STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265108	A. BUILDING 01 B. WING _____	05/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH HAVEN NURSING HOME	2500 PLEASANT STREET HANNIBAL, MO 63401

(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) COMPLETION DATE
E 000	Initial Comments Deficiencies were cited as a result of the emergency preparedness investigation.	E 000		
E 036 SS=F	EP Training and Testing CFR(s): 483.73(d) §403.748(d), §416.54(d), §418.113(d), §441.184(d), §460.84(d), §482.15(d), §483.73(d), §483.475(d), §484.102(d), §485.68(d), §485.542(d), §485.625(d), §485.727(d), §485.920(d), §486.360(d), §491.12(d), §494.62(d). *[For RNCHIs at §403.748, ASCs at §416.54, Hospice at §418.113, PRTFs at §441.184, PACE at §460.84, Hospitals at §482.15, HHAs at §484.102, CORFs at §485.68, REHs at §485.542, CAHs at §486.625, "Organizations" under 485.727, CMHCs at §485.920, OPOs at §486.360, and RHC/FHQs at §491.12:] (d) Training and testing. The [facility] must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. *[For LTC facilities at §483.73(d):] (d) Training and testing. The LTC facility must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph	E 036		

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

Kerri Hunterbach | CEO, LNHA | 06/26/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 036	Continued From page 1 (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. *[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least every 2 years. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(i). *[For ESRD Facilities at §494.62(d):] Training, testing, and orientation. The dialysis facility must develop and maintain an emergency preparedness training, testing and patient orientation program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training, testing and orientation program must be evaluated and updated at every 2 years. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to conduct an annual training of the facility's emergency preparedness plan. The facility census was 76. Review of the facility's disaster preparedness	E 036		

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E 036	Continued From page 2 manual, dated 10/8/22, and training documentation showed no evidence the facility conducted an annual training of the facility's emergency preparedness plan in 2022. During an interview on 4/26/23 at 8:48 A.M., the Administrator said the facility did not conduct an annual training of the emergency preparedness plan. The maintenance supervisor was responsible for scheduling the training. The maintenance supervisor was hired in July 2022 and did not schedule the training.	E 036		
K 000	INITIAL COMMENTS 42 CFR 483.90 (a) The facility does not meet the applicable provisions of the 2012 edition of the Life Safety Code of the National Fire Protection Association and related reference documents.	K 000		
K 161 SS=E	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories	K 161		

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K 161	Continued From page 3 sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain the barrier located in a storage room with a fire resistance rating of at least one hour by not repairing sheetrock on the wall. This deficient practice had the potential to affect all occupants in one of six smoke compartments. The facility capacity was 105 and the census was 76. 1. Observations on 4/27/23 between 8:30 A.M. and 3:00 P.M., during the Life Safety Code Tour of the facility, showed a 5 foot by 3 foot section of the sheetrock wall removed in the storage room located near the 100 hallway. The studs in the	K 161		

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K 161	Continued From page 4 wall were painted white and a storage shelf was placed in front of the hole. During interview on 4/27/23 at 10:00 A.M., the Maintenance Supervisor said he knew work had been done in this area. He thought the wall had been closed back up. Review of the 2012 edition of the NFPA 101, Section 8.3.5.1* Firestop Systems and Devices Required showed penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. Review of the 2012 edition of the NFPA 101, Section 8.3.5.1.3 showed firestop systems and devices shall have a minimum 1-hour rating, but not less than the required fire resistance rating of the barrier penetrated.	K 161		
K 281 SS=E	Illumination of Means of Egress CFR(s): NFPA 101 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain continuous	K 281		

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K 281	Continued From page 5 egress illumination. This potentially affected all residents and staff on the 200 hallway. The facility capacity was 105 and the facility census was 76. Observation on 4/27/23 at 10:08 A.M. during testing of the emergency lighting on the 200 hallway, showed all the lights were on a switch located at the end of the hallway. During an interview on 4/27/23, the maintenance supervisor said he did not realize the generator company had not left two lights on the generator branch. Record review of the 2012 edition of the National Fire Protection Association (NFPA) 99, Chapter 6.5.2.2.3.3, showed, "The following equipment shall be permitted to be connected to the equipment branch and shall be arranged for delayed-automatic connection to the alternate power source: (1) Task illumination and select receptacles in the following: (a) Patient care rooms (b) Medication preparation areas (c) Pharmacy dispensing areas (d) Nurses' stations (unless adequately lighted by corridor luminaires) (2) Supply, return, and exhaust ventilating systems for airborne infectious isolation rooms (3) Sump pumps and other equipment required to operate for the safety of major apparatus and associated control systems and alarms (4) Smoke control and stair pressurization systems (5) Kitchen hood supply or exhaust systems, or both, if required to operate during a fire in or under the hood."	K 281		

