STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	06794C	A. BUILDING: _____ B. WING _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKHILL MANOR ASSISTED LIVING	4235 LOCUST STREET KANSAS CITY, MO 64110

(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
A2236	19 CSR 30-86.022(8)(A) Exit Sign Requirements Exit Signs. (A) Signs bearing the word EXIT in plain, legible letters shall be placed at each required exit, except at doors directly from rooms to exit passageways or corridors. Letters of all exit signs shall be at least six inches (6") high and principle strokes three-fourths of an inch (3/4") wide, except that letters of internally illuminated exit signs shall not be less than four inches (4") high. II This regulation is not met as evidenced by: Class II Based on observation and interview on June 11, 2025 the facility failed to have signs bearing the word EXIT in plain, legible letters shall be placed at each required exit, except at doors directly from rooms to exit passageways or corridors. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 12:13 P.M., showed no exit sign located in the third floor hallway, by room 301. Observation at 12:24 P.M., showed two (2) exit signs, one (1) stating "NO EXIT", four inches (4") above another, stating "EXIT" with an arrow pointing to the right. These are located on the wall outside the elevator on the third floor. Observation at 12:24 P.M., showed an exit sign located on the third floor in the hallway by room 310, not having letters at least six inches (6") high. Observation at 1:19 P.M., showed four exit signs	A2236		

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A2236	Continued From page 1 in the north third floor hallway by the north elevator: One (1)stating, "NO EXIT"; one (1) EXIT with an arrow pointing right, one (1) hanging lit exit sign, and one (1) on the door. Observation at 1:56 P.M., showed no exit signs located in the third floor hallway, by room 319. Observation at 1:57 P.M., showed no exit signs located in the main stairway in the middle of the building, on or between third and second floor, and second and first floor. Observation at 2:00 P.M., showed no exit signs located in the second floor hallway, by room 217. Observation at 2:23 P.M., showed an exit sign located on the third floor in the hallway by room 210, not having letters at least six inches (6") high. Observation at 2:57 P.M., showed two (2) exit signs, one (1) stating "NO EXIT", approximately four feet (4") to the left of another, stating "EXIT" with an arrow pointing to the right, located on the wall outside the elevator on the second floor. Observation at 3:23 P.M., showed no exit signs located in the second floor hallway, by room 218. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We will add signs in area and address the others."	A2236		
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	A2249		

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A2249	Continued From page 2 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 observation and interview on May 20, 2025, the facility failed to maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 1:44 P.M., showed a four inch (4") by four inch (4") junction box with red wire in it with no cover plate in the attic by a brick wall. Observation at 3:45 P.M., showed a four inch (4") by four inch (4") junction box with red wire in it with no cover plate in the hallway of the maintance room, between the shop and the office. In the same hallway showed two (2) four inch (4") by two inch (2") junction boxes above the fire extinguisher with no cover plates. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We will address the junction boxes."	A2249		
A2256	19 CSR 30-86.022(10)(A) Hazardous Area Requirements Protection from Hazards. (A) In assisted living facilities and residential care facilities licensed on or after November 13, 1980, for more than twelve (12) beds, hazardous areas shall be separated by construction of at least a one- (1-) hour fire-resistant rating. In facilities	A2256		

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A2256	Continued From page 3 equipped with a complete fire alarm system, the one- (1-) hour fire separation is required only for furnace or boiler rooms. Hazardous areas equipped with a complete sprinkler system are not required to have this one- (1-) hour fire separation. Doors to hazardous areas shall be self-closing and shall be kept closed unless an electromagnetic hold-open device is used which is interconnected with the fire alarm system. When the sprinkler option is chosen, the areas shall be separated from other spaces by smoke-resistant partitions and doors. The doors shall be self-closing or automatic-closing. Facilities formerly licensed as residential care facility I or II, and existing prior to November 13, 1980, shall be exempt from this requirement. II This regulation is not met as evidenced by: Class II Based on observation and interview on June 11, 2025, the facility failed to ensure all hazardous areas are separated by construction of at least a one (1) hour fire-resistant rated construction. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 3:32 P.M., showed the laundry room located on the Garden Level floor, did not have a self-closing device on the door. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We will have it repaired."	A2256		
A2264	19 CSR 30-86.022(10)(I) Smoke Section Partitions > than 20 beds	A2264		

