

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00633D</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GEORGIA BROWN BLOSSER HOME FOR THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 EAST EASTWOOD STREET MARSHALL, MO 65340</b>
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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
A2219	<p>19 CSR 30-86.022(5)(F) Fire Alarm Activation Requirements</p> <p>Fire Drills and Emergency Preparedness. (F) The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm. II/III</p> <p>This regulation is not met as evidenced by: Class III.</p> <p>Record review and interview on June 22, 2022 at 7:27 p.m. showed the facility staff could not locate any records specifically showing the fire alarm had been activated monthly for the past twelve (12) months. The facility census was six (6) at the time of the inspection. The deficiency affected six (6) of the six (6) residents.</p> <p>The fire alarm shall be activated during all fire drills unless the drill is conducted between 9 p.m. and 6 a.m., when a facility-generated predetermined message is acceptable in lieu of the audible and visual components of the fire alarm.</p> <p>During an interview on June 22, 2022 at 8:33 p.m., the administrator says she/he always uses the fire alarm for fire drills each month (note: all fire drill records appear complete and done at the proper time intervals, and the facility is in-compliance with fire drills). There simply needs to be one more line on their form to document the fire alarm was tested during the drill, which she/he said they will add to their form.</p>	A2219		

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

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A2220	Continued From page 1	A2220		
A2220	<p>19 CSR 30-86.022(6)(A)(1 - 3) Fire Safety Training Requirements-employees</p> <p>Fire Safety Training Requirements. (A) The facility shall ensure that fire safety training is provided to all employees:</p> <ol style="list-style-type: none"> <li>1. During employee orientation;</li> <li>2. At least every six (6) months; and</li> <li>3. When training needs are identified as a result of fire drill evaluations. II/III</li> </ol> <p>This regulation is not met as evidenced by: Class III.</p> <p>Based on records review and interview during the fire safety inspection process on June 22, 2022, the facility failed to ensure that fire safety training is provided to all employees (in the topics listed at the bottom of this page) during employee orientation, at least every six (6) months, and when training needs are identified as a result of a fire drill evaluation. The facility census was six (6). This deficiency affects six (6) of six (6) residents.</p> <p>Records Review: Attempted records review on June 22, 2022 at 8:35 p.m., showed the assistant administrator was unable to find documentation showing training being completed for all employees. I viewed the fire drill logs, which state the number of employees and residents present (i.e.: "2 staff, 4 residents" at the time of each month's fire drill, but no individual names are listed on the forms to document which employees were trained/not trained.</p> <p>Interview: During an interview on June 22, 2022 at 8:40 p.m. the administrator said fire safety topics are covered for newly-hired staff as part of</p>	A2220		

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A2220	Continued From page 2  orientation. However, she knows of no such documentation, saying in the past the facility required these records in employee records, but in recent years it has not. She/he explained the former state fire inspector told her/him that listing employees names on the training logs is not required, and should not be done anymore, but says she/he was not told the reason why by the inspector. She also said as part of her duties she covers these topics in staff meetings, but hasn't been keeping records of these conversations as part of a training log, though she now plans to.  Requirements: Yearly in-service fire safety training can be in any of the following topics, which shall include, but is not limited to: 1. Prevention of fire ignition, detection of fire, and control of fire development; 2. Confinement of the effects of fire; 3. Procedures for moving residents to an area of refuge, if applicable; 4. Use of alarms; 5. Transmission of alarms to the fire department; 6. Response to alarms; 7. Isolation of fire; 8. Evacuation of immediate area and building; 9. Preparation of floors and facility for evacuation; and, 10. Use of the evacuation plan as required by section (5) of this rule.	A2220		
A2229	19 CSR 30-86.022(7)(E) Locked Exit Doors  Exits, Stairways, and Fire Escapes. (E) If it is necessary to lock exit doors, the locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the building. Only one (1) lock shall be permitted on each door. Delayed egress locks complying with section 7.2.1.6.1 of the 2000 edition NFPA 101 shall be permitted, provided that not more than one (1) such device is located	A2229		

