

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/15/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE WORNALL PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 501 WEST 107TH STREET KANSAS CITY, MO 64114
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A2210	<p>19 CSR 30-86.022(3)(D) Fire Extinguishers UL/FM, Maintain/Check</p> <p>Fire Extinguishers. (D) All fire extinguishers shall bear the label of the Underwriters ' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and an interview on 10/15/24 this facility failed to document all the fire extinguishers being checked monthly and to have them all maintained annually. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Observation on 10/15/24 at 2:35 P.M. showed the fire extinguisher in the 5th floor life enrichment room had not been inspected since the year 2020.</p> <p>During an interview on 10/15/24 at 2:35 P.M. the maintenance person stated he/she did not think anyone even knew it was in there, since there is one outside in the hallway.</p>	A2210		
A2214	<p>19 CSR 30-86.022(5)(A) Fire Drill/Evacuation Plan, Consultation</p> <p>Fire Drills and Emergency Preparedness. (A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be</p>	A2214		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A2214	<p>Continued From page 1</p> <p>obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility ' s entire plan shall be provided to the local jurisdiction ' s emergency management director. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on record review and an interview on 10/15/24 this facility failed to provide documentation a request was made for consultation and assistance annually from a local fire unit. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Record review on 10/15/24 at 3:20 P.M. showed no documentation asking for and/or receiving consultation and assistance annually from a local fire unit.</p> <p>During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she would make the request online via the KCFD Request Form and seek fire drill assistance with their next day time fire drill.</p>	A2214		
A2215	<p>19 CSR 30-86.022(5)(B)(1 - 10) Fire Drill/Evacuation Plan Requirements</p> <p>Fire Drills and Emergency Preparedness. (B) The plan shall include, but is not limited to, the following: 1. A phased response ranging from relocation of residents to an immediate area within the facility; relocation to an area of refuge, if applicable; or to total building evacuation. This phased response part of the plan shall be consistent with the</p>	A2215		

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A2215	<p>Continued From page 2</p> <p>direction of the local fire unit or state fire marshal and appropriate for the fire or emergency;</p> <p>2. Written instructions for evacuation of each floor including evacuation to areas of refuge, if applicable, and a floor plan showing the location of exits, fire alarm pull stations, fire extinguishers, and any areas of refuge;</p> <p>3. Evacuating residents, if necessary, from an area of refuge to a point of safety outside the building;</p> <p>4. The location of any additional water sources on the property such as cisterns, wells, lagoons, ponds, or creeks;</p> <p>5. Procedures for the safety and comfort of residents evacuated;</p> <p>6. Staffing assignments;</p> <p>7. Instructions for staff to call the fire department or other outside emergency services;</p> <p>8. Instructions for staff to call alternative resource(s) for housing residents, if necessary;</p> <p>9. Administrative staff responsibilities; and</p> <p>10. Designation of a staff member to be responsible for accounting for all residents ' whereabouts. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on record review and an interview on 10/15/24 this facility failed to produce a written plan or have knowledge for the proper use and response to area of refuge usage in an emergency. 19 CSR 30-86.022 (5)(B) The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Record review on 10/15/24 at 3:20 P.M. showed no procedures for testing, maintaining, responding to, or using the area of refuge ' s communication system.</p>	A2215		

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A2215	Continued From page 3 During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she would have to look into the area of refuge procedures and how to maintain the system.	A2215		
A2217	19 CSR 30-86.022(5)(D) Fire Drill Requirements, Evacuation Fire Drills and Emergency Preparedness. (D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a resident evacuation at least once a year. II/III This regulation is not met as evidenced by: Class III Based on record review and an interview on 10/15/24 this facility failed to produce documentation of at least 12 fire drills being conducted within the last year, the facility further failed to produce documentation of at least one fire drills being conducted on each shift every three months within the last year. The facility census was 41. This potentially affected 41 of 41 residents. Record review on 10/15/24 at 3:20 P.M. showed 7 fire drills being conducted on the first shift, 2 fire drills being conducted on the second shift and 3 fire drills being conducted on the third shift. During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she would be	A2217		

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A2217	Continued From page 4 sure to start alternating them to a different shift each month.	A2217		
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	A2228		