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K 281	Continued From page 6 Record review of the 2012 Edition of the NFPA 101, Chapter 7.8.1.1*, showed, "Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 43. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way." Record review of the 2012 edition of the NFPA 101, Chapter 7.9.3.1.2, showed, "Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided. (2) Not less than once every 30 days, self-testing/self-diagnostic battery-operated emergency lighting equipment shall automatically perform a test with a duration of a minimum of 30 seconds and a diagnostic routine. (3) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall indicate failures by a status indicator. (4) A visual inspection shall be performed at intervals not exceeding 30 days. (5) Functional testing shall be conducted annually for a minimum of 1½ hours. (6) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be fully operational for the duration of the 1½ hour test. (7) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction."	K 281		

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K 712	Continued From page 7	K 712		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to conduct fire drills at various times and under varying conditions on each shift quarterly for the months of May 2022 through April 2023. Failure to conduct fire drills at various times and under varying conditions on each shift quarterly has the potential to delay response procedures in the event of a fire. These failures have the potential to affect all facility occupants. The facility census was 76 with a capacity of 105. 1. Review of the facility maintained fire drill records dated May 2022 through April 2023, showed the facility failed to have documentation of the fire drills for May and June. During an interview on 04/27/23 at 1:40 P.M., the Maintenance Supervisor said there were some holes in the fire drills due to a change in maintenance supervisors during the last year. Review of NFPA 101 Life Safety Code, 2012	K 712		

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K 712	Continued From page 8 edition, showed the following: -4.7.4* "Drills shall be held at expected and unexpected times and under varying conditions to simulate the unusual conditions that can occur in an actual emergency; -4.7.6* a written record of each drill shall be completed by the person responsible for conducting the drill and maintained in an approved manner.*A.4.7.6 The written record required by this paragraph should include such details as the date, time, participants, location, and results of that drill; -19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. *A.19.7.1.4: Many health care occupancies conduct fire drills without disturbing patients by choosing the location of the simulated emergency in advance and by closing the doors to patients' rooms or wards in the vicinity prior to initiation of the drill. The purpose of a fire drill is to test and evaluate the efficiency, knowledge, and response of institutional personnel in implementing the facility fire emergency plan. Its purpose is not to disturb or excite patients. Fire drills should be scheduled on a random basis to ensure that personnel in health care facilities are drilled not less than once in each 3-month period. Drills should consider the ability to move patients to an adjacent smoke compartment. Relocation can be practiced using simulated patients or empty wheelchairs; -19.7.1.5 Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building; -19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and	K 712		

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K 712	Continued From page 9 emergency action required under varied conditions; -19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.	K 712		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing	K 918		

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K 918	Continued From page 10 the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide complete and verifiable documentation on the annual maintenance and testing of the electrical main and all circuit breaker (a fail-safe electrical device that disconnects electricity at an electrical outlet when there is an overwhelming power surge which could result in a fire if the electrical current was not disconnected) panels, specifically, providing a purposeful and simulated electrical overload of the circuit breaker panels causing the breakers to trip (disconnect and disengage from the main power source) according to manufacturer requirements and National Fire Protection Association (NFPA) codes. This deficient practice of not ensuring proper operation and prompt repair of the electrical system has the potential to affect all occupants in six of six smoke compartments. This facility capacity was 105 and the census was 76. 1. Record review of the facility's life safety code documentation and inspection reports showed a general statement that the electrical installation was in compliance with the requirements of the National Electric Code. During an interview on 4/27/23 at 2:00 P.M., the Maintenance Supervisor said the following: -He started in his position and was still getting orientated and adjusted to the maintenance position.	K 918		

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K 918	Continued From page 11 -He acknowledged the current electrical inspection did not contain the required testing of the circuit breaker panels throughout the facility and was unaware of the additional inspection requirements. -He was not aware the breaker panel components needed periodic exercising along with other manufacturer's instructions. During an interview on 4/27/23 at 2:10 P.M., the Maintenance Supervisor said he was unaware of all the requirements for assessing and inspecting the circuit breaker panels. Record review of the 2012 edition of the National Fire Protection Association (NFPA) 99, Chapter 6.4.4.1.2.1*, showed, "Main and feeder circuit breakers shall be inspected annually, and a program for periodically exercising the components shall be established according to manufacturer's recommendations." Record review of the 2012 edition of the NFPA 99, Annex Chapter 6.4.4.1.2.1, showed, "Main and feeder circuit breakers should be periodically tested under simulated overload trip conditions to ensure reliability. Record review of the 2012 edition of the NFPA 99, Chapter 6.5.4.1.2, showed, "Circuitry shall be maintained and tested in accordance with 6.4.4.1.2."	K 918		

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A2050	19 CSR 30-85.022(25) Emergency Lighting Facilities shall have emergency lighting of sufficient intensity to provide for the safety of residents and other people using any exit, stairway, and corridor. The lighting shall be supplied by an emergency service, an automatic emergency generator or battery lighting system. This emergency lighting system shall be equipped with an automatic transfer switch. In an existing licensed facility, battery lights, if used, shall be wet cell units or other rechargeable-type batteries that shall be UL-approved and capable of operating the light for at least one and one-half (1½) hours. Battery-operated emergency lighting shall be tested for at least thirty (30) seconds every thirty (30) days, and an annual function test shall be conducted for the full operational duration of one and one-half (1½) hours. Records of these tests shall be documented and maintained for review. II This regulation is not met as evidenced by: Refer to K281.	A2050		
A2061	19 CSR 30-85.022(33)(D) Fire Drill Requirements, Evacuation (D) A minimum of twelve (12) fire drills shall be conducted annually with at least one (1) every three (3) months on each shift. At least four (4) of the required fire drills must be unannounced to residents and staff, excluding staff who are assigned to evaluate staff and resident response to the fire drill. The fire drills shall include a simulated resident evacuation that involves the local fire department or emergency service at least once a year. II/III This regulation is not met as evidenced by: Class II*	A2061		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH HAVEN NURSING HOME	2500 PLEASANT STREET HANNIBAL, MO 63401