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A2229	<p>Continued From page 3</p> <p>in any egress path. Self-locking exit doors shall be equipped with a hold-open device to permit staff to reenter the building during the evacuation. I/I</p> <p>This regulation is not met as evidenced by: Class II.</p> <p>Based on observation and interview during the fire safety inspection process on June 22, 2022 the facility failed to ensure exit door locks shall not require the use of a key, tool, special knowledge, or effort to unlock the door from inside the building. The facility census was six (6). This deficiency affects six (6) of six (6) residents.</p> <p>Observation on June 22, 2022 at 5:33 p.m. showed the glass storm door, located at the front of the facility, was unable to be unlocked so it could be opened during the inspection. I tried unsuccessfully to get the door's lock to release by turning the lock in each direction, but the door wouldn't open. I asked the assistant administrator to assist me, which she/he did; turning the lock several times before it finally unlocked.</p> <p>In a fire, residents may be unable to open the exit door due to this lock, thus being trapped inside the building until the glass can be broken. I have never encountered a storm door lock to be this difficult or confusing to open.</p> <p>During an interview on June 22, 2022 at 5:34 p.m., the assistant administrator was aware of the lock being finicky or tricky, and agreed that the difficulty in opening it and the confusion it presents is a concern. He/she will contact a</p>	A2229		

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A2229	Continued From page 4  locksmith to repair the door lock to ensure it opens easily from inside.	A2229		
A2239	<p>19 CSR 30-86.022(9)(A) Fire Alarm Complete System</p> <p>Complete Fire Alarm Systems. (A) All facilities shall have a complete fire alarm system installed in accordance with NFPA 101, Section 18.3.4, 2000 edition. The complete fire alarm shall automatically transmit to the fire department, dispatching agency, or central monitoring company. The complete fire alarm system shall include visual signals and audible alarms that can be heard throughout the building and a main panel that interconnects all alarm-activating devices and audible signals. Manual pull stations shall be installed at or near each required attendant ' s station and each required exit. I/II</p> <p>This regulation is not met as evidenced by: Class II.</p> <p>Based on observation, records review, and interview on June 22, 2022, the facility failed to maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. The facility census was six (6). This deficiency affects six (6) of six (6) residents.</p> <p>Observation on June 22, 2022 from 4:28 p.m. to 4:31 p.m. showed three (3) of the building's smoke detectors, located on the second (2nd) floor, are not present at the ceiling level. Instead, an open junction box mounted to the ceiling, with red 'fire alarm wiring' is hanging out of the open junction boxes located in vacant rooms nine (9), ten (10) and in the central hall between both</p>	A2239		

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A2239	<p>Continued From page 5</p> <p>rooms.</p> <p>Viewing both the fire alarm annunciator and fire alarm panel, the fire alarm system shows in ready status, with no trouble or issues noted.</p> <p>I notified the assistant administrator of the concern, that the building is on "fire watch" until the fire alarm company could reinstall the smoke detectors and confirm the building's fire alarm system is 100 percent back in service, and stressed the urgency in getting the alarm system back to full coverage. I explained what fire watch entails, which she/he wrote on paper.</p> <p>Records review on June 22, 2022 at 7:03 p.m. shows a customer activity report dated 12/08/2021 with the first line indicating "Trouble 'Sounder Relay' (Alarm)."</p> <p>Interview on June 22, 2022 at 8:18 p.m. with the assistant administrator indicated the facility had a leak "this past winter" in the attic, causing water to damage the second floor ceiling. She/he was unsure of the date, or what month the incident occurred, but could only recall that it occurred "this winter." She/he believes the water leak possibly caused one or more of the smoke detectors to malfunction, so she/he called her fire alarm company, American Sentry. She/he believes the alarm company's alarm technician responded and removed the three (3) smoke detectors so the ceiling could be repaired, but she/he couldn't recall the date or month, only that it occurred "this winter." I asked about the 'customer activity report' dated 12/08/2021 with the first line indicating "Trouble 'Sounder Relay' (Alarm)," and asked if it was possible the leak occurred around 12/08/2021? She/he thought for</p>	A2239		

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A2239	<p>Continued From page 6</p> <p>a moment and said it is possible, but she/he couldn't recall anything to narrow down the date (of when the fire alarm would have been compromised and/or not 100 percent fully-operational due to those three removed smoke detectors). I noted the ceiling appears repaired and ceiling repainting completed in two of the three areas, and asked when the work in those two rooms was finished. She/he estimated it has been finished for about "two weeks" in two of the three rooms, but the third room (bathroom) is still awaiting repairs, which is why the smoke detectors haven't been reinstalled in those three (3) locations.</p> <p>Interview on June 24, 2022 at 10:04 a.m. via phone with Megan Opr #42 with Alarm Central Monitoring (913-829-6325): A trouble alarm, indicating something may be wrong with the alarm system, occurred on 12/08/2021. This could be consistent with a water leak causing an issue. No other winter time trouble alarms were received.</p> <p>Interview on June 24, 2022 at 11:11 a.m. via phone with Dan Moore, owner/technician at American Sentry Alarm Monitoring Co. (816-878-6700): he/she was notified on or around 12/08/2022, and responded to the call for service. Upon arrival, he/she found water dripping from the three smoke detectors (#28, #29, and #30), so his/her company removed them. Since the alarm panel is newer and addressable, he temporarily deleted these three smoke detectors to prevent the alarm panel from being in 'trouble' status. When asked, he said the rest of the system was fully functional the entire time except those three smoke detectors, and that he now wonders if he should have done</p>	A2239		

