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
	19968C	A. BUILDING: _____ B. WING _____	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTMOOR RETIREMENT COMMUNITY	8600 DELMAR BOULEVARD SAINT LOUIS, MO 63124

(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
A2249	19 CSR 30-86.022(9)(C) Fire Alarm System-Test/Maintain Complete Fire Alarm Systems. (C) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II This regulation is not met as evidenced by: Class II Based on record review, and interview the facility failed to test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. The facility census was sixteen (16). This affected sixteen (16) of sixteen (16) residents. Record review on 12/8/2025 at 1:30 P.M., showed no record of a semi-annual fire alarm inspection. During an interview on 12/8/2025 at 1:30 P.M., the administrator said he would email me a copy of it. The annual report was received, but the semi annual report was not	A2249		
A2269	19 CSR 30-86.022(11)(B) Sprinkler System Maintenance/Testing Sprinkler Systems. (B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were in effect for such facilities on August 27, 2007. I/II This regulation is not met as evidenced by: Class II Based on record review, and interview the facility	A2269		

PLAN OF CORRECTION

Provider/Supplier Name:	Brentmoor Retirement Community
Street Address, City, Zip:	8600 Delmar Blvd. St. Louis, MO 63124
Date of Survey:	12/8/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	052827

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A2249	1. The Executive Director has scheduled a semi-annual fire alarm inspection for 3/11/26, which will be 6 months from the annual inspection that was completed on completed on 9/22/2025	12/22/25
	2. All areas of the community have the potential to be affected by this deficient practice.	
	3. A scheduling tool has been created by the Executive Director that identifies required inspections, including frequency needed, last inspection date, and when the next inspection needs to be completed. Fire alarm inspections will be included in this tool. The maintenance staff will be inserviced on the need for an annual and semi-annual fire alarm inspection. This will include the use of the scheduling tool stated above.	1/5/2026 1/7/2026
	4. The Executive Director will monitor the inspection tool monthly, and ongoing, to see that upcoming inspections are scheduled and completed timely to ensure the community is compliance with this deficiency.	1/7/2026

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.

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A2269	1. The Executive Director has scheduled an annual sprinkler system inspection which was completed 12/22/2025.	12/22/2025
	2. All areas of the community have the potential to be affected by this deficient practice.	
	3. A scheduling tool has been created by the Executive Director that identifies required inspections, including frequency needed, last inspection date, and when the next inspection needs to be completed. Sprinkler system inspections will be included on this tool. The maintenance staff will be inserviced by the Executive Director on the need for an annual sprinkler system inspection. This will include the use of the scheduling tool stated above.	1/5/2026 1/7/2026
	4. The Executive Director will monitor the inspection tool monthly, and ongoing, to see that upcoming inspections are scheduled and completed timely to ensure the community is compliance with this deficiency.	1/7/2026

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A3214	1. The Executive Director has scheduled a two-year electrical inspection that was completed on 12/24/2025.	12/24/2025
	2. All areas of the community have the potential to be affected by this deficient practice.	
	3. A scheduling tool has been created by the Executive Director that identifies required inspections, including frequency needed, last inspection date, and when the next inspection needs to be completed. Two-year electrical inspections will be included on this tool.	1/5/2026
	The maintenance staff will be inserviced by the Executive Director on the need for a two-year electrical inspection. This will include the use of the scheduling tool stated above.	1/7/2026
	4. The Executive Director will monitor the inspection tool monthly, and ongoing, to see that upcoming inspections are scheduled and completed timely to ensure the community is compliance with this deficiency.	1/7/2026

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A3224	1. Room 213's resident and family were notified and provided a 30-day discharge notice based on the excessive amount of belongings lined along the hallway, hindering the egress path, as well as around the bed preventing the required clearance. Resident and family has since completed required clean up and has been provided a notice of rescinding the discharge notice.	12/23/2025
	2. All resident rooms have the potential to be affected by this deficient practice.	
	3. The Assisted living director, housekeeping, and maintenance staff will be inserviced on protecting the egress path in resident rooms, well as clearance around beds and walls to provide required clearance. This includes reporting to the Executive Director those who refuse to maintain their rooms in appropriate fashion.	1/7/2025
	4. The Executive Director or his designee will monitor the condition of resident rooms every two weeks ongoing to ensure residents are maintaining rooms in a condition that provides a safe path of egress as well as required clearance.	1/7/2025

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A2269	19 CSR 30-86.022(11)(B) Sprinkler System Maintenance/Testing Sprinkler Systems. (B) Facilities that have a sprinkler system installed prior to August 28, 2007, shall inspect, maintain, and test these systems in accordance with the requirements that were in effect for such facilities on August 27, 2007. I/II This regulation is not met as evidenced by: Class II Based on record review, and interview the facility	A2269		

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A2269	Continued From page 1 failed to install and maintain a complete sprinkler system in accordance with NFPA 13, 1999 edition. The facility census was sixteen (16). This affected sixteen (16) of sixteen (16) residents. Record review on 12/8/2025, at 1:30 P.M., showed no annual sprinkler system report. During an interview on 12/8/2025 at 1:30 P.M. with the administrator, he stated he did have it scheduled to be completed	A2269		
A3214	19 CSR 30-86.032(13) Electrical Wiring, Maintained, Inspected In facilities that are constructed or have plans approved after July 1, 2005, electrical wiring shall be installed and maintained in accordance with the requirements of the National Electrical Code, 1999 edition, National Fire Protection Association, Inc., incorporated by reference, in this rule and available by mail at One Batterymarch Park, Quincy, MA 02269, and local codes. This rule does not incorporate any subsequent amendments or additions to the materials incorporated by reference. Facilities built between September 28, 1979 and July 1, 2005 shall be maintained in accordance with the requirements of the National Electrical Code, which was in effect at the time of the original plan approval and local codes. This rule does not incorporate any subsequent amendments or additions. In facilities built prior to September 28, 1979, electrical wiring shall be maintained in good repair and shall not present a safety hazard. All facilities shall have wiring inspected every two (2) years by a qualified electrician. II/III	A3214		

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A3214	Continued From page 2 This regulation is not met as evidenced by: Class III Based on record review and interview the facility failed to properly maintain the buildings electrical wiring. The facility census was sixteen (16) This deficiency affects sixteen (16) of sixteen (16) residents. A records review on 12/8/2025 at 1:30 P.M. showed no two year electrical inspection being provided. During an interview on 12/8/2025 at 1:30 P.M. with the administrator, he stated he didn't believe it had been done, but would get it scheduled.	A3214		
A3224	19 CSR 30-86.032(23) Rooms Neat, Orderly, Cleaned Daily Rooms shall be neat, orderly and cleaned daily. II/III This regulation is not met as evidenced by: Class III Based on observation and interview, this facility failed to ensure rooms are kept neat, orderly and cleaned daily. The facility census was sixteen (16) This affected sixteen (16) of sixteen (16) residents. Based on observations at 12:45 P.M. on 12/8/2025, showed resident room 213 with excess amount of belongings lined along the hallway, hindering the egress path, as well as	A3224		

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A3224	Continued From page 3 around the bed preventing the required clearance. Based on interview at 1:30 P.M. on 12/8/2025 with the administrator, he stated they have had continued problems with her having too many items in the room, but would work with her and her family to get more cleared out.	A3224		