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
	05568A	A. BUILDING: _____ B. WING _____	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTHER OF GOOD COUNSEL HOME	6825 NATURAL BRIDGE ROAD SAINT LOUIS, MO 63121

(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
A2016	19 CSR 30-85.022(8)(D) Fire Extinguisher UL/FM, Monthly Check Fire Extinguishers. (D) All fire extinguishers shall bear the label of the UL or the 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: Based on observation and interview, the facility failed to maintain all fire extinguishers to NFPA standards. This deficiency had the potential to affect all occupants in five of five smoke compartments. The facility has a capacity of 114 and had census of 70 residents at the time of the survey. 1.Observation during fire safety tour on 5/26/26 between 9:30 A.M. and 1:00 P.M., showed the following: -A portable ABC fire extinguisher nearest room 375, more than 60 inches above the finished floor. -A portable ABC fire extinguisher nearest room 206, more than 60 inches above the finished floor; - A portable ABC fire extinguisher, in the kitchen, mounted above a steel cabinet with microwave on top, more than 60 inches above the finished floor; -A portable K fire extinguisher, in the kitchen, mounted more than 60 inches above the finished floor; During an interview on 5/26/26 at 12:08 P.M., the Maintenance Supervisor said he knew the portable fire extinguishers shouldn't be more than 60" from the floor to the handle and he would	A2016		

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A2016	Continued From page 1 lower the extinguishers. NFPA 10 (1998) 1-6.10 Fire extinguishers having a gross weight not exceeding 40 lbs (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.52 m) above the floor.	A2016		
A2057	19 CSR 30-85.022(32) Ashtrays Noncombustibles/Safe/Disposal Designated smoking areas shall have ashtrays of noncombustible material and of safe design. The contents of ashtrays shall be disposed of properly in receptacles made of noncombustible material. II/III This regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure cigarette butts and ashtray contents were properly disposed. This deficient practice affected all staff and residents who used the designated smoking area. The facility has a capacity of 114 and had a census of 70 residents at the time of the survey. Observations during the Life Safety Code tour on 5/26/26 at 9:51 A.M. and 12:36 P.M., of the designated smoking area on the back side of the facility, showed: -A "smokers cease fire" tan ashcan tower positioned next to and in close proximity of a large gray trashcan; -Greater than 107 cigarette butts on the ground, in the grass and rocks surrounding the smoking area; -Signage: "For safety purpose, the maintenance department will check and empty this receptacle.	A2057		

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A2057	Continued From page 2 Please do not empty yourself. Thank you." During an interview on 5/26/26 at 12:28 P.M. and 12:36 P.M., the Maintenance Supervisor said the facility was not smoke free and there was a designated smoking area at the back of the building. Smokers should be responsible to pick up the cigarette butts, but maintenance was responsible for cleaning the area. He expected the smokers to clean up behind themselves and for the smoking area to have been cleaned up. He could use a blower but that would push the butts into the rocks. NFPA 101 (2012) 19.7.4 (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	A2057		

PLAN OF CORRECTION

Provider/Supplier Name:	Mother of Good Counsel Home
Street Address, City, Zip:	6825 Natural Bridge Rd; St. Louis, MO 63121
Date of Survey:	05/26/2026

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
A2016	This facility maintains compliance with NFPA standards, including the proper installation of fire extinguishers. The fire extinguishers identified during the survey (nearest rooms 375, 206, and both kitchen fire extinguishers) were remounted to ensure compliance with NFPA mounting height requirements. (See Exhibit 1) All fire extinguishers throughout the facility were observed to ensure compliance with NFPA mounting requirements. (See Exhibit 2) Future fire extinguisher installations or remounting will be verified for compliance with NFPA mounting height requirements at the time of installation. To ensure ongoing compliance, Mother of Good Counsel Home added a question about the height of fire extinguishers to the facility vendor project exit form. (Exhibit 3)	06/08/2026

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.

A2057	This facility maintains compliance with 19 CSR 30-85.022(32) in regard to disposal of cigarette butts. All cigarette butts and debris were removed from the designated smoking area immediately following the survey. (See Exhibit 4) The entire smoking area was inspected to ensure no additional cigarette debris remained. (See Exhibit 5) The designated smoking area has been added to the Housekeeping Department's weekly environmental inspection and cleanup process. Documentation of these inspections will be maintained. (See Exhibit 6)	05/27/2026

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.