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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 265727 | A. BUILDING 01<br>B. WING | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARMEL HILLS WELLNESS & REHABILITATION | 810 EAST WALNUT<br>INDEPENDENCE, MO 64050 |

| (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<br><br>An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the State of Missouri, Department of Health, and Senior Services on 11/19/24. The facility was found to be in compliance with 42 CFR 483.73. | E 000 | | |
| K 000 | INITIAL COMMENTS<br><br>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 11/19/24 and was found to be in noncompliance 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.<br><br>Carmel Hills Wellness and Rehabilitation is a 202 bed, type V (111) facility first occupied in 2004. The facility has a brick façade exterior with wood frame bearing walls and roofing and has two layers of protected drywall ceilings. The facility has concrete slab flooring and no basement. The facility has a 105KW (kilowatt) diesel generator that serves the entire facility. The facility has 151 occupied beds. The facility has 10 smoke zones. | K 000 | | |
| K 222<br>SS=E | Egress Doors<br>CFR(s): NFPA 101<br><br>Egress Doors<br>Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking | K 222 | | |

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

LNHA — 12/20/24

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 222 | Continued From page 1<br>arrangements:<br>CLINICAL NEEDS OR SECURITY THREAT LOCKING<br>Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.<br>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6<br>SPECIAL NEEDS LOCKING ARRANGEMENTS<br>Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.<br>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4<br>DELAYED-EGRESS LOCKING ARRANGEMENTS<br>Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.<br>18.2.2.2.4, 19.2.2.2.4<br>ACCESS-CONTROLLED EGRESS LOCKING | K 222 | | |

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| K 222 | Continued From page 2<br>ARRANGEMENTS<br>Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.<br>18.2.2.2.4, 19.2.2.2.4<br>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS<br>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.<br>18.2.2.2.4, 19.2.2.2.4<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that delayed egress signs (Front exit door and Renew 500 wing exit door) were employed with delays notices of 15 seconds in accordance with NFPA 101 (2012 edition) section 19.2.2.2.4 to 7.2.1.6.1.1. (4). The deficient practice had the potential to affect 32 residents in the two areas. The faciity census was 151 residents.<br><br>Findings include:<br><br>1. Observation of the front exit door on 11/19/24 at 8:40 A.M. showed:<br>-The front exit door was not equipped with a delayed egress and would not open unless the clerk at the desk activated a device to open the door.<br>-The door was a designed exit with an exit sign above it as well as references on the emergency floor plan on the wall.<br>-The door also lacked a sign indicating "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE | K 222 | | |

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| K 222 | Continued From page 3<br>OPENED IN 15 SECONDS."<br>-The front door exit had a second outer door that had an operating dead bolt lock for additional security.<br><br>Observation on 11/19/24 at 8:50 A.M. of the Renew 500 wing nursing station exit door showed:<br>-The door was not equipped with a delayed egress and did not open with continuous pressure.<br>-In addition, the door lacked a sign indicating "PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS. "<br>-The door had an exit sign above it indicating it was an exit and was referenced as an exit on the emergency floor plan hanging on the wall in the corridor.<br><br>During an interview on 11/19/24 at 8:50 A.M. the Maintenance Director said:<br>-The door did not release but indicated the doors did release with the activation of the fire alarm system.<br>-He/She also confirmed the areas noted did not house dementia or wandering residents.<br>-He/She did not know why the doors were not equipped properly or as the other doors on other units were with delayed egress and signs noted above. | K 222 | | |
| K 345 SS=F | Fire Alarm System - Testing and Maintenance<br>CFR(s): NFPA 101<br><br>Fire Alarm System - Testing and Maintenance<br>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm | K 345 | | |

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| K 345 | Continued From page 4<br>and Signaling Code. Records of system acceptance, maintenance and testing are readily available.<br>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to conduct a sensitivity test for all 81 photo electric smoke detectors located in the corridor and common area in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 14.4.5.3.2. This deficient practice had the potential to affect all 151 residents.<br><br>Findings include:<br><br>1. Review of the facility's fire safety records titled, "Smoke Detector Sensitivity Report " dated 3/12/21 showed:<br>-The facility lacked a smoke detection sensitivity test in the past 24 months.<br><br>Observation on 11/19/24 from 8:45 A.M. to 2:15 P.M. showed:<br>-The facility had smoke detection in all corridors, and some common areas.<br>-The facility had a smart fire alarm system continuously monitored for sensitivity but did not print the report or make a report available.<br><br>During an interview on 11/19/24 at 1:50 P.M. the Regional Director of Maintenance Services and Maintenance Director said:<br>-He/She called the contractor and was told the most recent report was from 3/12/21. | K 345 | | |

# PLAN OF CORRECTION

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|---|---|
| **Provider/Supplier Name:** | Carmel Hill Wellness & Rehabilitation |
| **Street Address, City, Zip:** | 810 E. Walnut Street, Independence Missouri 64050 |
| **Date of Survey:** | 11/25/24 |

| **PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER** | 265727 |
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| K222<br>SS=E | Egress Doors<br>CFR(s): NFPA 101<br>CLINICAL NEEDS OR SECURITY THREAT LOCKING<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that delayed egress signs (Front exit door and Renew 500 wing exit door) were employed with delays notices of 15 seconds in accordance with NFPA 101 (2012 edition) section 19.2.2.2.4 to 7.2.1.6.1.1. (4). The deficient practice had the potential to affect 32 residents in the two areas. The faciity census was 151 residents. | **1/9/25** |
| K345<br>SS=F | Fire Alarm System - Testing and Maintenance<br>CFR(s): NFPA 101<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to conduct a sensitivity test for all 81 photo electric smoke detectors located in the corridor and common area in accordance with NFPA 72 National Fire Alarm and Signaling Code (2010 Edition) Section 14.4.5.3.2. This deficient practice had the potential to affect all 151 residents. | **1/9/25** |

**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.**