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
	02624C	A. BUILDING: _____ B. WING _____	11/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS ASSISTED LIVING	230 RAILROAD STREET MOSCOW MILLS, MO 63362

(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
A2211	19 CSR 30-86.022(4)(A)(1)(2) Range Hood-On or before 7/11/80 Range Hood Extinguishing Systems. (A) In facilities licensed on or before July 11, 1980, or in any facility with fewer than twenty-one (21) beds, the kitchen shall provide either: 1. An approved automatic range hood extinguishing system properly installed and maintained in accordance with NFPA 96, 1998 edition; or 2. A portable fire extinguisher of at least ten pounds (10 lbs.) ABC-rated, or the equivalent, in the kitchen area in accordance with NFPA 10, 1998 edition. II/III This regulation is not met as evidenced by: Class III Based on observation and interview the facility failed to ensure the kitchen range hood and extinguishing systems were maintained in accordance with National Fire Protection Association (NFPA) 25, 1998 edition. The facility census was sixteen (16). This deficiency affects sixteen (16) of sixteen (16) residents. Observation showed a tag on the kitchen hood/suppression system in the kitchen dated January 2022. . During an interview the assistant administrator said she would call them and have the hood system maintenanced.	A2211		

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

NO PLAN OF CORRECTION (POC) IS INCLUDED WITH THIS STATEMENT OF DEFICIENCY (2567 FORM).