living	page 2 of 3
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ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2249	The community will schedule with our licensed vendor, the semi-annual visual inspection of the complete fire system, to include all components listed, including suppression systems, all detectors, supervising systems, battery systems, and all other functions, in accordance with the regulations specified on the report, to be completed immediately, and then scheduled subsequently every six(6) months thereafter, to maintain compliance with this regulation. Compliance will be verified through the completed inspection reports of the vendor contracted to perform these semi-annual inspections.	03-25-24
A2262	The three(3) cited stairwell doors, on the south ends of 2nd, 3rd, & 4th floors, have been repaired so that they self-close after opening, to provide the separation required to not allow fire, smoke, or toxic gases to spread to other areas of the building. The doors will be checked monthly by the Maintenance Director to assure proper closing and will be included in our overall monthly inspections of our egress doors, fire communications systems and other safety related procedures.	02-26-24
A2264	The two(2) cited hallway fire doors, #13 & #15, have been repaired so that they will self-close upon release from the mag-lock system, to provide the separation required. The doors will be checked monthly by the Maintenance Director to assure proper closing and will be included in our overall monthly inspections of our egress doors, fire communications systems and other safety related procedures by Maintenance Staff.	02-26-24
A2274	The three(3) cited sprinkler heads, in 207 & 402, with paint, have been replaced & repaired; the missing cover plate in 207 has been replaced; The sprinkler heads will be inspected annually by the Maintenance Director to insure no other foreign materials are present to not allow proper operation.	03-08-24

PLAN OF CORRECTION

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ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2286	All non-compliant wastebaskets will be discarded and replaced by either metal or UL- or FM fire resistant rated wastebaskets in the community, overseen by the Maintenance Director and the Administrator. The community staff, including Maintenance, Housekeeping, and Resident Care, who all are continually visiting and observing the resident rooms, and common areas, will all monitor and inspect daily compliance of this regulation. All community staff will be advised and trained by the Maintenance Director on which wastebaskets are compliant, to meet this regulation. Also, upon a new resident moving into the community, the Maintenance Director will inspect & verify that only compliant wastebaskets are being brought in, with the new move in furnishings. If a non-compliant wastebasket is found to have been brought into the community, the Staff will be advised to notify the Administrator and Maintenance Director immediately, so the family/resident can be notified, and it can be removed and replaced with a compliant wastebasket immediately. The Administrator and Maintenance Director will do a complete visual inspection monthly as well, of all resident apartments and common areas to assure compliance of only metal and fire-resistant wastebaskets in the community.	03-11-24