

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>25045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAK POINTE OF WARRENTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 FORREST AVENUE WARRENTON, MO 63383</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
A2249	<p><b>19 CSR 30-86.022(9)(C) Fire Alarm System-Test/Maintain</b></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, the facility failed to test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition, when the facility failed to complete a semi annual fire alarm inspection. The facility census was fifty (50). This affected fifty (50) of fifty (50) residents.</p> <p>Record review showed no semi-annual fire alarm system inspection had been documented. The records showed the last annual fire alarm system inspection had been conducted on 12-27-2023.</p> <p>During an interview on 10-22-24 at 1:35 P.M., the director of maintenance said he couldn't locate the inspection, but would call and see if it was completed.</p>	A2249		

Missouri Department of Health and Senior Services  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Stephance HERN**  
TITLE  
**Executive Director**  
(X6) DATE  
**11/16/24**

