STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265373	A. BUILDING 01 B. WING	C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF WAYNESVILLE	700 BIRCH LANE WAYNESVILLE, MO 65583

(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 42 CFR 483.73 The Emergency Preparedness portion of the survey did not result in deficiencies.	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.90(a) The facility does not meet the applicable provisions of the 2012 existing edition of the Life Safety Code of the National Fire Protection Association (NFPA) and related references.	K 000		
K 346 SS=F	Fire Alarm System - Out of Service CFR(s): NFPA 101 Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record review, the facility staff failed to ensure a complete policy is in place on the procedures to be followed in the event the fire alarm system is out of service for more than four hours in any twenty-four hour period. This failure had the potential to affect all facility occupants. The census was 69 with a capacity of 120. 1. Observation on 01/30/24, showed the facility equipped with a complete fire alarm system. Review of The Section for Long-Term Care	K 346		

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Martha K Carroll Executive Administrator 3-11-24

TITLE

(X6) DATE

ıy deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ıer safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ɔgram participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265373	A. BUILDING **01** B. WING _____	C **02/01/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF WAYNESVILLE	**700 BIRCH LANE** **WAYNESVILLE, MO 65583**

(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
K 346	Continued From page 1 Regulation information series at https://ltc.health.mo.gov/archives/14906, posted on 05/06/2021, showed: "Most facilities have one fire watch policy. If a facility has one policy, then the policy must have all the items in Chapter 15 within NFPA 25, 2011 edition. If the facility has two separate policies, the sprinkler system fire watch policy is required to include all the items in Chapter 15". Review of the facility's Fire Watch Policy, reviewed 04/13/2021, showed a fire watch is needed whenever the fire alarm system is offline for four hours or greater or sprinkler system is anticipated to be offline for 10 hours or greater. Review showed the policy did not contain: -The assignment and duties of an impairment coordinator; -Direction to address preplanned impairments to the system; -Direction to notify the local fire department, the Department of Health and Senior Services (DHSS), the state fire marshal, the alarm company, the insurance company, facility staff and residents, and the property owner; -Contact information for entities to be notified; -Direction for staff to post a tag at each fire department connection, the system control valve, and other locations required by the authority having jurisdiction, indicating which system or part thereof, had been removed from service; -Direction regarding fire watch rounds, to include observing all exits and the exterior of the building; -Direction to ensure doors in fire separations are not blocked or wedged open; -Direction on actions to take when system is returned to normal functional status.	K 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF WAYNESVILLE	**700 BIRCH LANE** **WAYNESVILLE, MO 65583**

(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
K 346	Continued From page 2 During an interview on 01/31/2024 at 11:45 A.M. the maintenance director said the fire watch policy is written by corporate staff. During an interview on 01/31/2024 at 11:50 A.M, the administrator said corporate staff provide policies, but he/she and the maintenance director were responsible to ensure the fire watch policy was implemented. He/She said he/she did not know if the fire watch policy contained all required information. The administrator said the policy should include notifying the fire department, other required agencies, and facility residents as well as phone numbers for different agencies to be contacted. The administrator said the policy should include observing exit areas and the outside of the building. The administrator said he/she wasn't exactly sure what an impairment coordinator was, but the policy should include the duties of the person in charge of the system outage and/or fire watch. The administrator said the policy should include what actions are required when the fire watch is over. The administrator said he/she did not know about the requirement to tag portions of the impaired system. Review of NFPA 101, 2012 edition, showed: - Chapter 3, Definitions - 3.3.104, Fire Watch. The assignment of a person or persons to an area for the express purpose of notifying the fire department, the building occupants, or both of an emergency; preventing a fire from occurring; extinguishing small fires; or protecting the public from fire or life safety dangers.	K 346		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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LIFE CARE CENTER OF WAYNESVILLE	**700 BIRCH LANE** **WAYNESVILLE, MO 65583**