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A2264	Continued From page 4 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 June 11, 2025, the facility failed to have 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. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation from 1:38 P.M. to 1:53 P.M., showed the attic space was not separated into smoke partitions. North wing is approximately one hundred ten feet (110') by forty-three feet (43'), Front of the building is approximately one hundred eighty-nine feet (189') by forty-three feet (43'), and the South wing is approximately one hundred ten feet (110') by forty-three feet (43').	A2264		

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A2264	Continued From page 5 There is existing brick walls, but none of them extend from wall to wall completely to the roof deck. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We will look into and since I've be here, have never been sited for it."	A2264		
A2269	19 CSR 30-86.022(11)(B) Sprinkler System Maintenance/Testing 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 This regulation is not met as evidenced by: Class II Based on observation and interview on June 11, 2025 the facility failed to install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation showed sprinkler heads with foreign material, corrosion, and/or paint on them in the follow rooms and locations: Observation at 12:14 P.M., showed one (1) corroded sprinkler head, in a janitor closet on the third floor just south of the fire door.	A2269		

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A2269	Continued From page 6 Observation at 12:24 P.M., showed one (1) corroded sprinkler head, in the closet of room 303. Observation at 12:35 P.M., showed two (2) sprinkler heads, one (1) in the closet and one (1) in the room of 307. Both have escutcheon rings away from the wall and/ or ceiling. Observation at 12:36 P.M., showed one (1) sprinkler head with paint, in the bathroom of room 308. Observation at 12:38 P.M., showed one (1) corroded sprinkler head, in room 309. Observation at 12:42 P.M., showed two (2), one (1) in the closet and one (1) in the room of 311. Observation at 12:57 P.M., showed two (2), one (1) in the closet and one (1) in the room of 312. Observation at 1:03 P.M., showed one (1) corroded sprinkler head, in room 317. Observation at 1:07 P.M., showed two (2) sprinkler heads, one (1) in the closet and one (1) in the room of room 318. Both sprinkler head have paint on them. Observation at 1:09 P.M., showed one (1) sprinkler head with paint on it, in room 319. Observation at 1:18 P.M., showed a sprinkler head without eighteen inches (18") of clearance, in the closet and one (1) that has corrosion in room 323. Observation at 1:22 P.M., showed two (2) sprinkler heads, one (1) in the closet and one (1)	A2269		

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A2269	Continued From page 7 in the room of room 324. Both sprinkler head have paint on them. Observation at 1:25 P.M., showed one (1) sprinkler head with paint on it, in room 325. Observation at 1:29 P.M., showed two (2) sprinkler heads with paint on them, in room 328. Observation at 1:33 P.M., showed two (2) sprinkler heads with paint on them, in room 329. Observation at 1:35 P.M., showed one (1) without an escutcheon ring in room 331. Observation at 2:03 P.M., showed two (2) obstructed with lint in room 202. Observation at 2:06 P.M., showed one (1) without an escutcheon ring in the bathroom of room 203. Observation at 2:12 P.M., showed one (1) sprinkler head with paint on it, in the A/B side of room 206. Observation at 2:16 P.M., showed one (1) corroded sprinkler head, in the bathroom of room 207. Observation at 2:19 P.M., showed a sprinkler head without eighteen inches (18") clearance in the closet of room 208. Observation at 2:21 P.M., showed one (1) corroded sprinkler head, in room 209. Observation at 2:28 P.M., showed three (3), one (1) in the bathroom that is corroded, one (1) in a closet and one (1) with paint on them, in the room 211.	A2269		

