

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/30/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265860	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06 B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2023
NAME OF PROVIDER OR SUPPLIER COTTAGES OF LAKE ST LOUIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS, MO 63367		
(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	E 000			
K 000	INITIAL COMMENTS An Emergency Preparedness Survey was conducted by Healthcare Management Solutions, LLC on behalf of the Missouri Department of Health and Senior Services on 10/16/23. The facility was found to be in compliance with 42 CFR 483.73.	K 000			
K 000	INITIAL COMMENTS A Life Safety Code survey was conducted by the Missouri Department of Health and Senior Services on 10/16/23 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancy. The Cottages of Lake St. Louis are six, 10 bed, one story buildings completed in 2017. Each building consists of one hour manufactured board exterior, wood frame roofing and bearing walls and concrete flooring. Each building has a 30KW (kilowatt) natural gas generator. The current occupied beds are 49 of 60.	K 000			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brandi Kesel

Administrator

11/2/2023

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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K 000	Continued From page 1	K 000			
K 000	The Cottages of Lake St. Louis are six, 10 bed, one story buildings completed in 2017. Each building consists of one hour manufactured board exterior, wood frame roofing and bearing walls and concrete flooring. Each building has a 30KW (kilowatt) natural gas generator. The current occupied beds are 49 of 60. INITIAL COMMENTS A Life Safety Code survey was conducted by the Missouri Department of Health and Senior Services on 10/16/23 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancy. The Cottages of Lake St. Louis are six, 10 bed, one story buildings completed in 2017. Each building consists of one hour manufactured board exterior, wood frame roofing and bearing walls and concrete flooring. Each building has a 30KW (kilowatt) natural gas generator. The current occupied beds are 49 of 60. INITIAL COMMENTS A Life Safety Code survey was conducted by the Missouri Department of Health and Senior Services on 10/16/23 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancy.	K 000			
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K 000	Continued From page 2	K 000			
K 000	The Cottages of Lake St. Louis are six, 10 bed, one story buildings completed in 2017. Each building consists of one hour manufactured board exterior, wood frame roofing and bearing walls and concrete flooring. Each building has a 30KW (kilowatt) natural gas generator. The current occupied beds are 49 of 60. INITIAL COMMENTS A Life Safety Code survey was conducted by the Missouri Department of Health and Senior Services on 10/16/23 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancy. The Cottages of Lake St. Louis are six, 10 bed, one story buildings completed in 2017. Each building consists of one hour manufactured board exterior, wood frame roofing and bearing walls and concrete flooring. Each building has a 30KW (kilowatt) natural gas generator. The current occupied beds are 49 of 60. INITIAL COMMENTS A Life Safety Code survey was conducted by the Missouri Department of Health and Senior Services on 10/16/23 was found to be in noncompliance with the requirements for participation in Medicare/Medicaid at 42 CFR 483.90 (a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancy.	K 000			
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K 000	Continued From page 3	K 000			
K 211 SS=F	The Cottages of Lake St. Louis are six, 10 bed, one story buildings completed in 2017. Each building consists of one hour manufactured board exterior, wood frame roofing and bearing walls and concrete flooring. Each building has a 30KW (kilowatt) natural gas generator. The current occupied beds are 49 of 60. Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the means of egress was continuously maintained free of all obstructions in accordance with NFPA 101 (2012 edition) section 7.1.10.2.1. This failure had the potential to affect all nine residents in the building (Grace's Cottage). The building capacity was 10 and the census was nine. Findings include: Observations on 10/16/23 at 9:50 A.M., 10:00 A.M. and 10:20 A.M. revealed three exit doors at the front of the building, near GC5 and GC6 were found to have large red stop signs at eye level on the inside of the door facing the direction of egress. The stop signs measured eight inches by	K 211			

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K 211	Continued From page 4 11.6 inches and were red with black letters indicating "STOP." In addition, the doors had illuminating exit signs above them and a floor plan posted on the wall indicated the direction of means of egress through the exit doors. During an interview at the time of the observations, the Vice President of Operations verified the presence of the signs and indicated the signs help to keep residents from leaving the building.	K 211			
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure the means of egress was continuously maintained free of all obstructions in accordance with NFPA 101 (2012 edition) section 7.1.10.2.1. This failure had the potential to affect all 10 residents in the building (Harper's Cottage). The building capacity was 10 and the census was 10. Findings include: Observation on 10/16/23 at 10:25 A.M. and 10:35 A.M. revealed two exit doors at the front of the building and near HC5 were found to have large	K 211			