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A2228	<p>Continued From page 5</p> <p>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</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observations and an interview on 10/15/24 this facility is housing residents on floors that do not have accessible exits to grade and failed to have areas of refuge that meet all the requirements of 19 CSR 30-86.022 (7) (D) sections 1-8. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Observations during the 10/15/24 walk through of the fire safety portion of the licensure inspection showed in each area of refuge no signage to identify which floor and stairwell area a person was in.</p> <p>During an interview on 10/15/24 at 12:47 P.M. the maintenance person stated it ' s possible the signs were removed when the halls were painted.</p> <p>Observation on 10/15/24 at 12:41 P.M. showed the area of refuge intercom by Room 454, covered over with clear tape and a cotton pad then tapped over it to stop noise from being heard out of it. This was removed immediately.</p> <p>During an interview on 10/15/24 at 12:41 P.M. the Director of Engineering said he/she didn ' t know who would have taped over it.</p>	A2228		
A2251	19 CSR 30-86.022(9)(E) Fire Alarm System Monthly Test	A2251		

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A2251	<p>Continued From page 6</p> <p>Complete Fire Alarm Systems. (E) Facilities shall test by activating the complete fire alarm system at least once a month. I/II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on record review and an interview on 10/15/24 this facility failed to show proof they had activated the fire alarm system at least once each month. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Record review on 10/15/24 at 3:20 P.M. showed documentation of the fire alarm being activated only 6 times in the last 12 months with fire drills.</p> <p>During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she activates the fire alarm during fire drills, in the future he/she indicated it will be marked accordingly on the fire drill sheet. He/she further added on the overnight drills he/she will activate the fire alarm the following day and document that on the fire drill sheets as well.</p>	A2251		
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>	A2269		

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A2269	<p>Continued From page 7</p> <p>Based on observation, record review, and an interview on 10/15/24 this facility failed to do the monthly pressure gage readings and valve position checks of all sections of the sprinkler system as required in accordance with NFPA 13, 1999 edition. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Observation on 10/15/24 at 1:47 P.M. showed no check sheets in the main riser room, like those that were in the stairwell sub risers.</p> <p>Record review on 10/15/24 at 3:20 P.M. showed no other documentation on file of checks being done for the main risers.</p> <p>During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she would set up a monthly check sheets like what they have in each stairwell.</p>	A2269		
A2278	<p>19 CSR 30-86.022(12)(C) Emergency Lighting -Battery Powered, 1.5 hrs</p> <p>Emergency Lighting. (C) If battery-powered lights are used, they shall be capable of operating the light for at least one and one-half (1 1/2) hours. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and an interview on 10/15/24 this facility failed to provide sufficient emergency lighting in all the attendants' stations. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Observation on 10/15/24 at 2:29 P.M. showed the</p>	A2278		

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A2278	Continued From page 8 emergency light inoperable in the 5th floor nurses station. During an interview on 10/15/24 at 2:29 P.M. the maintenance person stated he/she would be sure to get it repaired.	A2278		
A2282	19 CSR 30-86.022(13)(D) Curtains/Drapes, Flame Resistant Interior Finish and Furnishings. (D) All curtains and drapes in a licensed facility shall be certified or treated to be flame-resistant as defined in NFPA 101, 2000 edition. II This regulation is not met as evidenced by: Class II Based on observation and an interview on 10/15/24 this facility failed to install certified flame-retardant curtains or to chemically treat them with a flame retardant. The facility census was 41. This potentially affected 41 of 41 residents. Observation on 10/15/24 at 1:13 P.M. showed curtains in Room 469 had no tags indicating they were made from flame retardant material or treated with a flame retardant. During an interview on 10/15/24 at 1:13 P.M. the maintenance person stated he/she didn ' t think they put those up.	A2282		
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	A2286		

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A2286	<p>Continued From page 9</p> <p>wastebaskets shall be used for trash. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observations and an interview on 10/15/24 this facility failed to insure all the wastebaskets were the approved types allowed. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Observations during the fire safety inspection walkthrough on 10/15/24 showed the following rooms with non-approved wastebaskets; Room 440 had one, Room 441 had one, Room 444 had two, Room 445 had three, Room 453 had two, Room 455 had one, Room 454 had two, Room 456 had two, Room 461 had one, Room 462 had three, Room 464 had three, Room 466 had one, Room 465 had one, Room 469 had one, Room 470 had two. Room 472 had four, Room 572 had two, Room 570 had two, Room 567 had Three, Room 565 had one, Room 566 had two, Room 564 had three, Room 562 had three, Room 561 had two, Room 555 had Two, and Room 554 had Two.</p> <p>During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she would get with the administrator on getting the proper ones in place and he/she would review with housekeeping on what to look for when emptying the wastebaskets so these are addressed in a timelier manner.</p>	A2286		
A2298	<p>19 CSR 30-86.022(17) Oxygen Storage Requirements</p> <p>Oxygen storage shall be in accordance with</p>	A2298		