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A2269	Continued From page 8 Observation at 2:39 P.M., showed one (1) corroded sprinkler head, in the closet of room 217. Observation at 2:42 P.M., showed one (1) sprinkler head with paint on it, in the closet of room 218. Observation at 2:48 P.M., showed a sprinkler head without eighteen inches (18") clearance in the activity office on the second floor. Observation at 2:57 P.M., showed one (1) without an escutcheon ring in the hallway outside of the north elevator on the second floor. Observation at 2:58 P.M., showed one (1) sprinkler head with paint on it, in room 224. Observation at 3:00 P.M., showed one (1) corroded sprinkler head, in the closet of room 225. Observation at 3:03 P.M., showed one (1) corroded sprinkler head, in the bathroom of room 226. Observation at 3:13 P.M., showed one (1) corroded sprinkler head, in the bathroom of room 232. Observation at 3:13 P.M., showed two (2) sprinkler head with lint on them, in room 234. Observation at 3:36 P.M., showed one (1) corroded sprinkler head, in the bathroom of room 11, of the Respite section, on the Garden Level Floor.	A2269		

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A2269	Continued From page 9 Observation at 3:37 P.M., showed one (1) missing the escutcheon ring in the bathroom of room 12 of the Respite section, on the Garden Level Floor. Observation at 3:38 P.M., showed three (3); one (1) sprinkler head missing the escutcheon ring in the bathroom and two (2) sprinkler head with paint on them, in room 13 of the Respite section, on the Garden Level Floor. Observation at 3:39 P.M., showed one (1) sprinkler head with paint on it, of room 14 of the Respite section, on the Garden Level Floor. Observation at 3:40 P.M., showed one (1) sprinkler head with paint on it, in room 15 of the Respite section, on the Garden Level Floor. Observation at 3:43 P.M., showed one (1) sprinkler head with paint on it, in room 17 of the Respite section, on the Garden Level Floor. Observation at 4:15 P.M., showed one (1) corroded sprinkler head, in the bathroom of room 9, on the Garden Level Floor. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We'll be contacting the sprinkler company to replace them and address the clearance issues." Record review of the Nation Fire Protection Association (NFPA) 13, 1999 Edition. 5-5.5.3* Obstructions that Prevent Sprinkler Discharge from Reaching the Hazard. Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than eighteen (18") (457mm) below the sprinkler deflector in a manner to limit the	A2269		

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A2269	Continued From page 10 distribution from reaching the protected hazard shall comply with 5-5.5.3. 5-5.6* Clearance to Storage. The clearance between the deflector and the top of storage shall be eighteen (18") (457 mm) or greater. Record review of the Nation Fire Protection Association (NFPA) 25, 1998 Edition. 2-2.1.1* The Sprinkler shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damage, loaded, or in the improper orientation.	A2269		
A2276	19 CSR 30-86.022(12)(A) Emergency Lighting - locations Emergency Lighting. (A) Emergency lighting of sufficient intensity shall be provided for exits, stairs, resident corridors, and required attendants ' station. II This regulation is not met as evidenced by: Class II Based on observation and interview on June 11, 2025 the facility failed to install and maintain emergency lighting of sufficient intensity for exits, stairs, resident corridors, and required attendants' station. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 2:54 P.M., showed a light inside	A2276		

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A2276	Continued From page 11 the north stairwell by the second floor door without a light bulbs. There are no emergency lights at this location as the facility rely's on its generator to supply emergency lighting. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "Missing bulbs will be replaced."	A2276		
A3201	19 CSR 30-86.032(2) Substantially Constructed & Maintained The building shall be substantially constructed and shall be maintained in good repair and in accordance with the construction and fire safety rules in effect at the time of initial licensing. II/III This regulation is not met as evidenced by: Class III Based on observation and interview on June 11, 2025, the facility failed to maintain the building in good repair. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 12:13 P.M., showed a space around the sprinkler pipe in the hallway at the south third floor fire door. Observation at 12:14 P.M., showed several holes/penetrations in the wall, ceiling and the floor, and where the ceiling and wall meet, in the janitor's closet south of the fire door on the third floor. Observation at 12:18 P.M., showed a small hole in the wall; drywall on the ceiling is bubbling; and	A3201		