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K 346	Continued From page 3 - Chapter 9, Building Service and Fire Protection Equipment - 9.6, Fire Detection, Alarm, and Communications Systems - 9.6.1.6* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated, or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. - A.9.6.1.6 A fire watch should at least involve some special action beyond normal staffing, such as assigning an additional security guard(s) to walk the areas affected. Such individuals should be specially trained in fire prevention and in occupant and fire department notification techniques, and they should understand the particular fire safety situation for public education purposes. Review of NFPA 72, 2010 edition, showed: - Chapter 14 Inspection, Testing and Maintenance - 14.2.1.2.1 The requirements of Section 10.19 shall be applicable when a system is impaired. - 14.2.1.2.2 System defects and malfunctions shall be corrected. - 14.2.1.2.3 If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours. - 10.19* Impairments - 10.19.3* Where required, mitigating measures acceptable to the authority having jurisdiction shall be implemented for the period that the system is impaired.	K 346		

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K 346	Continued From page 4 - *A.10.19.3 The need for mitigating measures is typically determined on a case-by-case basis. This considers the building, occupancy type, nature and duration of impairment, building occupancy level during impairment period, active work being conducted on the fire alarm system during the impairment, condition of other fire protection systems and features (i.e., sprinklers, structural compartmentation, etc.), and hazards and assets at risk. Appropriate mitigating measures range from simple occupant notification to full-time fire watch. Determining factors vary from testing-related impairments and maintenance activities during normal business through extensive impairments to high-value, high-hazard situations. - *A.10.19 The term impairment encompasses a broad range of circumstances wherein a fire alarm system or portion thereof is taken out of service for a variety of reasons. Fire alarm systems are routinely impaired in order to perform hot work (e.g., open flame operations) in areas with automatic detection, construction, painting, etc., as well as to conduct normal fire alarm system maintenance and testing. Impairments can be limited to specific initiating devices and/or functions (e.g., disconnecting the supervising station connection during system testing), or they can involve taking entire systems or portions of systems out of service. This section is intended to help building owners control impairments of the fire alarm system(s) in their building(s) and to ensure that systems are restored to full operation and/or returned to service afterward.	K 346		
K 354 SS=F	Sprinkler System - Out of Service CFR(s): NFPA 101 Sprinkler System - Out of Service	K 354		

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K 354	Continued From page 5 Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility staff failed to ensure a complete policy was in place on the procedures to be followed as defined by NFPA 25, 2011 Edition, Chapter 15 in the event the sprinkler system is out of service for more than four hours in any twenty-four-hour period. This failure had the potential to affect all facility occupants. The census was 69 with a capacity of 120. 1. Observation on 01/30/24, showed the facility equipped with a complete sprinkler system to provide fire suppression for the building. Review of The Section for Long-Term Care Regulation information series at https://ltc.health.mo.gov/archives/14906, posted on 05/06/2021, showed: "Most facilities have one fire watch policy. If a facility has one policy, then the policy must have all the items in Chapter 15 within NFPA 25, 2011 edition. If the facility has two separate policies,	K 354		

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K 354	Continued From page 6 the sprinkler system fire watch policy is required to include all the items in Chapter 15". Review of the facility's Fire Watch Policy, reviewed 04/13/2021, showed a fire watch is needed whenever the fire alarm system is offline for four hours or greater or sprinkler system is anticipated to be offline for 10 hours or greater. Review showed the policy did not contain: -The assignment and duties of an impairment coordinator; -Direction to address preplanned impairments to the system; -Direction to notify the local fire department, the Department of Health and Senior Services (DHSS), the state fire marshal, the alarm company, the insurance company, facility staff and residents, and the property owner; -Contact information for entities to be notified; -Direction for staff to post a tag at each fire department connection, the system control valve, and other locations required by the authority having jurisdiction, indicating which system or part thereof, had been removed from service; -Direction regarding fire watch rounds, to include observing all exits and the exterior of the building; -Direction to ensure doors in fire separations are not blocked or wedged open; -Direction on actions to take when system is returned to normal functional status. During an interview on 01/31/2024 at 11:45 A.M. the maintenance director said the fire watch policy is written by corporate staff. During an interview on 01/31/2024 at 11:50 A.M, the administrator said corporate staff provide policies, but he/she and the maintenance director	K 354		