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A2298	<p>Continued From page 10</p> <p>NFPA 99, 1999 Edition. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observations and an interview on 10/15/24 this facility failed to provide oxygen storage in accordance with NFPA 99, 1999 Edition. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Observation on 10/15/24 at 11:35 A.M. showed in resident room 441, one oxygen bottle in use and two spare bottles.</p> <p>Observation on 10/15/24 at 11:46 A.M. showed in resident room 454, one oxygen bottle in use and two spare bottles.</p> <p>During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she would get the amount reduced to one bottle in use and one spare bottle in the residents rooms. He/she further state he/she would move the rest to the oxygen storage room and speak to the administrator about limiting the oxygen amounts being stored in a resident ' s room.</p>	A2298		
A9998	<p>State Statute</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on record review, and an interview on 10/15/24 this facility failed to show plans to</p>	A9998		

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A9998	<p>Continued From page 11</p> <p>maintain current approved boiler inspection certifications under Section 11 CSR 40-2.022 - Certificates, Inspections, and Fees. The facility census was 41. This potentially affected 41 of 41 residents.</p> <p>Record review in the boiler room on 10/15/24 at 1:33 P.M. showed the two year certificates for all 5 boilers were getting ready to expire on 10/17/24.</p> <p>During an interview on 10/15/24 at 3:20 P.M. the Director of Engineering said he/she had not heard from or been in contact with anyone coming out to do the inspections to re-certify the boilers.</p>	A9998		

PLAN OF CORRECTION

Provider Name:	Brookdale Wornall Place
Street Address, City, Zip:	501 W 107 th Street, Kansas City, MO 64114
Date of Survey:	10.15.2024
Provider number:	29304

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	<p>This Plan of Correction (POC) is submitted under Federal and State Regulations and Statute applicable to long term care providers. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. This POC is intended to constitute the facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction.</p>	
A2210	<p>The Community will take additional measures to ensure all fire extinguishers will bear the label of the Underwriters Laboratories (UL) or the Factory Mutual (FM) Laboratories and be installed and maintained in accordance with NFPA 10, 1998 edition.</p> <p>Corrections will include:</p> <ol style="list-style-type: none"> 1. Monthly Required Fire Extinguisher Inspection completed by the community/Maintenance Director and or Designee. 2. Maintenance Director has immediately started to check and record extinguisher tags with the required monthly inspection. Extinguisher that has been overlooked on 5th floor has been immediately added to our inspection inventory list. 	10.16.2024

Kwae Dennis, GRC Director
11/7/2024

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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
	<p>This Plan of Correction (POC) is submitted under Federal and State Regulations and Statute applicable to long term care providers. The submission of this plan does not constitute agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied. This POC is intended to constitute the facility's credible letter alleging compliance. Compliance has been and will be achieved no later than the last completion date identified in the POC. Compliance will be maintained as provided in the Plan of Correction.</p>	
A2210	<p>The Community will take additional measures to ensure all fire extinguishers will bear the label of the Underwriters Laboratories (UL) or the Factory Mutual (FM) Laboratories and be installed and maintained in accordance with NFPA 10, 1998 edition.</p> <p>Corrections will include:</p> <ol style="list-style-type: none"> 1. Monthly Required Fire Extinguisher Inspection completed by the community/Maintenance Director and or Designee. 2. Maintenance Director has immediately started to check and record extinguisher tags with the required monthly inspection. Extinguisher that has been overlooked on 5th floor has been immediately added to our inspection inventory list. 	10.16.2024

