STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265379	A. BUILDING 01 B. WING _____	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING & REHABILITATION CENTER, LLC	4700 NW CLIFFVIEW DRIVE RIVERSIDE, MO 64150

(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 The emergency preparedness portion of the survey resulted in no deficiencies.	E 000		
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 sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)	K 161		

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

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.

Brent E Baker 5/9/25

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K 161	Continued From page 1 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 and interview, the facility staff failed to maintain the fire resistance rating of the walls by not repairing openings. This deficient practice had the potential to affect residents, as well as staff who frequented the area. The facility census was 112, with the licensed capacity for 180 residents. Observation on 04/08/2025 between 8:00 A.M. and 4:00 P.M., during the life safety code tour of the facility, showed the water pipes at the C Hall nurses station had a one inch gap around the pipe into the wall. Observation on 4/08/2025, near the dining room showed a gap around a sprinkler pipe near the exit door. During interview on 4/08/2025 at 3:00 P.M., the maintenance supervisor said he expected all penetrations to be sealed. Review of the 2012 edition of the NFPA 101,	K 161		

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K 161	Continued From page 2 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 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the	K 222		

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K 222	Continued From page 3 Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by:	K 222		

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K 222	Continued From page 4 Based on observation, interview, and record review, facility staff failed to maintain a door in the path of egress in compliance with the 2012 Edition of NFPA 101 (Life Safety Code). Facility staff failed to provide proper documentation concerning how to unlock electronically controlled delayed-egress exit doors from an egress corridor that requires special knowledge from the egress side. This failure has the potential to delay the evacuation of facility occupants in the event of an emergency, which has the potential to affect all occupants of the F Hallway. The facility census was 112, with the licensed capacity for 180 residents. Observation on 4/08/2025 at 11:40 A.M., during the life safety code tour showed one egress door on the on the F Hallway with delayed egress hardware attached. The door did not have the appropriate signage on the door showing the door could be opened within 15 seconds. During an interview on 4/08/2025 at 11:45 A.M., the maintenance supervisor said he did not know the signage had been altered. Review of NFPA 101, 2012 Edition, chapters 19.2.2.2.5 through 19.2.2.2.6, showed the following: -19.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side, unless otherwise permitted by one of the following: (1) Locks complying with 19.2.2.2.5 shall be permitted; (2) Delayed-egress locks complying with 7.2.1.6.1 shall be permitted; (3)Access-controlled egress doors complying with	K 222		

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K 222	Continued From page 5 7.2.1.6.2 shall be permitted; (4) Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted; (5) Approved existing door-locking installations shall be permitted; -19.2.2.2.5 Door-locking arrangements shall be permitted in accordance with either 19.2.2.2.5.1 or 19.2.2.2.5.2; -19.2.2.2.5.1* Door-locking arrangements shall be permitted where the clinical needs of patients require specialized security measures or where patients pose a security threat, provided that staff can readily unlock the doors at all time in accordance with 19.2.2.2.6; -19.2.2.2.6 Doors that are located in the means of egress and are permitted to be locked under other provisions of 19.2.2.2.5 shall comply with the following: (1) Provisions shall be made for the rapid removal of occupants by means of one of the following: (a) remote control locks; (b) keying of all locks to keys carried by staff at all times; (c) other such reliable means available to the staff at all times; (2) Only one lock device shall be permitted on each door; (3) More than one lock shall be permitted on each door, subject to approval of the authority having jurisdiction. Review of the NFPA 101, Life Safety Code 2012 edition, section 7.2.1.6.1 (Delayed-Egress Locking Systems) showed: -"Approved, listed, delayed-egress locking systems shall be permitted to be installed on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an	K 222		

