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
	31191	A. BUILDING: ______ B. WING ______	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARKSIDE ASSISTED LIVING	**2100 PARKSIDE AVE** **ROLLA, MO 65401**

(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	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 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 sprinklered facility, licensed for more than twelve (12) beds on or after November 13, 1980, failed to provide separation from a hazardous area with self-closing, smoke-resistant partitions or doors. The facility census was 19. This deficiency affects 19 of 19 residents. Observation on January 15, 2025 at 10:00 AM, revealed a range/oven for resident use. The range/oven is in a common area and not	A2256		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Samantha Dodd
TITLE: Executive Director
(X6) DATE: 01-16-26

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A2256	Continued From page 1 enclosed within an approved room. Power was secured to the range/oven. The facility does not have an exception for the range/oven. During the exit interview on January 15, 2025 at 10:30 AM, the maintenance man stated he would have the administrator begin the paperwork for an exception from DHSS.	A2256		

PLAN OF CORRECTION

Provider/Supplier Name:	Parkside Assisted Living
Street Address, City, Zip:	2100 Parkside Ave Rolla, MO 65401
Date of Survey:	01/15/2026
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
	The filing of this plan of correction does not constitute any admission by the facility regarding alleged violation stated in the Summary Statement Deficiencies dated 01/15/2026 by the Missouri Department of Health and Senior Services. This plan of correction is filed as evidence of our continuing commitment to provide care in compliance with applicable law.	
A2256	In response to A2256 19CSR 30-86.022(10)(A) Hazardous Area Requirement **Immediate Action:** The resident use range/oven was taken out of use while awaiting proper exemption status from DHSS. Administrator educated staff on exemption status requirement and state regulation for any/all resident use ranges/stoves. Administrator filed application paperwork with DHSS to obtain exemption status for all/any resident use ranges/stoves. **Ongoing Compliance:** Administrator and/or designee will ensure ongoing fire safety compliance per company policy and MO state regulation by reviewing new regulations as released by Missouri Department of Health and Senior Services. Administrator and/or designee will maintain a tracking system to ensure timeliness of application before expiration date listed on exemption letter.	1/15/26

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.