	<ol style="list-style-type: none"> 3. Required Inspection Log(s) will be maintained on-site; printed and electronically (TELS Management System). 4. Maintenance Director and or Designee will ensure all extinguisher tags are not physically damaged and fully charged. 5. All Safety Tasks will not be considered complete until physical and electronic copies are accounted for and stored/filed accordingly. <p>The facility will identify other resident having the potential to be affected by the same alleged deficient practices as follows:</p> <ol style="list-style-type: none"> 1. All residents will be considered at risk for this alleged deficient practice. <p>The measures that will be put into place or systemic changes made to insure that the alleged deficiency will not occur are as follows:</p> <ol style="list-style-type: none"> 1. Maintenance Director will maintain physical and electronic copies of all safety tasks and extinguisher checks/inspections. 2. Maintenance Director and or Designee will present safety checks and extinguisher completion tasks at monthly safety meetings. 3. Monthly Inspections will be sent to Executive Director and Assisted Living Director at completion for six (6) months. 4. Assisted Living Director and or Designee will monitor monthly safety checks for six (6) months, proceeded by quarterly oversight. 	
A2214	The Maintenance Director will assure that our Fire and Evacuation Plans get reviewed by our local fire unit and the approved Plan is provided to the local jurisdiction's Emergency Management Director.	11.30.2024
A2215	The Maintenance Director and AL Director will review our Fire Drill/Evacuation Plans and phased response with our local Fire Unit. Upon approval, the Facility will assure that the Plan is posted where instructed, including a Floor Plan showing the location of exits, fire alarm pull stations, fire extinguishers, and areas of refuge.	11.30.2024

	<p>The (5) Areas of Refuge communication devices in Assisted Living have since been tested. 1 call button was found defective and a service request has been made. The Facility will begin training necessary associates on the areas of refuge communication systems procedures.</p>	
<p>A2217</p>	<p>The Community will take additional measures to ensure the preparedness of Fire Safety and Fire Drill/Evacuation requirements.</p> <p>Corrections will include:</p> <ol style="list-style-type: none"> 1. A minimum of twelve (12) fire drills will be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a resident evacuation at least once a year. 2. Executive Director and or designee has in-serviced Maintenance Director on required regulations for Fire Drills and Evacuations. 3. Physical and Electronic copies of all fire drills and or evacuations will be readily available at all times. Documents will be maintained by the Maintenance Director. <p>The facility will identify other residents having the potential to be affected by the same alleged deficient practices as follows:</p> <ol style="list-style-type: none"> 1. All residents will be considered at risk for this alleged deficient practice. <p>The measures that will be put into place or systemic changes made to insure that the alleged deficiency will not occur are as follows:</p> <ol style="list-style-type: none"> 1. Maintenance Director and or Designee will perform Fire Drills and or evacuation as indicated by regulations and keep physical and electronic records of each fire drill and or evacuation. 2. Documentation from drill(s) and or evacuation(s) will be presented to the Executive Director or 	<p>10.16.2024</p>

	<p>designee for three (3) months; starting immediately.</p> <p>Fire Drills and or Evacuations will be monitored monthly for six (6) months by the Executive Director and or designee.</p>	
A2228	<p>The (5) Areas of Refuge communication devices in Assisted Living have since been tested. 1 call button was found defective and a service request has been made. The Facility will begin training necessary associates on the areas of refuge communication systems procedures.</p> <p>The facility will conspicuously post signage and instructions on the use of the area during emergency conditions near the communication system as well as at the bottom of each stairway. There will be a diagram showing each location of the areas of refuge.</p>	11.30.2024
A2251	<p>The facility will take additional measures to ensure monthly Fire Alarm System tests are completed, documented and maintained on site; physically and electronically.</p> <p>Corrections will include:</p> <ol style="list-style-type: none"> 1. Maintenance Director has been in-serviced by the Executive Director and or designee, on Fire Alarm System, policy and procedure of Fire Alarm System, and safety checks related to the Fire Alarm System. 2. The Community has initiated activating the Fire Alarm System for the monthly requirement. 3. The Maintenance Director has begun documentation of specific fire drill records of the fire alarm system being activated as well as on the overnight silent fire drills. <p>The facility will identify other residents having the potential to be affected by the same alleged deficient practices as follows:</p> <ol style="list-style-type: none"> 1. All residents will be considered at risk for this alleged deficient practice. <p>The measures that will be put into place or systemic changes made to insure that the alleged deficiency will not occur are as follows:</p>	10.16.2024