(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
A2061	Continued From page 1 Refer to K712. *The higher classification merited due to the impact when combined with other deficiencies.	A2061		
A3001	19 CSR 30-85.032(2) Substantially Constructed/Maintained The building shall be substantially constructed and shall be maintained in good repair. New facilities shall comply with the requirements in accordance with the provisions found in 19 CSR 30-85.012. Existing licensed facilities shall meet and maintain the facility's physical plant in accordance with the construction standards in effect at the time of initial licensing, unless there is a specific rule governing the subject cited in this section or in 19 CSR 30-85.022, except that those facilities licensed between 1957 and 1965 shall not increase the capacity of any room or the total capacity of the facility without meeting new construction requirements. Existing licensed facilities with plans approved after April 8, 1972 and prior to January 1, 1999, shall comply as Existing Health Care Occupancies with NFPA 101, 2000 edition. Facilities whose physical plant requirement plans are approved on or after January 1, 1999, shall comply as New Health Care Occupancies with NFPA 101, 2000 edition. II/III This regulation is not met as evidenced by: Class II* Refer to K161. *The higher classification merited due to the impact when combined with other deficiencies.	A3001		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00469	A. BUILDING: 01 B. WING _____	05/02/2023

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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
A3030	19 CSR 30-85.032(31)(A) Electrical Wiring & Equipment Maintained Electrical Wiring Requirements. (A) Electrical wiring and equipment shall be installed and maintained in accordance with the NFPA 70, 1999 edition. Facilities that were complying prior to the effective date of this rule with prior editions of the NFPA 70 referenced in this rule shall be permitted to continue to comply with the earlier editions, as long as there is not an imminent danger to the health, safety, or welfare of any resident or a substantial probability that death or serious physical harm would result as determined by the department. II/III This regulation is not met as evidenced by: Class II* Refer to K918. *The higher classification merited due to the extent of the violation.	A3030		

PLAN OF CORRECTION

Provider/Supplier Name:	Beth Haven Nursing Home
Street Address, City, Zip:	2500 Pleasant St. Hannibal, MO 63401
Date of Survey:	05/02/2023

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	26D0441445

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provision of the Federal and State Laws.	06/26/2023
E036	Annual training has been scheduled. The maintenance supervisor has been educated on scheduling annual training. Annual training has been added to the yearly checklist for trainings. The administrator will ensure that all annual trainings are conducted. A root cause analysis will be conducted and entered into QAPI for monitoring at quarterly QAPI trainings. The Administrator or Designee will ensure that all current employees are educated on the systems, policies and procedures required to develop and implemented by this plan of correction	06/26/2023
K161	The open sheetrock in the storage room has been repaired. A maintenance. The Administrator will conduct maintenance audits 1 time weekly for 4 weeks to monitor for repairs and note any further issues. The maintenance supervisor or maintenance designee will conduct weekly building walk thru to note any maintenance issues. All staff will be educated on the process of turning in maintenance work orders.	06/26/2023

	A root cause analysis will be conducted and entered into QAPI for monitoring at quarterly meetings The Administrator or Designee will ensure that all current employees are educated on the systems, policies and procedures required to develop and implemented by this plan of correction.	
K281	It was discovered that the emergency lighting for the East unit is located in the lower walls throughout the unit. The maintenance supervisor has confirmed after inspection that these lights are on the generator branch and that the ceiling lights are connected on the generator branch via the light switch in each hallway. No corrective action was needed. The system was tested by cutting of the electrical supply and running the building on generator power.	06/26/2023
K712	A yearly calendar has been prepared with all required fire drills scheduled. The Administrator will monitor monthly to ensure that the scheduled drills are completed. A root cause analysis will be conducted and entered into QAPI for monitoring at quarterly QAPI trainings. The Administrator or Designee will ensure that all current employees are educated on the systems, policies and procedures required to develop and implemented by this plan of correction	06/26/2023
K918	The circuit breaker testing was conducted and added to the annual electrical inspection checklist. The administrator will monitor at the time of the annual inspection for compliance. A root cause analysis will be conducted and entered into QAPI for monitoring at quarterly QAPI trainings. The Administrator or Designee will ensure that all current employees are educated on the systems, policies and procedures required to develop and implemented by this plan of correction	06/26/2023
A3030	Refer to K918	06/26/2023
A2050	Refer to K281	06/26/2023
A2061	Refer to K712	06/26/2023
A3001	Refer to K161	06/26/2023

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.