

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 07516C	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/04/2025
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NAME OF PROVIDER OR SUPPLIER ST ELIZABETH HALL	STREET ADDRESS, CITY, STATE, ZIP CODE 325 NORTH NEWSTEAD AVENUE SAINT LOUIS, MO 63108
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(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
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A2249	<p>19 CSR 30-86.022(9)(C) Fire Alarm System-Test/Maintain</p> <p>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</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on record review and interview on June 04, 2025, the facility failed to ensure the complete fire alarm system was tested and maintained in accordance with National Fire Protection Association (NFPA) 72, 1999 edition. The facility census on June 04, 2025 was 39. This deficiency potentially affects 39 of 39 residents.</p> <p>Record review on June 04, 2025, at 2:14 P.M. of the annual fire alarm system inspection report dated May 29, 2025 showed defects or malfunctions in the fire alarm system that haven't been corrected that consist of the following:</p> <ul style="list-style-type: none"> *Left and right tampers in the maintenance shop on zone L1-142 failed to send a signal to the FACP and/or the ERC. *Tamper on zone L-145 south hall L1-145 failed to send a signal to the FACP and/or the ERC. *Tamper 1st floor west on zone L1-156 failed to send a signal to the FACP and/or the ERC. *Tamper third floor west on zone L2-146 failed to send a signal to the FACP and/or the ERC. *Tamper 4th floor south stairwell on zone L2-146 failed to send a signal to the FACP and/or the ERC. 	A2249		
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Missouri Department of Health and Senior Services
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* TITLE *ADMINISTRATOR* (X6) DATE *6/29/25*

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A2249	Continued From page 1 During an interview on June 04, 2025, at 3:02 P.M. the facilities Maintenance Supervisor said he/she would contact the fire alarm company and schedule a date for the defects to be corrected.	A2249		

