STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265539	A. BUILDING 01 B. WING _____	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS HEALTH AND REHABILITATION	1441 CHARIC DRIVE WILDWOOD, MO 63021

(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 No deficiencies were cited as a result of the Emergency Preparedness review.	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 reference documents.	K 000		
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a	K 923		

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

Administrator 5/2/24

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265539	A. BUILDING **01** B. WING _____	**04/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS HEALTH AND REHABILITATION	**1441 CHARIC DRIVE** **WILDWOOD, MO 63021**

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K 923	Continued From page 1 minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain oxygen cylinder storage according to NFPA code. This deficient practice had the potential to affect all occupants in one of four smoke compartments. The facility has a capacity of 66 and had a census of 41 residents at the time of the survey. Observation on 4/4/24 at 8:30 A.M., of the oxygen storage closet, showed the following: -An approximate 3 foot by 3 foot space; -A sign on the left side of the room read, "Empty oxygen tanks;" -Sixteen large, full tanks and two large, empty tanks on the left side of the room; -A sign on the right side of the room read, "Full oxygen tanks;" -Twenty-one large, full tanks and two large, empty tanks on the right side of the room. During an interview on 4/4/24 at 9:45 A.M., the Maintenance Supervisor said he was responsible for maintaining the oxygen closet. He checked it weekly. The last time he checked, the tanks were not mixed. He thought the oxygen company might have stored the tanks incorrectly when they	K 923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265539	A. BUILDING **01** B. WING _____	**04/09/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS HEALTH AND REHABILITATION	**1441 CHARIC DRIVE** **WILDWOOD, MO 63021**

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K 923	Continued From page 2 made the delivery. He had not seen so many full tanks in the room before. He did not know how they would separate the tanks with so many full tanks. During an interview on 4/4/24 at 12:50 P.M., the Administrator said he knew full and empty tanks were not supposed to be stored together. They had a delivery earlier in the week, and the company might have mixed the tanks. NFPA 99 (2012) 11.6.5 Special Precautions - Storage of Cylinders and Containers. 11.6.5.1 Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier. 11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated.	K 923		

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
	17887	A. BUILDING: 01 B. WING _____	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS HEALTH AND REHABILITATION	1441 CHARIC DRIVE WILDWOOD, MO 63021

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A2010	19 CSR 30-85.022(6) Oxygen Storage Oxygen storage shall be in accordance with NFPA 99, 1999 edition. Facilities shall use permanent racks or fasteners to prevent accidental damage or dislocation of oxygen cylinders. Safety caps shall remain intact except where a cylinder is in actual use or where the regulator has been attached and the cylinder is ready for use. Individual oxygen cylinders in use or with an attached regulator shall be supported by cylinder collars or by stable cylinder carts. II/III This regulation is not met as evidenced by: Class II* See the deficiency cited at K923. *The higher classification due to extent of the violation.	A2010		

Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5/2/24

PLAN OF CORRECTION

Provider/Supplier Name:	**Aegis Health and Rehabilitation**	
Street Address, City , Zip Code:	**1441 Charic Drive Wildwood, MO 63021**	
Date of survey:	**4/9/2024**	

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	**265539**	

ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**	
K923	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** A) All empty O2 tanks have been moved out of the fill O2 rack into the empty rack.		
	The Facility will identify other situations having the potential to be affected by this practice: This deficient practice had the potential to affect all occupants in one of four smoke compartments. No others were effected.		
	Measures put into place to ensure that the deficient practice will not recur are as follows: A) DON will educate nursing staff on proper Oxygen storage. B) Maintenance Director will perform an audit during and after each Oxygen delivery.		

K923	**The facility will monitor the corrective actions to ensure that the deficient practice will not recur are as follows:** The Maintenance Director and/or designee will complete weekly random audits of Oxygen storage room for 3 months. Monitored findings and corrective action will be brought to QAPI Committee monthly for review for three months and as needed to assure compliance.		
	The corrective actions will be completed on or before:	5/9/2024	

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.

PLAN OF CORRECTION

Provider/Supplier Name:	Aegis Health and Rehabilitation	
Street Address, City , Zip Code:	1441 Charic Drive Wildwood, MO 63021	
Date of survey:	4/9/2024	

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265539	
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE	
A2010	**What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** A) All empty O2 tanks have been moved out of the fill O2 rack into the empty rack.		
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