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K 354	Continued From page 7 were responsible to ensure the fire watch policy was implemented. He/She said he/she did not know if the fire watch policy contained all required information. The administrator said the policy should include notifying the fire department, other required agencies, and facility residents as well as phone numbers for different agencies to be contacted. The administrator said the policy should include observing exit areas and the outside of the building. The administrator said he/she wasn't exactly sure what an impairment coordinator was, but the policy should include the duties of the person in charge of the system outage and/or fire watch. The administrator said the policy should include what actions are required when the fire watch is over. The administrator said he/she did not know about the requirement to tag portions of the impaired system. Review of the NFPA 25, 2011 Edition, showed: - 4.1.9.1 Where an impairment to a water-based fire protection system occurs, the procedures outlined in Chapter 15 of this standard shall be followed, including the attachment of a tag to the impaired system; - 15.2.1 The property owner or designated representative shall assign an impairment coordinator to comply with the requirements of this chapter; - 15.2.3 Where the lease, written use agreement, or management contract specifically grants the authority for inspection, testing, and maintenance of the fire protection system(s) to the tenant, management firm, or managing individual, the tenant, management firm, or managing individual shall assign a person as impairment coordinator; - 15.3.1* A tag shall be used to indicate that a	K 354		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 354	Continued From page 8 system, or part thereof, has been removed from service; - 15.3.2* The tag shall be posted at each fire department connection and the system control valve, and other locations required by the authority having jurisdiction, indicating which system, or part thereof, has been removed from service; - 15.5.1 All preplanned impairments shall be authorized by the impairment coordinator; - 15.5.2 Before authorization is given, the impairment coordinator shall be responsible for verifying that the following procedures have been implemented: (1) The extent and expected duration of the impairment have been determined. (2) The areas or buildings involved have been inspected and the increased risks determined. (3) Recommendations have been submitted to management or the property owner or designated representative. (4) Where a required fire protection system is out of service for more than 10 hours in a 24-hour period, the impairment coordinator shall arrange for one of the following: (a) Evacuation of the building or portion of the building affected by the system out of service. (b)*An approved fire watch. (c)*Establishment of a temporary water supply. (d)*Establishment and implementation of an approved program to eliminate potential ignition sources and limit the amount of fuel available to the fire. (5) The fire department has been notified. (6) The insurance carrier, the alarm company, property owner or designated representative, and other authorities having jurisdiction have been notified. (7) The supervisors in the areas to be affected	K 354		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 354	Continued From page 9 have been notified. (8) A tag impairment system has been implemented. (See Section 15.3.) (9) All necessary tools and materials have been assembled on the impairment site; - *A.15.3.1 A clearly visible tag alerts building occupants and the fire department that all or part of the water-based fire protection system is out of service. The tag should be weather resistant, plainly visible, and of sufficient size [typically 4 in. × 6 in. (100 mm × 150 mm)]. The tag should identify which system is impaired, the date and time impairment began, and the person responsible; - *A.15.5.2(4)(b) A fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly; - *A.15.5.2(4)(c) Temporary water supplies are possible from a number of sources, including use of a large-diameter hose from a fire hydrant to a fire department connection, use of a portable tank and a portable pump, or use of a standby fire department pumper and/or tanker.	K 354		

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
	04592	A. BUILDING: 01 B. WING _____	C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF WAYNESVILLE	700 BIRCH LANE WAYNESVILLE, MO 65583

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A2025	19 CSR 30-85.022(10)(H) Fire Alarm System-Out of Service > than 4hrs Complete Fire Alarm Systems. (H) When a complete fire alarm system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the fire alarm system has returned to full service. I/II This regulation is not met as evidenced by: Class II Please refer to K346	A2025		
A2036	19 CSR 30-85.022(11)(E) Sprinkler System Out of Service More Than 4hr Sprinkler System. (E) When a sprinkler system is to be out-of-service for more than four (4) hours in a twenty-four- (24-) hour period, the facility shall immediately notify the department and the local fire authority and implement an approved fire watch in accordance with NFPA 101, 2000 edition, until the sprinkler system has returned to full service. I/II This regulation is not met as evidenced by: Class II Please refer to K354	A2036		
A2061	19 CSR 30-85.022(33)(D) Fire Drill Requirements, Evacuation	A2061		