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A3201	Continued From page 12 a torn drywall seam in the closet of room 302. Observation at 12:24 P.M., showed a ceiling tile missing and one (1) with a crack in it in the hallway above the NO EXIT sign on the South side of the third floor by the elevator. Observation at 12:32 P.M., showed a space around a PVC pipe in the drywall of the furnace closet room 306. Observation at 12:38 P.M., showed a space in the drywall around the sprinkler pipe in room 309. Observation at 12:54 P.M., showed an open space approximately one foot (1') by sixteen inches (16"), in the drywall where the ceiling and wall meet; exposing the sprinkler pipe behind the drywall of room 312. Observation at 12:59 P.M., showed two (2) small holes in the drywall were fire alarm wire runs through the room; and two (2) small penetrations and a large opening around a vent pipe in the closet of room 315. Observation at 1:04 P.M., showed a gap around a sprinkler head and a section of the ceiling with water damage that created a hole approximately four inch (4") by twelve inch (12") in room 317. Observation at 1:16 P.M., showed an gap in the drywall of ceiling, around a pipe and wires in one (1) closet and a crack approximately three feet (3') long in another closet of room 323. Observation at 1:20 P.M., showed several damaged areas consisting of: two cracks, flaking drywall/plaster and/or water damage on the ceiling and in the closet. There is an approximate	A3201		

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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
A3201	Continued From page 13	A3201		

two inch (2") by two inch (2") hole in the floor by a corner and the floor has carpet missing and an unknown type of glue residue remains in room 324.

Observation at 1:25 P.M., showed a hole in the ceiling where fire alarm wire runs through it and the wall paper and/or drywall is bubbling/loose from floor to ceiling outside of room 325.

Observation at 1:25 P.M., showed a hole in the ceiling with fire alarm wire running through it in room 326.

Observation at 1:27 P.M., showed a hole in the ceiling with fire alarm wire running through it outside of room 328.

Observation at 1:29 P.M., showed gaps around two (2) sprinkler heads in room 328.

Observation at 1:54 P.M., showed a crack in the wall approximately three inches (3") down from the ceiling tiles outside of room 334.

Observation at 1:55 P.M., showed a crack in the wall were the ceiling meets in the closet of room 335.

Observation at 1:58 P.M., showed a hole in the wall where fire alarm wire runs through it and an opening where the sprinkler pipe is located at the south side set of fire doors on the second floor.

Observation at 1:58 P.M., showed a hole in the wall with fire alarm wire runs through it above the janitor's closet south of the fire door, on the second floor.

Observation at 1:58 P.M., showed several

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	06794C	A. BUILDING: _____ B. WING _____	06/11/2025

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A3201	Continued From page 14 penetrations in the walls, ceiling and the floor in the janitor's closet, south of the fire doors, on the second floor. Observation at 1:59 P.M., showed two (2) holes in the wall with fire alarm wires running through it, between the janitor's closet and room 201. Observation at 2:01 P.M., showed two (2) spot in the ceiling that need of repair in the closet of room 201 Observation at 2:02 P.M., showed a hole in the wall with fire alarm wire runs through it, in the hallway above the door of room 201. Observation at 2:06 P.M., showed a vent fan cover with heavy lint buildup, in the bathroom of room 203. Observation at 2:12 P.M., showed several penetrations and holes in the walls of the closet in the A /B side's furnace room of room 206. Observation at 2:14 P.M., showed a missing vent fan cover in the bathroom and an approximate six inch (6") by two foot (2') hole in the plaster/drywall in a closet of C/D side in room 206. Observation at 2:31 P.M., showed ceiling damage with material flaking in both sleeping areas, of room 212. Observation at 2:37 P.M., showed ceiling damage in the room with material flaking and a closet with penetrations in room 216. Observation at 2:39 P.M., showed an open space around a vent pipe and drywall tape pealing in a closet. In another closet, there is an open space	A3201		