	<ol style="list-style-type: none"> 1. Maintenance Director will complete, document, and collect all data related to and reflecting the safety of the communities Fire Alarm System. 2. Maintenance Director will provide documentation to the Executive Director for three (3) months. <p>The Maintenance Director will present and provide the details/documentation of the communities Fire Alarm System during the monthly safety community meeting.</p>	
A2269	The Maintenance Director will assure that the Sprinkler System Monthly Pressure Check Log located in the Main Riser Room gets added into our routine monthly inspections	11.15.2024
A2278	The Maintenance Director will assure that all Battery Powered Lighting devices are operable. Ongoing monthly testing of all battery powered devices will continue, and logged into our building management software system.	11.15.2024
A2282	The facility will ensure that any new curtains installed in our community are pre-treated with a flame retardant. The Maintenance Director will purchase flame retardant to treat any future curtains that haven't been pre-treated.	11.15.2024
A2286	<p>The facility will take additional measures to ensure all wastebaskets are approved material; only metal or UL- or FM-fire-resistant rated wastebaskets for trash.</p> <p>Corrections will include:</p> <ol style="list-style-type: none"> 1. Removal of all non-approved wastebaskets. 2. Non-approved wastebaskets were found in: Room 440 had one, Room 441 had one, Room 444 had two, Room 445 had three, Room 453 had two, Room 455 had one, Room 454 had two, Room 456 had two, Room 461 had one, Room 462 had three, Room 464 had three, Room 466 had one, Room 465 had one, Room 469 had one, 470 had one, Room 472 had four, Room 572 had two, Room 567 had three, Room 565 had one, Room 566 had two, Room 564 had three, Room 562 had three, Room 561 had two, Room 555 had two, and Room 554 had two. 3. Maintenance Director, Assisted Living, and Housekeeping Director in-serviced by Executive Director regarding Safety Codes related to Wastebaskets and approved materials. 	10.16.2024

	<ol style="list-style-type: none"> 4. Assisted Living Directors has notified all residents and family/friends of need to remove non-approved wastebaskets. 5. Assisted Living Director in-serviced nursing staff regarding non-approved wastebaskets and removal of non-approved materials; for the safety of the resident and community. 6. The Maintenance Director and or designee will order proper wastebasket(s) for all resident apartments. <p>The facility will identify other residents having the potential to be affected by the same alleged deficient practices as follows:</p> <ol style="list-style-type: none"> 1. All residents will be considered at risk for this alleged deficient practice. <p>The measures that will be put into place or systemic changes made to insure that the alleged deficiency will not occur are as follows:</p> <ol style="list-style-type: none"> 1. Maintenance Director will inspect Assisted Living weekly for one month; inspection will include removal of unsafe/non-approved wastebasket(s). 2. Assisted Living Director will inspect monthly for 6 months; inspection will include removal of unsafe/non-approved wastebasket(s). <p>Maintenance Director, Assisted Living Director and or designee will notify Executive Director of all wastebasket(s) removed from residents' apartments and frequency of non-approved materials returning to the community.</p>	
A2298	<p>The facility will take additional measures to ensure proper and safe storage of oxygen.</p> <p>Corrections will include:</p> <ol style="list-style-type: none"> 1. Removal of excess oxygen tanks/bottles from apartment 441 and 454. 2. Personal oxygen tanks/bottles are to be stored in oxygen approved room. 3. Maintenance Director, Assisted Living Director, and Health and Wellness Director in-serviced on proper oxygen storage and safety. 	10.16.2024

	<p>4. Assisted Living Director in-serviced nursing staff regarding oxygen storage and proper care of oxygen tanks/bottles.</p> <p>The facility will identify other residents having the potential to be affected by the same alleged deficient practices as follows:</p> <p>1. All residents will be considered at risk for this alleged deficient practice.</p> <p>The measures that will be put into place or systemic changes made to insure that the alleged deficiency will not occur are as follows:</p> <p>1. The Maintenance Director and or designee will inspection oxygen storage in resident apartments weekly for one month.</p> <p>The Assisted Living Director and Health and Wellness Director will monitor monthly of all current and future oxygen storage.</p>	
A9998	<p>The facility received their 2-year Boiler Inspection that is scheduled through our building management software. The Maintenance Director will pay any Certificate fees once the inspection report is received, and assure that the documentation is posted at our boilers.</p>	10.25.2024

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.