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K 222	Continued From page 6 approved, supervised automatic fire detection system in accordance with Section 9.6 or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 11 through 43, provided that all of the following criteria are met: (1) The door leaves shall unlock in the direction of egress upon actuation of one of the following: (a) Approved, supervised automatic sprinkler system in accordance with Section 9.7 (b) Not more than one heat detector of an approved, supervised automatic fire detection system in accordance with Section 9.6 (c) Not more than two smoke detectors of an approved supervised automatic fire detection system in accordance with Section 9.6 (2) The door leaves shall unlock in the direction of egress upon loss of power controlling the lock or locking mechanism. (3)* An irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all the following conditions: (a) The force shall not be required to exceed 15 lb (67N). (b) The force shall not be required to be continuously applied for more than 3 seconds. (c) The initiation of the release process shall activate an audible signal in the vicinity of the door opening. (d) Once the lock has been released by the application of force to the releasing device, relocking shall be by manual means only. (4)* A readily visible, durable sign in letters not	K 222		

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K 222	Continued From page 7 less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS" (5) The egress side of doors equipped with delayed-egress locks shall be provided with emergency lighting in accordance with Section 7.9"	K 222		
K 741 SS=E	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall	K 741		

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K 741	Continued From page 8 be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure staff properly disposed of cigarette butts in one of two smoking areas. This deficient practice has the potential to affect all residents in the facility. This deficient practice could result in a fire around the smoking areas. The facility census was 112, with the licensed capacity for 180 residents. Observation on 4/08/2025 at 11:37 A.M., during the Life Safety Code tour, showed a red metal barrel in the patio smoking area. Observation showed multiple pieces of paper and plastic trash in the trash barrel. Observation on 4/08/2025 at 12:30 P.M., during the Life Safety Code tour, showed a red metal barrel in the end of C Hallway smoking area. Observation showed multiple pieces of paper and plastic trash in the trash barrel. During an interview on 4/08/2025 at 12:32 P.M., the Maintenance Director said the expectation is only cigarette butts be placed in the red cans.	K 741		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional	K 914		

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K 914	Continued From page 9 testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to replace receptacles that failed during the annual testing of non-hospital grade electrical receptacles in patient sleeping areas. The facility census was 112, with the licensed capacity for 180 residents. Review of the facility's Life Safety Code (LSC) paperwork on 4/08/2025 showed the following receptacles failed and needed to be replaced: -Room 115; -Room 37; -Room 40; -Room 42; -Room 57; -Room 58; -Room 61; -Room 63; -Room 94; -Room 99;	K 914		

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K 914	Continued From page 10 -Room 102; -Room 106; -Room 109; -Room 84; -Room 85. Observation of the receptacles that failed showed the receptacles had not been replaced with health care rated duplex receptacles. During an interview on 4/08/2025 at 3:00 P.M., the Maintenance supervisor said he had completed the assessment of receptacles and had not replaced the ones that had failed yet. Record review of NFPA 99, 2012 Edition showed: 6.3.4* Administration of Electrical System. 6.3.4.1 Maintenance and Testing of Electrical System. 6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device. 6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. 6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. 6.3.4.1.4 The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch (see 6.3.2.6.3.6). For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12	K 914		

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K 914	Continued From page 11 months. Actuation of the test switch shall activate both visual and audible alarm indicators. 6.3.4.1.5 After any repair or renovation to an electrical distribution system, the LIM circuit shall be tested in accordance with 6.3.3.3.2. 6.3.4.2 Record Keeping. 6.3.4.2.1* General. 6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. 6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter.	K 914		

Missouri Department of Health and Senior Services

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A2041	19 CSR 30-85.022(16) Door Locks Door locks shall be of a type that can be opened from the inside by turning the knob or operating a simple device that will release the lock, or shall meet the requirements of Section 19.2 of NFPA 101, 2000 edition. Only one (1) lock will be permitted on any one (1) door. I/II This regulation is not met as evidenced by: Class II Refer to K222.	A2041		
A2057	19 CSR 30-85.022(32) Ashtrays Noncombustibles/Safe/Disposal Designated smoking areas shall have ashtrays of noncombustible material and of safe design. The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III This regulation is not met as evidenced by: Class III Refer to K741.	A2057		
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	A3001		