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A3201	Continued From page 15 around a sprinkler pipe and drywall is flaking from the ceiling. Two (2) holes in the wall near a resident's bed in room 217. Observation at 2:46 P.M., showed a soft spot in the floor by the window outside the bathroom door in room 221. Observation at 2:54 P.M., showed several pieces of the drywall/plaster pealing on the wall of the north outer stairwell on the second floor. Observation at 2:57 P.M., showed a ceiling tile missing in the north hallway above the fire alarm strobe light on the second floor. Observation at 3:02 P.M., showed flaking drywall/plaster on the ceiling and a penetration in the wall of the closet in room 226. Observation at 3:04 P.M., showed holes in the ceiling and wall near the wires and pipe; and a hole in the wall near the window close to the ceiling, in the second floor store. Observation at 3:13 P.M., showed a missing ceiling tile in the bathroom; cracks and holes in a closet wall in room 232. Observation at 3:30 P.M., showed an approximate six inch (6") by six (6") hole in the wall of the furnace room in the laundry room of the Garden Level floor. Observation at 3:36 P.M., showed a wall tile missing above the sink in the bathroom of Respite room 11. Observation at 3:37 P.M., showed a crack in the drywall/plaster about one foot (1') down from the	A3201		

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A3201	Continued From page 16 ceiling that extends across the wall in Respite room 12. Observation at 3:42 P.M., showed a drywall tape seam pealing where the ceiling meets the wall near the desk of Respite area. Observation at 3:42 P.M., showed a space in the drywall around a sprinkler pipe in room 8 on the Garden Level. Holes, cracks, missing tiles and penetrations will allow smoke, fire and toxic gases to travel to unaffected portions of the building in the event of a fire. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We didn't realize that it was in the condition it was in, but will address them."	A3201		
A3211	19 CSR 30-86.032(10) Heaters-Approved Label, Venting, No Portable In newly licensed facilities or if a new heating system is installed in an existing licensed facility, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. The foregoing requirements are applicable to residential care facilities. In assisted living facilities, the heating of the building shall be restricted to steam, hot water, permanently installed electric heating devices or a warm air	A3211		

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A3211	Continued From page 17 system employing central heating plants with installation such as to safeguard the inherent fire hazard, or approved installation of outside wall heaters which bear the approved label of the American Gas Association or National Board of Fire Underwriters. For all facilities, oil or gas heating appliances shall be properly vented to the outside and the use of portable heaters of any kind is prohibited. If approved wall heaters are used, adequate guards shall be provided to safeguard residents. I/II This regulation is not met as evidenced by: Class II Based on observation and interview on June 11, 2025 the facility failed to ensure the use of portable space heaters was prohibited. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 3:29 P.M., showed one (1) portable electric heater under desk in the Garden Level laundry room. Observation at 3:53 P.M., showed one (1) portable electric heater by a desk in the maintance office and one (1) in the shop near a small welder. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "All space heaters will be removed from the facility."	A3211		
A3214	19 CSR 30-86.032(13) Electrical Wiring, Maintained, Inspected	A3214		

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A3214	Continued From page 18 In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the National Electrical Code, 1999 edition, National Fire Protection Association, Inc., incorporated by reference, in this rule and available by mail at One Batterymarch Park, Quincy, MA 02269, and local codes. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Facilities built between September 28, 1979 and July 1, 2005 shall be maintained in accordance with the requirements of the National Electrical Code, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III This regulation is not met as evidenced by: Class III Based on observations and an interview on June 11, 2025, the facility failed to install and maintain the electrical wiring in accordance with the requirements of the National Electrical Code, 1999 edition. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 1:07 P.M., showed a closet light not secured to the ceiling in room 318. Observation at 1:20 P.M., showed three (3) outlet cover plates off outlets in room 324.	A3214		

