

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11146C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
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NAME OF PROVIDER OR SUPPLIER BLUE HILLS REST HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2207 NORTH BLUE MILLS ROAD INDEPENDENCE, MO 64058
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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
A2298	<p>19 CSR 30-86.022(17) Oxygen Storage Requirements</p> <p>Oxygen storage shall be in accordance with NFPA 99, 1999 Edition. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview on 9/27/23 the facility failed to provide a proper oxygen storage room in accordance with NFPA 99, 1999 Edition. The facility census was sixty (60). This potentially affected sixty (60) of sixty (60) residents.</p> <p>Observation on 9/27/23 at 1:32 P.M. showed the oxygen storage being kept in an open hallway by the first-floor offices.</p> <p>During an interview on 9/27/23 at 2:42 P.M. the maintenance supervisor said he/she could use the old mop sink closet, install a positive ventilation fan and put an oxygen storage sign on the door to properly store the oxygen tanks.</p>	A2298		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Mavis Dunham, LNA</i>	LNA	10-19-23

STATE FORM 6899 GLFE11 If continuation sheet 1 of 1

PLAN OF CORRECTION

Provider/Supplier Name:	Blue Hills Rest Home	
Street Address, City, Zip:	2207 N Blue Mills Rd. Independence, MO 6458	
Date of Survey:	9-27-23	
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2298	<p>Oxygen cylinders on 9-27-23 consisted of 3 M-6 (B), 6 M-9 (C) & 7 M24(E) equaling 304.50 Volume.</p> <p>Maintenance Supervisor, F. Dingman will move the oxygen storage from the 3-wall hallway inlet to a closet.</p> <p>The oxygen tanks shall continue to be placed in the oxygen rack to secure the cylinders.</p> <p>Mechanical ventilation shall be installed to maintain continuous ventilation for a negative pressure in the closet.</p> <p>Oxygen signage shall be relocated to the oxygen storage closet and entrance doors.</p> <p>Empty oxygen containers shall remain in the current location.</p> <p>Staff training of the new oxygen location provided by Sarah White, LNHA on October 19, 2023</p> <p>Completion date October 25, 2023</p>	10-25-23
	<i>Mavis Durham</i>	<i>10-19-23</i>

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.