Brittany Sullivan 5/9/25

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RIVERSIDE NURSING & REHABILITATION CENTER, L	4700 NW CLIFFVIEW DRIVE RIVERSIDE, MO 64150

(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
A3001	Continued From page 1 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 III Refer to K161.	A3001		
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 III Refer to K914.	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	01532	A. BUILDING: 01 B. WING _____	04/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE NURSING & REHABILITATION CENTER, L	4700 NW CLIFFVIEW DRIVE RIVERSIDE, MO 64150

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PLAN OF CORRECTION

Provider/Supplier Name:	Riverside Nursing and Rehabilitation Center, LLC
Street Address, City, Zip:	4700 NW Cliffview Drive, Riverside, MO 64150
Date of Survey:	04/10/2025 Life Safety

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
	Please consider this Plan of Correction as Riverside Nursing and Rehabilitation Center, LLC, credible allegations of compliance. This plan of correction constitutes a written allegation of substantial compliance under Federal Medicare & Medicaid requirements. Submission of this plan of correction is not ad admission that a deficiency exists or that the facility agrees they were cited correctly. This plan of correction reflects the desire to continuously enhance the quality of care and services provided to our residents and are submitted solely as a requirement of the provisions of Federal and State Law	
K161 A3001	1. The gap around the water pipe at C Hall nurses station has been repaired. The gap around the sprinkler pup near the dining exit door located near the dining room has been repaired. No Residents had any ill effects from this deficient practice. 2. All Residents have the potential to be affected. 3. An in-service was given to the Maintenance Director by the Vice President on ensuring to maintain the fire resistance rating of walls by repairing any openings. 4. The Maintenance Director will make random rounds weekly x 6 weeks on ensuring that any openings are repaired to maintain fire resistance rating. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee. The Quality Assurance Committee will recommend the continuation of frequency or discontinuation of audits based upon the results achieved.	5/25/25
K222 A2041	1. The appropriate signage was placed on the egress door of F Hallway that had a delayed egress hardware attached. No Residents had any ill effects from this alleged deficient practice. 2. All Residents have the potential to be affected. 3. An in-service was given to the Maintenance Director by the Vice President on ensuring to provide proper documentation concerning how to unlock electronically controlled delayed-egress exit doors from an egress corridor that requires special knowledge from the egress side to prevent potential delay in the event of an evacuation.	5/25/25

	4. The Maintenance Director will make rounds weekly x 6 weeks to ensure that all doors in the path of egress are maintained according with NFPA 101 (Life Safety Code). The results of the audits will be forwarded to the monthly Quality Assurance Committee. The Quality Assurance Committee will recommend the continuation of frequency or discontinuation of audits based upon the results achieved.	
K741 A2057	1.The pieces of paper and plastic trash bags were removed in the red metal barrel in the patio smoking area and C Hallway smoking area. No Residents had any ill effects from this alleged deficient practice. 2. All Residents have the potential to be affected. 3. An in-service was initiated on April 18, 2025 for all staff to ensure that paper and plastic trash items should not be placed in the red metal barrels that are used for disposal of smoking material. 4. The Maintenance Director and/or Housekeeping Supervisor will monitor smoking areas 5 x week x 6 weeks to ensure no trash is present in red smoking barrels. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee. The Quality Assurance Committee will recommend the continuation of frequency or discontinuation of audits based upon the results achieved.	5/25/25
K914 A3030	1. Receptacles have been replaced in Room #115, #37, #40, #42, #57, #57,#58, #61,#63, #94, #99, #102, #106, #109, #84 and #85. No Residents were affected from this alleged deficient practice. 2. All Residents have the potential to be affected. 3. An in-service was given to the Maintenance Director by the Vice President on ensuring receptacles are replaced with health rated duplex receptacles. 4.The Maintenance Director will make rounds weekly x 6 weeks to ensure that receptacles are health rated duplex receptacles. Any concerns will be immediately addressed. The results of the audits will be forwarded to the monthly Quality Assurance Committee. The Quality Assurance Committee will recommend the continuation of frequency or discontinuation of audits based upon the results achieved.	5/25/25

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.