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A3214	Continued From page 19 Observation at 1:41 P.M., showed live wires with wire nuts not in a junction box with a cover plate in the northeast side of the attic. Observation at 1:43 P.M., showed a two inch (2") by four inch (4") junction box with no cover plate near a note on the roof that says, "LEAK 5-15-90", in the attic. Observation at 2:44 P.M., showed an outlet box not flush with the its cover plate in the hallway near room 219 on the second floor. Observation at 2:48 P.M., showed a closet light not secured to the ceiling and hanging from its wires in the activity room kitchen on the second floor. Observation at 3:44 P.M., showed a round junction box with no cover plate, in the ceiling of the maintance room hallway between the office and the shop. Observation at 3:53 P.M., showed two (2), four inch (4") by four inch (4") junction boxes with no cover plates on the ceiling in the maintance room shop. Observation at 4:02 P.M., showed wires from a shop light in a flexible metal casing, having a plug attached to an extension cord with wires exposed at the south exit of the maintance room. Observation at 4:10 P.M., showed an outlet not flush with its cover plate in the hallway by room 8, on the Garden Level. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "Anything	A3214		

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A3214	Continued From page 20 sited will be repaired."	A3214		
A3219	19 CSR 30-86.032(18) Extension Cords/Duplex Receptacles If extension cords are used, they must be Underwriters ' Laboratory (UL)-approved or shall comply with other recognized electrical appliance approval standards and sized to carry the current required for the appliance used. Only one (1) appliance shall be connected to one (1) extension cord and only two (2) appliances may be served by one (1) duplex receptacle. If extension cords are used, they shall not be placed under rugs, through doorways or located where they are subject to physical damage. II/III This regulation is not met as evidenced by: Class III Based on observation and interview on June 11, 2025, the facility failed to prevent the improper use of power strips, extension cords and the use of multi-plug adapters. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 12:21 P.M., showed an extension cord without a reset switch, in room 301. This extension cord has multiple items plugged into it. Observation at 12:43 P.M., showed three different residents in room 311 with improper use of power strips: One has a power strip daisy-chained to another, using a three (3) prong to a two (2) prong adapter and the power strip plugged into the wall outlet using a three (3) prong to two (2)	A3219		

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A3219	Continued From page 21 prong adapter; Second resident has a power strip using a three (3) prong to two (2) prong adapter plugged into the wall outlet; Third resident has a power strip plugged into a six (6) way adapter. The six (6) way adapter has six (6) items plugged into it and it is plugged into an extension cord and the extension cord has a three (3) prong to two (2) prong adapter plugged into the wall outlet. Multiple items plugged into extension cords, Daisy-chained power strips and using three (3) prong to two (2) prong adapters are not allowed. Observation at 1:35 P.M., showed two (2) extension cords with multiple items plugged into it, in room 331. Observation at 2:10 P.M., showed a power strips having a three (3) prong to two (2) prong adapter plugged into the wall outlet in room 204. Observation at 2:19 P.M., showed two (2) approved power strips daisy-chained together in room 208. Observation at 2:41 P.M., showed an extension cord that has two (2) items plugged into it, in room 218. Observation at 2:49 P.M., showed an extension cord that has two (2) items plugged into it, in the activity room office. Observation at 3:08 P.M., showed an extension cord that has two (2) items plugged into it, in room 229. Observation at 3:12 P.M., showed two (2) extension cords with more than on item plugged into it, in room 231.	A3219		

