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
	29435	A. BUILDING: _____ B. WING _____	11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINS OF WEST COUNTY AL, LLC, THE	15822 CLAYTON ROAD ELLISVILLE, MO 63011

(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
A2217	19 CSR 30-86.022(5)(D) Fire Drill Requirements, Evacuation Fire Drills and Emergency Preparedness. (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 resident evacuation at least once a year. II/III This regulation is not met as evidenced by: Class III Based on record review and interview on, the facility failed to conduct fire drills with at least one (1) fire drill every three (3) months on each shift. The facility census was 60. This deficiency affects 60 out of 60 residents. Record review on November 3, 2025, at 12:00 P.M. showed no documentation of a fire drill being performed on the first shift from April, 2025 through October 2025. This could impede the first shift's ability to perfform an evacuation in case of emergency During an interview on November 3, 2025, at the time of discovery, the Maintenance Director said that he/she was new and was not aware the drills had not been performed properly.	A2217		

PLAN OF CORRECTION

Provider/Supplier Name:	The Fountains of West County Assisted Living
Street Address, City, Zip:	15822 Clayton Rd Ellisville, Mo. 63011
Date of Survey:	11/4/2025

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
A2217	It will be placed on the maintenance directors calendar to complete a fire drill each month with the times rotating each month between day shift, evening shift and night shift. So by the end of the year 4 fire drills will be completed on each shift by the end of the year.	11/5/2025
	The Administrator will ensure the drills have been completed by the end of each month following the same calendar the maintenance director follows.	11/5/2025

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.

Yvonne 11/5/25