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K 211	Continued From page 5 red stop signs at eye level on the inside of the door facing the direction of egress. The stop signs measured eight inches by 11.6 inches and were red with black letters which indicated "STOP." In addition, the doors had illuminating exit signs above them and a floor plan posted on the wall indicating the direction of means of egress through the exit doors. Interview with the Vice President of Operations at the time of the observations verified the presence of the signs and indicated the signs help to keep residents from leaving the building.	K 211			
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Doors protecting corridor openings shall be constructed to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have self-latching and positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485	K 363			

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K 363	Continued From page 6 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure corridor bedroom doors were without impediments to closing for one of ten corridor bedroom doors in accordance with NFPA 101 (2012 edition) section 19.3.6.3. The problem could affect all nine residents in the building (Grace's Cottage). The building capacity was 10 and the census was nine. Findings include: Observation on 10/16/23 at 10:00 A.M. revealed corridor bedroom door GC3 was stuck in the frame after three attempts were made to close the door. With each attempt, the corridor door the door became stuck in the frame. During an interview at the time of the observation, the Vice President of Operations verified the door was stuck in the frame.	K 363			
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101 Doors protecting corridor openings shall be constructed to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have self-latching and positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors	K 363			

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K 363	Continued From page 7 complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure corridor bedroom doors were without impediments to closing for one of ten corridor bedroom doors in accordance with NFPA 101 (2012 edition) section 19.3.6.3. This failure had the potential to affect all seven residents who resided in the building (Ava's Cottage). The building capacity was 10 and the census was seven. Findings include: Observation on 10/16/23 at 12:15 P.M. revealed corridor bedroom door AC10 was stuck in the frame after three attempts were made to close the door. With each attempt, the corridor door the door became stuck in the frame. During an interview at the time of the observation, the Vice President of Operations verified the door was stuck in the frame.	K 363			
K 363 SS=F	Corridor - Doors CFR(s): NFPA 101	K 363			

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K 363	Continued From page 8 Doors protecting corridor openings shall be constructed to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have self-latching and positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 18.3.6.3.6 are permitted. 18.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatic closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure corridor bedroom doors were without impediments to closing for one of ten corridor bedroom doors in accordance with NFPA 101 (2012 edition) section 19.3.6.3. This failure had the potential to affect all seven residents who resided in the building (Ella's Cottage). The building capacity was 10 and the census was seven. Findings include:			K 363			

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K 363	Continued From page 9 Observation on 10/16/23 at 12:45 P.M. revealed corridor bedroom door EC7 was stuck in the frame after three attempts were made to close the door. With each attempt, the corridor door the door became stuck in the frame.	K 363			
K 918 SS=F	During an interview at the time of the observation, the Vice President of Operations verified the door was stuck in the frame. 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	K 918			

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K 918	Continued From page 10 readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing 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 observation and interviews, the facility failed to ensure that the essential electrical system had been maintained in accordance with NFPA 110 (2010 edition) section 7.3.1. This failure had the potential to affect all seven residents who resided in the building (Kris's Cottage). The building capacity was 10 and the census was seven. Findings include: Observation on 10/16/23 at 11:05 A.M. of Kris's Cottage revealed the facility generator transfer switch located in an exterior room labeled "Fire Sprinkler Room" lacked a battery powered light. The room contained fire sprinkler risers, the main fire alarm panel, and transfer switch for the 30 KW (kilowatt) natural gas generator. During an interview at the time of the observation, the Maintenance Director verified the room lacked battery powered lighting.	K 918			
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	K 918			

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K 918	Continued From page 11 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 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 observations and interviews with staff, the facility failed to ensure that the essential electrical system has been maintained in accordance with NFPA 110 (2010 edition) section 7.3.1. This failure had the potential to affect all 10 residents who resided in the building (Betty's	K 918			

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER COTTAGES OF LAKE ST LOUIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS, MO 63367		
(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 918	Continued From page 12 Cottage). The building capacity was 10 and the census was 10. Findings include: Observation on 10/16/23 at 11:55 AM in Betty's Cottage revealed the facility generator transfer switch located in an exterior room labeled "Fire Sprinkler Room" lacked a battery powered light. The room contained fire sprinkler risers, the main fire alarm panel and transfer switch for the 30 KW (kilowatt) natural gas generator. During an interview at the time of the observation, the Maintenance Director verified the room lacked battery powered lighting.	K 918			
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	K 918			

