Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	04349C	A. BUILDING: _____ B. WING _____	03/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWRENCE COUNTY RESIDENTIAL CARE CENTER	915 CARL ALLEN STREET MOUNT VERNON, MO 65712

(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
A2274	19 CSR 30-86.022(11)(F) Sprinkler Systems-Inspections, Cert. Sprinkler Systems. (F) All facilities shall have inspections and written certifications of the approved sprinkler system completed by an approved qualified service representative in accordance with NFPA 25, 1998 edition. The inspections shall be in accordance with the provisions of NFPA 25, 1998 edition, with certification at least annually by a qualified service representative. I/II This regulation is not met as evidenced by: Class II Based on record review and interview on March 14, 2024, the facility failed to have their sprinkler system inspected annually in accordance with the National Fire Protection Association (NFPA) 25, 1998 edition. The facility census was twenty (20). This deficiency potentially affects twenty (20) of twenty (20) residents. Record review at 12:38 P.M., showed the sprinkler system annual report has yellow tag on the form dated on May 24, 2023. During an interview on March 14, 2024 at 1:50 P.M. the facility maintenance supervisor said, they thought it was scheduled, but will make sure.	A2274		

PLAN OF CORRECTION

Provider/Supplier Name:	Lawrence County Manor
Street Address, City, Zip:	911 Carl Allen Street, Mt Vernon MO 65712
Date of Survey:	March 14th, 2024

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
A2274	1. No, residents were harmed as a result of the alleged deficient practice. The corrective active action that was implemented for these 20 residents was an approved qualified service fire representative was scheduled to conduct the annual inspection.	6/11/2024
A2274	2. Maintenance Supervisor/designee to audit all annual inspections to ensure completion. The annual sprinkler system will be inspected annually to remain in accordance with the National Fire Protection Association. The annual sprinkler system inspection completion date was placed in the TELS monitoring Maintenance Program.	6/11/2024
A2274	3. To put in place a systemic change to ensure the alleged deficient practice does not recur, the Maintenance Supervisor/designee to educate maintenance staff on the importance of annual sprinkler inspections.	6/11/2024
A2274	4. Maintenance Supervisor/designee responsible for the corrective action.	6/11/2024
A2274	5. Maintenance Supervisor/designee to monitor annual sprinkler inspections for timely, routine, and accurate completion. Monitoring will be completed weekly times 4 weeks then monthly thereafter. Any negative findings will be corrected immediately and reported to QAPI for review and recommendations.	6/11/-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.

Kim Newby - Administrator
4-1-24