

An administrator signature on the 2567 & approved POC could not be found in file.

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12693D	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/26/2022
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NAME OF PROVIDER OR SUPPLIER ARBORS AT WESTRIDGE PLACE- MEM CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 539 NORTH WEST STREET SIKESTON, MO 63801
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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
A2210	<p>19 CSR 30-86.022(3)(D) Fire Extinguishers UL/FM, Maintain/Check</p> <p>Fire Extinguishers. (D) All fire extinguishers shall bear the label of the Underwriters ' Laboratories (UL) or the Factory Mutual (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</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview on April 26, 2022 the facility failed to properly maintain/install the facility fire extinguishers in accordance with NFPA 10, 1998 edition. The facility census was seventeen (17). This deficiency affects seventeen (17) of seventeen (17) residents.</p> <p>Observation on April 26, 2022 at 12:18 P.M. showed the class K fire extinguisher in the facility kitchen was setting on the floor and not properly mounted to wall in accordance with NFPA 10, 1998 edition.</p> <p>During an interview on April 26, 2022 at 2:00 P.M. the maintenance person said he was not aware why it was setting on the floor.</p>	A2210		
A2214	<p>19 CSR 30-86.022(5)(A) Fire Drill/Evacuation Plan, Consultation</p> <p>Fire Drills and Emergency Preparedness. (A) All facilities shall have a written plan to meet potential emergencies or disasters and shall request consultation and assistance annually from a local fire unit for review of fire and evacuation plans. If the consultation cannot be</p>	A2214		

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

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A2214	<p>Continued From page 1</p> <p>obtained, the facility shall inform the state fire marshal in writing and request assistance in review of the plan. An up-to-date copy of the facility ' s entire plan shall be provided to the local jurisdiction ' s emergency management director. II/III</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on record review and interview on April 26, 2022 the facility failed to request the required annual consultation from the local fire authority. The facility census was seventeen (17). This deficiency affects seventeen (17) of seventeen (17) residents.</p> <p>Record Review on April 26, 2022 at 1:00 P.M. showed no current fire department consultation on file for review. The last consultation paperwork on file was dated 03/2021.</p> <p>During an interview on April 26, 2022 at 1:30 P.M. the maintenance person stated he was not sure were the paperwork is.</p>	A2214		
A2278	<p>19 CSR 30-86.022(12)(C) Emergency Lighting -Battery Powered, 1.5 hrs</p> <p>Emergency Lighting. (C) If battery-powered lights are used, they shall be capable of operating the light for at least one and one-half (1 1/2) hours. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview on April 26, 2022 the facility failed to maintain the main</p>	A2278		

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A2278	<p>Continued From page 2</p> <p>emergency lighting in good repair. The facility census was seventeen (17). This deficiency affects seventeen (17) of seventeen (17) residents.</p> <p>Observation on April 26, 2022 at 12:15 P.M. showed that the right half of the emergency light located in B hallway beside the entry door to the facility spa room failed to activate when the test button was depressed.</p> <p>Observation on April 26, 2022 at 12:28 P.M. showed that the exit/emergency light located on the west side of the fire seperation doors by the director of nursing office failed to activate when the test button was depressed.</p> <p>Observation on April 26, 2022 at 12:35 P.M. showed that the emergency light labeled as number seven (7) located in the D hallway failed to activate when the test button was depressed.</p> <p>During an interview on April 26, 2022 at 2:00 P.M. the maintenance person said he was not aware that the emergency lighting was not functional, and would have it corrected as soon as possible.</p>	A2278		
A2286	<p>19 CSR 30-86.022(15)(A) Wastebaskets, Metal/UL/FM-Requirements</p> <p>Trash and Rubbish Disposal. (A) Only metal or UL- or FM-fire-resistant rated wastebaskets shall be used for trash. II</p> <p>This regulation is not met as evidenced by: Class II</p> <p>Based on observation and interview on April 26, 2022 the facility failed to ensure only all metal, UL</p>	A2286		

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A2286	<p>Continued From page 3</p> <p>or FM fire-resistant rated wastebaskets were being used for trash. The facility census was seventeen (17). This deficiency affects seventeen (17) of seventeen (17) residents.</p> <p>Observation on April 26, 2022 at 12:22 P.M. showed an unapproved plastic wastebasket in use in resident room A four (A-4).</p> <p>Observation on April 26, 2022 at 12:38 P.M. showed an unapproved plastic wastebasket in use in resident room D one (D-1) restroom.</p> <p>Observation on April 26, 2022 at 12:38 P.M. showed an unapproved plastic wastebasket in use in resident room D one (D-1) living room.</p> <p>Observation on April 26, 2022 at 12:41 P.M. showed an unapproved plastic wastebasket in use in resident room D six (D-6).</p> <p>Observation on April 26, 2022 at 12:46 P.M. showed an unapproved plastic wastebasket in use in resident room C four (C-4).</p> <p>During an interview on April 26, 2022 at 2:00 P.M. the maintenance person said he was not aware of the wastebaskets, he would get them replaced.</p>	A2286		
A3214	<p>19 CSR 30-86.032(13) Electrical Wiring, Maintained, Inspected</p> <p>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,</p>	A3214		

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A3214	<p>Continued From page 4</p> <p>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</p> <p>This regulation is not met as evidenced by: Class III</p> <p>Based on observation and interview on April 26, 2022 the facility failed to properly maintain the electrical wiring system so as not to cause a safety and/or fire hazard. The facility census was seventeen (17). This deficiency affects seventeen (17) of seventeen (17) residents.</p> <p>Observation on April 26, 2022 at 12:38 A.M. showed an unapproved electrical extension cord in use in resident room D one (D-1).</p> <p>During an interview on April 26, 2022 at 2:00 P.M. the maintenance person said he would have the cord removed.</p>	A3214		