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K 918	Continued From page 13 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 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 observations and interviews, the facility failed to ensure that the essential electrical system has been maintained in accordance with NFPA 110 (2010 edition) section 7.3.1. This failure had the potential to affect all nine residents who resided in the building (Grace's Cottage). The building capacity was 10 and the census was nine. Findings include: Observation on 10/16/23 at 10:05 A.M. in Grace's Cottage revealed the facility generator transfer switch located in a fully enclosed exterior room labeled "Fire Sprinkler Room" lacked a battery powered light. The room contained fire sprinkler risers, the main fire alarm panel, and a transfer switch for the 30 KW (kilowatt) natural gas generator. During an interview at the time of the observation, the Maintenance Director verified the room	K 918			

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K 918	Continued From page 14	K 918			
K 918 SS=F	lacked battery powered lighting. 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 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)	K 918			

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K 918	Continued From page 15 This REQUIREMENT is not met as evidenced by: Based on observations and interview, the facility failed to ensure the essential electrical system had been maintained in accordance with NFPA 110 (2010 edition) section 7.3.1. This failure had the potential to affect all 10 residents who resided in the building (Harper's Cottage). The building capacity was 10 and the census was 10. Findings include: Observations on 10/16/23 at 10:35 A.M. in Harper's Cottage revealed the facility generator transfer switch located in an exterior room labeled the Fire Sprinkler Room lacked a battery powered light. The room contained fire sprinkler risers, the main fire alarm panel and transfer switch for the 30 KW (kilowatt) natural gas generator. During an interview at the time of the observation, the Maintenance Director verified the room lacked battery powered lighting.	K 918			
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	K 918			

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K 918	Continued From page 16 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 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 observation and interview, the facility failed to ensure the essential electrical system had been maintained in accordance with NFPA 110 (2010 edition) section 7.3.1. This failure had the potential to affect all seven residents who resided in the building (Ava's Cottage). The building capacity was 10 and the census was seven. Findings include: Observation on 10/16/23 at 12:25 P.M. of Ava's Cottage revealed the facility generator transfer switch located in an exterior room labeled "Fire Sprinkler Room" lacked a battery powered light.	K 918			

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K 918	Continued From page 17 The room contained fire sprinkler risers, the main fire alarm panel and transfer switch for the 30 KW (kilowatt) natural gas generator.	K 918			
K 918 SS=F	During an interview at the time of the observation, the Maintenance Director verified the room lacked battery powered lighting. 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	K 918			

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K 918	Continued From page 18 separate from normal power circuits. Minimizing 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 observation and interview, the facility failed to ensure that the essential electrical system has been maintained in accordance with NFPA 110 (2010 edition) section 7.3.1. This failure had the potential to affect all seven residents who resided in the building (Ella's Cottage). The building capacity was 10 and the census was seven. Findings include: Observation on 10/16/23 at 12:45 PM of Ella's Cottage revealed the facility generator transfer switch located in an exterior room labeled "Fire Sprinkler Room" lacked a battery powered light. The room contained fire sprinkler risers, the main fire alarm panel and transfer switch for the 30 KW (kilowatt) natural gas generator. During an interview at the time of the observation, the Maintenance Director verified the room lacked battery powered lighting.	K 918			
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities	K 926			

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K 926	Continued From page 19 provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel that handled medical gases and cylinders that contained medical gas were trained on the risks associated with handling and use. This failure had the potential to affect all seven residents who resided in the building (Kris's Cottage). The building capacity was 10 and the census was seven. Findings include: Review of facility training records of staff who handled medical gases revealed no documented evidence of staff training on the risk associated with the handling of medical gases for the past 12 months. During an interview on 10/16/23 at 4:30 PM, the Administrator said nurses were trained on oxygen administration but not the risks associated with handling of medical gases. The Administrator also said staff who handled medical gases included nursing, nurse aides, and maintenance staff.	K 926			
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and	K 926			

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K 926	Continued From page 20 cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel that handled medical gases and cylinders that contained medical gases were trained on the risks associated with handling and use. This failure had the potential to affect all 10 residents who resided in the building (Betty's Cottage). The building capacity was 10 and the census was 10. Findings include: Review of facility training records of staff who handled medical gases revealed no documented evidence of staff training on the risks associated with the handling of medical gases for the past 12 months. During an interview on 10/16/23 at 4:30 PM, the Administrator said nurses were trained on oxygen administration but not the risks associated with handling of medical gases. The Administrator also said staff who handled medical gases included nursing, nurse aides, and maintenance staff.	K 926			
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application,	K 926			

