

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12549N	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/09/2024
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NAME OF PROVIDER OR SUPPLIER MEADOWVIEW MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 555 WOODLAND VILLAS LANE ARNOLD, MO 63010
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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
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 on May 9, 2024, the facility failed to insure the complete fire alarm system was tested and maintained in accordance with NFPA 72, 1999 edition.. The facility census was 16. This affected 16 out of 16 residents.</p> <p>Record review at 11:45 A.M. showed no semi-annual inspection had been done on the fire alarm system as required by National Fire Protection Association (NFPA) 72, 1999 ed. Table 7-3.1 and 7.3.2. Futher review showed the annual inspection was done in October 2023, making the semi-anjual due in April of 2024.</p> <p>During an interview on May 9, 2024 at the time of discovery, the Maintenance Director stated he/she would schedule a semi-annual test.</p>	A2249		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

5/10/2024