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A2061	Continued From page 1 (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 III Based on interview and record review, the facility staff failed to conduct a simulated resident evacuation fire drill with the participation of the local fire department or other emergency service annually. The facility census was 69. 1. Review of the Fire Drills policy from the facility's emergency preparedness policies and procedures manual, updated 05/23/23, showed the policy did not direct staff to conduct a simulated resident evacuation fire drill with the participation of the local fire department or other emergency service annually. Review of the facility maintained fire drill records dated January 2023 through December 2023, showed the records did not contain documentation of a simulated resident evacuation fire drill with the participation of the local fire department or other emergency service. During an interview on 01/31/24 at 9:00 A.M., the maintenance director said he/she is responsible for the fire drills and to schedule an evacuation fire drill with the fire department annually. The maintenance director said, due to some	A2061		

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A2061	Continued From page 2 scheduling conflicts with the local fire department, the facility had not conducted a simulated resident evacuation fire drill in the last year. The maintenance director said the only other emergency service personnel he/she attempted to contact to was the state fire marshal who came to the facility, but did not stay long enough to complete the drill during his/her visit. During an interview on 01/31/24 at 11:20 A.M., the administrator said the maintenance director is responsible for the fire drills and to schedule the evacuation fire drill with the fire department annually. The administrator said he/she became the facility administrator in July 2023 and did not know that the evacuation fire drill had not been done in the last year.	A2061		

PLAN OF CORRECTION

Provider/Supplier Name:	Life Care Center of Waynesville
Street Address, City, Zip:	700 Birch Lane Waynesville, Mo 65583
Date of Survey:	02/02/2023

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**
	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law and the facilities desire to maintain compliance at all times.	
K346	1. All residents have the potential to be affected by the alleged deficient practice. 2. No residents were affected by the alleged deficient practice 3. Maintenance staff will be re-inserviced regarding the Fire Watch Policy 4. Staff have been re-inserviced regarding the Fire watch policy 5. Maintenance Supervisor/Designee will assure Fire Watch Policy is in effect as per regulation and policy 6. Administrator will oversee for compliance	03/15/2024
K354	1. All residents have the potential to be affected by the alleged deficient practice 2. No residents were affected by the alleged deficient practice. X 3. Maintenance staff have been re-inserviced regarding the Fire watch Policy 4. Staff have been re-inserviced regarding the Fire Watch Policy 5. Maintenance Supervisor/Designee will assure Fire Watch Policy is in effect as per regulation and policy 6. Administrator will oversee for compliance 7. The Fire Watch Policy and any concerns with Fire Watch will be monitored through the Monthly QAPI to assure continued compliance	03/15/2024
A2025	Please see K346	

A2036	Please see K354	
A2061	Fire Drill 1. All residents have the potential to be affected by the alleged deficient practice 2. No residents were harmed by the alleged deficient practice 3. Maintenance Supv/designee has scheduled the annual evacuation drill with the fire department 4. Fire drills will continue to occur as per the regulation 5. The Maintenance Supv/designee will audit the fire drills monthly to assure the regulation is met 6. The Administrator will review the audits to assure compliance of fire drills and annual evacuation drill 7. The Fire Drills will be monitored in the Monthly QAPI meeting throughout the year to maintain compliance	03/15/24

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.

K354	Sprinkler System – Out of Service	03/15/2024
A2025	Fire Alarm System Out	03/15/2024
	Refer to K346	
A2036	Sprinkler System Out	03/15/2024
	Refer to K354	
A2061	**Fire Drill Requirements, Evacuation** A simulated resident evacuation drill with the fire department present was conducted on 02/13/2024 The simulated resident evacuation drill will be placed in the TELs system as an annual task to alert the Maintenance Director. Maintenance Director will ensure the evacuation drill is completed annually. This plan of correction will be integrated into the quality assurance system.	03/15/2024

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.