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
	23135C	A. BUILDING: _____ B. WING _____	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEPHERDS VIEW ASSISTED LIVING	100 SHEPHERDS LANE ALTON, MO 65606

(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 on November 14, 2024 the facility failed to ensure the facility fire extinguishers were inspected/maintained annually in accordance with NFPA 10, 1998 edition. The facility census was twenty nine (29). This deficiency affects twenty nine (29) of twenty nine (29) residents. Record review showed no current annual extinguisher inspection documentation on file for review. Record review showed the last inspection on file for the extinguishers was dated December 2022. During an interview on November 14, 2024 at 12:07 P.M. the office manager said she did not know why the inspection had not been performed and would contact the inspection company.	A2210		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Heidi Campbell TITLE Adm (X6) DATE 11/19/2024

PLAN OF CORRECTION

Provider/Supplier Name:	Shepherds View ALF
Street Address, City, Zip:	100 Shepherds In Alton, MO, 65606
Date of Survey:	11-14-2024

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
A2210	During our 9 month fire inspection we were found to be deficient in our Annual inspection of our fire extinguishers TAG A2210	
	Upon realization (notification of our fire marshall) that we had missed an inspection I immediately called Main line Fire Protection to see why we had been skipped in 2023. We have and are still scheduled with them annually. They had no explanation as to why.	11-14-24
	We should of received this. They have assured us they will be out by Dec 14th 2024 to inspect / certify our extinguishers.	
	To make sure this will not happen we have made changes to our checks of the extinguishers. Our Maintenance dept will do a walk through check of all extinguishers between Dec 21st & 31st of each year to ensure the inspection is complete - this is in addition to our monthly checks	

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.