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K 926	Continued From page 21 maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel that handled medical gases and cylinders that contained medical gas were trained on the risks associated with handling and use. This failure had the potential to affect all nine residents who resided in the building (Grace's Cottage). The building capacity was 10 and the census was nine. Findings include: Review of facility training records of staff who handled medical gases revealed no documented evidence of staff training on the risk associated with the handling of medical gases for the past 12 months. During an interview on 10/16/23 at 4:30 PM, the Administrator said nurses were trained on oxygen administration but not the risks associated with handling of medical gases. The Administrator also said staff who handled medical gases included nursing, nurse aides, and maintenance staff.	K 926			
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel	K 926			

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K 926	Continued From page 22 Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel that handled medical gases and cylinders that contained medical gases were trained on the risks associated with handling and use. This failure had the potential to affect all 10 residents who resided in the building (Harper's Cottage). The building capacity was 10 and the census was 10. Findings include: Review of facility training records of staff who handled medical gases revealed no documented evidence of staff training on the risks associated with the handling of medical gases for the past 12 months. During an interview on 10/16/23 at 4:30 P.M., the Administrator said nurses were trained on oxygen administration but not the risks associated with handling of medical gases. The Administrator also said staff who handled medical gases included nursing, nurse aides, and maintenance staff.	K 926			
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of	K 926			

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K 926	Continued From page 23 Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel that handled medical gases and cylinders that contained medical gases were trained on the risks associated with handling and use. This failure had the potential to affect all seven residents who resided in the building (Ava's Cottage). The building capacity was 10 and the census was seven. Findings include: Review of facility training records of staff who handled medical gases revealed no documented evidence of staff training on the risks associated with the handling of medical gases for the past 12 months. During an interview on 10/16/23 at 4:30 PM, the Administrator said nurses were trained on oxygen administration but not the risks associated with handling of medical gases. The Administrator also said staff who handled medical gases included nursing, nurse aides, and maintenance staff.	K 926			
K 926 SS=F	Gas Equipment - Qualifications and Training CFR(s): NFPA 101	K 926			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265860	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03, 04, 05, 06 B. WING _____		(X3) DATE SURVEY COMPLETED C 10/16/2023
NAME OF PROVIDER OR SUPPLIER COTTAGES OF LAKE ST LOUIS			STREET ADDRESS, CITY, STATE, ZIP CODE 2885 TECHNOLOGY DRIVE LAKE SAINT LOUIS, MO 63367		
(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 926	Continued From page 24 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure personnel that handled medical gases and cylinders that contained medical gases were trained on the risks associated with handling and use. This failure had the potential to affect all seven residents who resided in the building (Ella's Cottage). The building capacity was 10 and the census was seven. Findings include: Review of facility training records of staff who handled medical gases revealed no documented evidence of staff training on the risks associated with the handling of medical gases for the past 12 months. During an interview on 10/16/23 at 4:30 P.M., the Administrator stated nurses were trained on oxygen administration but not the risks associated with handling of medical gases. The Administrator also stated staff who handled medical gases included nursing, nurse aides, and maintenance staff.	K 926			

PLAN OF CORRECTION		
Provider/Supplier Name:	Cottages of Lake St Louis	
Street Address, City, Zip:	2885 Technology Drive Lake St Louis, MO 63367	
Date of Survey:	10/16/2023	
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
K211	Stop signs posted in Grace and Harper Cottages were removed and disposed of.	11/11/2023
	The Environmental Services Director or designee will audit 1x/week to ensure stop signs are not posted in cottages and will report findings to QAPI until demonstrated compliance for 3 months.	
K363	Door to room 3 in Grace Cottage, room 10 in Ava Cottage, and room 7 in Ella Cottage have been fixed to ensure they do not become stuck in the frame and are in proper working order.	11/11/2023
	The Environmental Services Director or designee will audit 1x/week to ensure doors are closing and latching properly and will report findings to QAPI until demonstrated compliance for 3 months.	
K918	Battery powered lighting was purchased and placed in the "Fire Sprinkler Room" in Kris, Betty, Grace, Harper, Ava, and Ella Cottages.	11/11/2023
	The Environmental Services Director or designee will audit 1x/week to ensure battery operate lighting is in place and working properly and will report findings to QAPI until demonstrated compliance for 3 months.	
K926	Staff that has access to medical gases have been educated in the safe handling of medical gases. Education has been added to our recurring education plan.	11/11/2023
	The Environmental Services Director or designee will audit 1x/week to ensure staff are knowledgeable in the safe handling of medical gases and will report findings to QAPI until demonstrated compliance for 3 months.	

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.