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
	22664C	A. BUILDING: _____ B. WING _____	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOE MANOR	10 LAKE DRIVE BONNE TERRE, MO 63628

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A2210	19 CSR 30-86.022(3)(D) Fire Extinguishers UL/FM, Maintain/Check Fire Extinguishers. (D) All fire extinguishers shall bear the label of the Underwriters' Laboratories (UL) or the Factory Mutual (FM) Laboratories and shall be installed and maintained in accordance with NFPA 10, 1998 edition. This includes the documentation and dating of a monthly pressure check. II/III This regulation is not met as evidenced by: Class III Based on observation, record review and interview, the facility failed to ensure the facility's fire extinguishers were inspected/maintained annually for two of two fire extinguishers. The facility's census was nine. This had the potential to affect all nine residents. 1. Observation on 9/18/25 from 10:12 A.M. through 1:35 P.M. showed: - The fire extinguisher in the dining area showed the last monthly pressure check on 8/26/25, and last serviced on 08/2024. The fire extinguisher showed the gauge in the red indicating "recharge" needed; - The fire extinguisher in the hallway with resident rooms 1100-1105 showed the last monthly pressure check on 8/26/25, and last serviced on 08/2024. During an interview on 09/18/25 at 1:00 P.M., the Administrator said he/she thought someone from the fire extinguisher company came last week and checked the fire extinguishers.	A2210		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Sharon Gries — Administrator — 10/01/25

PLAN OF CORRECTION

Provider/Supplier Name:	St. Joe Manor
Street Address, City, Zip:	10 Lake drive, Bonne Terre, Mo. 63628
Date of Survey:	9/18/25

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	22664C

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2210	1.) The following actions have been taken for the areas noted to be affected by this alleged deficient practice. a.) The fire extinguisher in the dining area was replaced with a new extinguisher on 9/19/2025. b.) All extinguishers in the dining area and hallways were serviced by the extinguisher company on 9/19/2025.	9/22/2025
	2.) All residents are identified as having the potential to be affected by this alleged deficiency.	9/22/2025
	3.) The following systemic measures have been implemented to ensure the alleged deficient practice does not reoccur. a.) The maintenance supervisor and assistant were in-serviced on all components involved in the monthly extinguisher check and when to pull an extinguisher out of service. This in service was given by the QA nurse. b.) The maintenance supervisor and assistant were in-serviced by the QA nurse on assuring that annual servicing of fire extinguishers is performed as per regulations.	9/22/2025
	4.) To assure that the alleged deficient practice does not reoccur: a.) The administrator or designee will audit the tags on the fire extinguishers monthly x3 months to assure compliance with regulations and safety. b.) This plan of correction will be addressed and monitored by the QAPI committee to assure effectiveness and continued compliance with these measures during the quarterly meeting. If problems or concerns are identified, the QAPI committee will perform a root cause analysis and implement measures to address the concerns.	9/22/2025
	Sharon Lees, Administrator	10/1/25