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A2239	Continued From page 7  something differently in deciding to temporarily remove those three smoke detectors. However, he noted supply chain issues have been horrible for fire alarm devices due to covid. On 03/03/2022 his company completed a fire alarm system annual inspection, and the alarm system was functional except the three missing smoke detectors. He said due to covid rules, his company could not conduct an annual or semi-annual inspection in 2021, which is why there is no documentation available for 2021.	A2239		
A2262	19 CSR 30-86.022(10)(G) Door Devices - Self/Auto closing  Protection from Hazards. (G) All doors providing separation between floors shall have a self-closing device attached. If the doors are to be held open, electromagnetic hold-open devices shall be used that are interconnected with either an individual smoke detector or a complete fire alarm system. II  This regulation is not met as evidenced by: Class II.  Based on observation and interview on June 22, 2022, the facility failed to ensure all doors providing separation between floors shall have no hold-open devices, except an optional electromagnetic hold-open device interconnected with a complete fire alarm system that causes the door to close when the fire alarm is activated. The facility census was six (6). This deficiency affects six (6) of six (6) residents.  Observation on June 22, 2022 at 5:20 p.m.: the second floor door to the west stairwell has a a rubber-footed hold-open device attached to it,	A2262		

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A2262	<p>Continued From page 8</p> <p>that's designed to hold the door open indefinitely. The door was appropriately closed at the time of the inspection.</p> <p>If this door is propped open and a fire occurs, smoke and/or fire could fill the stairwell, making egress difficult or impossible, and allowing smoke and/or fire to spread through the facility unimpeded. Note the kitchen is located just below this door, and the kitchen had its door to the stairwell propped open with an improper door wedge (addressed in a separate deficiency), which would compromise residents' ability to exit via these stairs in the event of a kitchen fire.</p> <p>During an interview on June 22, 2022 at 5:22 p.m., the assistant administrator says she will have maintenance remove the device ASAP, ensure the doors are not propped open, address the reason for the concern with staff at the next in-service meeting as a training topic, and ask the fire alarm company about installing electromagnetic hold-open devices which are allowed.</p>	A2262		
A2265	<p>19 CSR 30-86.022(10)(J) Smoke Section Partitions &lt; than 20 beds</p> <p>Protection from Hazards. (J) In all facilities that were initially licensed on or prior to December 31, 1987, and all facilities licensed for twenty (20) or fewer beds prior to August 28, 2007, each smoke section shall be separated by a one- (1-) hour fire-rated smoke partition that extends from the inside portion of an exterior wall to the inside portion of an exterior wall and from the floor to the underside of the floor or roof deck above, through any concealed spaces, such as those above suspended</p>	A2265		

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A2265	<p>Continued From page 9</p> <p>ceilings, and through interstitial structural and mechanical spaces. Smoke partitions shall be permitted to terminate at the underside of a monolithic or suspending ceiling system where the following conditions are met: The ceiling system forms a continuous membrane, a smoketight joint is provided between the top of the smoke partition and the bottom of the suspended ceiling and the space above the ceiling is not used as a plenum. Smoke partition doors shall be at least twenty- (20-) minute fire-rated or its equivalent, self-closing, and may be held open only if the door closes automatically upon activation of the complete fire alarm system. II</p> <p>This regulation is not met as evidenced by: Class II.</p> <p>Based on observation and interview on June 22, 2022, the facility failed to ensure the kitchen's doors are held open only if the door closes automatically upon activation of the fire alarm system. The facility census was six (6). This deficiency affects six (6) of six (6) residents.</p> <p>Observation on June 22, 2022 at 5:35 p.m., the two doors from the kitchen to the dining room were propped open by door wedges.</p> <p>Observation on June 22, 2022 at 6:08 p.m., the door from the kitchen to the stairwell was propped open with a door wedge.</p> <p>During an exit interview on June 22, 2022 at 8:34 p.m., the assistant administrator says she will ensure the doors are not propped open until the fire alarm company can install electromagnetic hold-open devices, and plans to address the</p>	A2265		

