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
	05397C	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROY MANOR	200 THOMPSON DRIVE TROY, MO 63379

(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
A2210	19 CSR 30-86.022(3)(D) Fire Extinguishers UL/FM, Maintain/Check Fire Extinguishers. (D) All fire extinguishers shall bear the label of the Underwriters ' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III This regulation is not met as evidenced by: Class III: Based on record review and interview, the facility failed to document monthly pressure checks on all fire extinguishers. The facility census was thirty-three 5. This affected 5 of 5 residents. Record review showed no documentation was provided for the monthly pressure checks for the fire extinguishers located in the facility in February and March 2025. During an interview on 4-3-2025 at 12:33 P.M., the maintenance director said he recently started and was unaware if they were completed.	A2210		
A2220	19 CSR 30-86.022(6)(A)(1 - 3) Fire Safety Training Requirements-employees Fire Safety Training Requirements. (A) The facility shall ensure that fire safety training is provided to all employees: 1. During employee orientation; 2. At least every six (6) months; and 3. When training needs are identified as a result of fire drill evaluations. II/III This regulation is not met as evidenced by:	A2220		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05397C	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROY MANOR	200 THOMPSON DRIVE TROY, MO 63379

(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
A2220	Continued From page 1 Class III Based on record review and interview, the facility failed to insure all employees had fire safety training as required by regulation. The census was 5. This deficiency affects 5 put of 5 residents. Record review showed the facility could not produce any documentation showing fire safety training for all employees upon hiring and semi-annually. During an interview on, 4-3-2025 at 1;30 P.M., the Director said he/she would start documenting the training.	A2220		
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 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	A2256		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05397C	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROY MANOR	200 THOMPSON DRIVE TROY, MO 63379

(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
A2256	Continued From page 2 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 during the fire safety inspection process, the facility failed to install and maintain self-closing smoke partition doors. The facility census was 5. This deficiency affected 5 of 5 residents. Observation revealed the smoke partition door of the laundry room was not self-closing. The self-closing device had been partially removed. During the exit interview on 4-3-2025 at 1:45 P.M., the maintenance man said he wasn't sure why the self closing device was removed.	A2256		
A2257	19 CSR 30-86.022(10)(B) Combustible Materials, Unnecessary Storage Of Protection from Hazards. (B) The storage of unnecessary combustible materials in any part of a building in which a licensed facility is located is prohibited. I/II This regulation is not met as evidenced by: Class II Based on observation and interview, the facility failed to ensure protection from hazards by storing unnecessary combustible materials in any part of the building. The facility census was 5. This affected 5 of 5 residents. Observation showed resident rooms #116, 604, and 600 with extra furniture, boxes/totes, clothing,	A2257		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05397C	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROY MANOR	200 THOMPSON DRIVE TROY, MO 63379

(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
A2257	Continued From page 3 and miscellaneous items being stored in an excessive amount. This greatly increased the fuel load of this room. During an interview on 4-3-2025, at 1:45 P.M. the Director said the are using these as storage for extra items or items that had been left at the facility.	A2257		
A3214	19 CSR 30-86.032(13) Electrical Wiring, Maintained, Inspected 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 record review and interview the facility	A3214		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	05397C	A. BUILDING: _____ B. WING _____	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROY MANOR	200 THOMPSON DRIVE TROY, MO 63379

(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
A3214	Continued From page 4 failed to properly maintain the buildings electrical wiring to not cause a safety or fire hazard. The facility census was 5. This deficiency affects thirty three 5 of 5 residents. Observation showed in resident room #607 a three way plug adapter plugged into a powerstrip, and two three-way adapters plugged into an outlet. During an interview on 4-3-25 at 1:20 P.M. the director said he was allowing him to do this due to the amount of electronic devices he had in his room.	A3214		

PLAN OF CORRECTION

Provider/Supplier Name:	Troy Manor
Street Address, City, Zip:	200 Thompson Drive Troy, MO 63379
Date of Survey:	04/03/2025

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
A2210	Maintenance Director will ensure Fire drills will be ran at least monthly and cover all 3 shifts quarterly. At the completion of fire drills, the Director will check fire extinguishers that charge is ok. If not will be replaced. Results of audits will reviewed at Monthly QA meetings.	4/30/2025
A2220	Fire education is done at orientation By RN Educator. Maintenance Director or designee will do bi-annual education for fire training will occur. This will be monitored at Monthly QA meeting	4/30/2025
A2256	Administrator or designee will do Checks during the fire drill to ensure self closing doors are working. If not working repair will be done and problems reported at Monthly QA meeting.	4/30/2025
A2257	Administrator or designee will check all rooms have been cleared of miscellaneous storage and locking door knobs have been removed. Weekly rounds will be done to ensure rooms are left uncluttered. Any issues reported to QA meeting.	4/30/2025
A3214	Maintenance Director will check that all extension cords and power stripes have removed with exception of one UL approved power stripe per room. Maintence director or designee will do weekly checks will be done to ensure compliance. Any issues will be reported at QA meeting.	4/30/2025