

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  206030	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  02/06/2025
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NAME OF PROVIDER OR SUPPLIER  JEFFERSON GARDENS-ASSISTED LIVING BY AMERI	STREET ADDRESS, CITY, STATE, ZIP CODE 509 WEST ROGERS CLINTON, MO 64735
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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) COMPLETE DATE
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A2249	<p>19 CSR 30-86.022(9)(C) Fire Alarm System-Test/Maintain</p> <p>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</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on record review and interview, showed the facility failed to test and maintain the complete fire alarm system in accordance with the National Fire Protection Association (NFPA) 72, 1999 edition. The facility census on February 4 and 6, 2025 was twenty-four (24). This deficiency potentially affects twenty-four (24) of twenty-four (24) residents.</p> <p>The record review on February 4, 2025 at 4:15 P.M. showed the facility provided a documentation for the semi-annual fire alarm inspection that was on September 8, 2023.</p> <p>During an interview on February 6, 2025 at 9:30 A.M. the facility Maintenance Director said over the phone, I thought it was done, but will get in touch with the fire alarm company to get one schedule today.</p>	A2249		
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Missouri Department of Health and Senior Services  
LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Amber Cox*

TITLE

*Regional Operations Director 2/13/25*

(X6) DATE