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A2265	<p>Continued From page 10</p> <p>reason for the concern at the next staff meeting so staff knows why this is dangerous.</p> <p>If a kitchen fire occurs while the door is propped open, the stairway could fill with smoke and/or fire. This would block one (1) of the two (2) egress paths from the second floor; potentially trapping second floor level residents if they're unable to access the adjacent stairway.</p> <p>Per 19 CSR 30-86.022, 10(J), the door may be held open only if the door closes automatically upon activation of the fire alarm system, and these doors are required to be:</p> <ol style="list-style-type: none"> <li>1). either closed (with self-closing hardware) and no hold open device present, or</li> <li>2). held open with an electromagnetic hold-open device that is connected to the fire alarm system, so the door automatically releases and closes (with self-closing hardware) if the fire alarm is activated.</li> </ol>	A2265		
A3220	<p>19 CSR 30-86.032(19) Elevator Requirements</p> <p>If elevators are used, installation and maintenance shall comply with local and state codes and the National Electric Code. II/III</p> <p>This regulation is not met as evidenced by: Class III.</p> <p>Based on records review and interview during the fire safety inspection on June 22, 2022, the facility failed to obtain a current elevator inspection permit from the Elevator Inspection Unit at the Missouri Division of Fire Safety (MDFS). The facility census was six (6). This deficiency affects six (6) of six (6) residents.</p>	A3220		

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A3220	Continued From page 11  Records review found no current elevator inspection permit issued by MDFS. They have paperwork showing their elevator was inspected on 11/09/2021 by Dan Nourck #348 of Elevator Safety Services, Inc. of Kansas City, MO; a private inspection company. A Missouri Elevator ID Tag #05058 is attached to the elevator.  Interview on June 22, 2022 at 8:15 p.m.: assistant administrator says she will contact the MDFS Elevator Unit at 573-526-3660 to obtain the elevator permit.	A3220		
A3235	19 CSR 30-86.032(34) Hot Water 105-120 Degrees F  Plumbing fixtures which are accessible to residents and which supply hot water shall be thermostatically controlled so that the water temperature at the fixture does not exceed one hundred twenty degrees Fahrenheit (120°F) (49°C) and the water shall be at a temperature range between one hundred five degrees Fahrenheit (105°F) (41°C) and one hundred twenty degrees Fahrenheit (120°F) (49°C). I/II  This regulation is not met as evidenced by: Class II.  Based on observation and interview, facility staff failed to ensure hot water was thermostatically controlled so the temperature did not exceed one-hundred twenty degrees Fahrenheit (120 degrees F) in the facility. The facility census at the time of the inspection was six (6) residents. This deficiency affected six (6) of six (6) residents.  Observation: While conducting a fire inspection	A3235		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00633D</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GEORGIA BROWN BLOSSER HOME FOR THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 EAST EASTWOOD STREET MARSHALL, MO 65340</b>
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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
A3235	<p>Continued From page 12</p> <p>on June 22, 2022 at 6:14 p.m., I washed my hands with hot water (I did not attempt to use the cold water valve) in the sink of the basement restroom adjacent to the resident's in-facility hair salon. I noticed the water seemed hotter than I usually encounter. I told the assistant administrator of the concern, who immediately obtained a thermometer and checked the temperature, noting it is hotter than it should be: 122°F.</p> <p>During an exit interview on June 22, 2022 at 8:20 p.m., the assistant administrator said the facility recently had two (2) new water heaters installed, so she/he will notify the maintenance person to check for an issue. The assistant administrator said the facility is dilligent in frequent water temperature checks, and showed me several written logs in a binder. The logs indicated numerous water temperature checks having been done over time, and this hotter temperature is not normal for the facility.</p> <p>Test methodology: The assistant administrator's test location was at the basement restroom sink where I had washed my hands. This room is next to where two (2) of the three (3) water heaters for the facility are located, so water temperature is likely hotter at this sink than any other sink in the building.</p> <p>To err in favor of the facility, I attempted to take samples from two other bathroom sinks in the facility, further away from the water heaters. The first restroom (under stairs, 1st floor) has a slow moving drain, so I wasn't able to obtain a consistent measurement. The second restroom was in use by a female resident, so I could not access the room. Thus, I measured the hot</p>	A3235		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00633D</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GEORGIA BROWN BLOSSER HOME FOR THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1210 EAST EASTWOOD STREET MARSHALL, MO 65340</b>
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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
A3235	<p>Continued From page 13</p> <p>water temperature in the metal sink in the kitchen nine (9) times with a different thermometer (Ideal brand laser infrared thermometer), and results ranged from 125.2°F to 126.5°F.</p> <p>The administrator, myself, and the fire department battallion chief all tried to locate the facility's anti-scald mixing valve that controls the hot/cold water mix (so the assistant administrator could lower the temperature setting immediately), but we could not identify it.</p>	A3235		

UNABLE TO LOCATE PLAN OF CORRECTION