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A3219	Continued From page 22 Observation at 3:31 P.M., showed two (2) approved power strips daisy-chained together and one of them is hanging by its cords in the Garden Level laundry room. Using three (3) prong to two (2) prong adapters eliminates the grounding of the extension cord and/or power strip. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We will be going room to room and replace them with appropriate cords."	A3219		
A3224	19 CSR 30-86.032(23) Rooms Neat, Orderly, Cleaned Daily Rooms shall be neat, orderly and cleaned daily. II/III This regulation is not met as evidenced by: Class III. Based on observation and interview on June 11, 2025, facility fails to keep rooms neat and orderly. The facility census was one hundred and twenty-eight (128). This deficiency affects one hundred and twenty-eight (128) of one hundred and twenty-eight (128) residents. Observation at 12:26 P.M., showed excessive clutter in resident room 304. This includes: two (2) rows of shoes by the side of the bed; the other two sides of the bed have clutter approximately two (2) feet out from the bed; a closet is not containing all clothing, shoes and other belongings, as many items have breached the closet and encroached onto the room's floor	A3224		

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A3224	Continued From page 23 space. Observation at 1:15 P.M., showed excessive clutter in resident room 321. This includes: one side of the bed has items on the floor and the other side of the bed has several shoes scattered on the floor. The shoes by the bed side will cause a tripping hazard during emergency exiting and clutter on the floor creates a tripping hazard in addition to adding greater fire load in the rooms. During an interview on June 11, 2025 at 5:19 P.M., The Assistant Administrator said, "We will be addressing those rooms."	A3224		

UNABLE TO LOCATE THE ACCEPTABLE PLAN OF CORRECTION

Missouri Department of Health and Senior Services

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(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: This deficiency is uncorrected. For prior example, refer to Statement of Deficiencies dated June 11, 2025 Based on observation and interview, the facility failed to have smoke partitions continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. The facility census was one hundred and thirty (130). This deficiency affects one hundred and thirty (130) of one hundred and thirty (130) residents. Observation on September 23, 2025 at 2:10 P.M., showed the separation walls located in the attic did not completely extend from the floor to the roof deck. This would allow smoke to spread between compartments in the event of a fire. During an interview on September 23, 2025, at 2:21 P.M., the Administrator said the facility had consulted with a company to address the issue and will have it fixed and addressed no later than,	(A2264)		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

11/14/25

Missouri Department of Health and Senior Services

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{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: This deficiency is uncorrected. For prior example, refer to Statement of Deficiencies dated June 11, 2025 Based on observation and interview, the facility failed to have smoke partitions continuous from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck. The facility census was one hundred and thirty (130). This deficiency affects one hundred and thirty (130) of one hundred and thirty (130) residents. Observation on September 23, 2025 at 2:10 P.M., showed the separation walls located in the attic did not completely extend from the floor to the roof deck. This would allow smoke to spread between compartments in the event of a fire. During an interview on September 23, 2025, at 2:21 P.M., the Administrator said the facility had consulted with a company to address the issue and will have it fixed and addressed no later than,	{A2264}		

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{A2264}	Continued From page 1 November 26, 2025.	{A2264}		

PLAN OF CORRECTION

Provider/Supplier Name:	Rockhill Manor Assisted living ALF 1
Street Address, City, Zip:	4235 Locust St. Kansas City Mo 64110
Date of Survey:	9/23/25

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
A2264	19 CSR 30-86.022(10)(I) Smoke Section Partitions	
	Rockhill has engaged a contractor to install 20-minute fire rated doors in the attic to create a smoke partition that extend from wall to wall and floor to roof deck. The construction had been delayed due to confusion on the need to move a gas line as well as ventilation systems, after clarification from the fire inspector it was determined that those systems would not need to be moved. Rockhill will have the contractor complete the smoke partition and place 20 minute rated fire/smoke proof door with a self-closing device. The assistant administrator will work with the contractor to ensure that this is completed no later than November 26th, 2025. The assistant administrator will complete yearly inspections to ensure that the smoke partition remains in compliance.	11/26/2025

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.

11/14/25