STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265181	A. BUILDING 01 B. WING _____	C 03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENTON MANOR	65 STATE HWY AA WRIGHT CITY, MO 63390

(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) COMPLETION DATE
E 000	Initial Comments 42 CFR 483.73 The Emergency Preparedness portion of the survey did not result in deficiencies.	E 000		
K 000	INITIAL COMMENTS 42 CFR 483.90(a) The facility does not meet the applicable provisions of the 2012 existing edition of the Life Safety Code of the National Fire Protection Association (NFPA) and related references.	K 000		
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is	K 222		

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

Amanda Marsden | Administrator | 4/3/25

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 222	Continued From page 1 protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and record reviews, the facility staff failed to ensure doors in the means of egress were marked by an approved sign which is readily visible from any	K 222		

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K 222	Continued From page 2 direction of the exit access. This failure had the potential to affect all facility occupants in one out of five smokes zones. The facility census was 83 with a capacity of 120. 1. Review of the facility's policies and procedures showed the facility did not have a policy related to door signs in the means of egress. Observation on 03/19/25 at 10:20 A.M., showed an exit door at the end of the special care unit was equipped with a 15 second delayed egress locking system. Observation showed the door did not contain signage to indicate the delayed egress function. During an interview on 03/19/25 at 10:25 A.M., the maintenance director said he/she did not know when the delayed egress sign was removed from the door or who removed it. The maintenance director said he/she routinely checked the doors for proper function but did not realize the sign was missing. During an interview on 03/20/25 at 12:20 P.M., the administrator said the maintenance director was responsible for inspection and testing of facility doors. The administrator said the special care unit door should contain proper signage, and he/she was not aware the sign was missing. Review of NFPA 101, 2012 edition, showed: 3.3.170* Means of Egress. A continuous and unobstructed way of travel from any point in the building or structure to a public way consisting of three separate and distinct parts: (1) the exit access, (2) the exit, and (3) the exit discharge.	K 222		

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K 222	Continued From page 3 7.2.1.6.1 Delayed-Egress Locking Systems. 7.2.1.6.1.1 Approved, listed, delayed-egress locking systems shall be permitted to be installed on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6 or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 11 through 43, provided that all of the following criteria are met: (1) The door leaves shall unlock in the direction of egress upon actuation of one of the following: (a) Approved, supervised automatic sprinkler system in accordance with Section 9.7 (b) Not more than one heat detector of an approved, supervised automatic fire detection system in accordance with Section 9.6 (c) Not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6 (2) The door leaves shall unlock in the direction of egress upon loss of power controlling the lock or locking mechanism. (3)*An irreversible process shall release the lock in the direction of egress within 15 seconds, or 30 seconds where approved by the authority having jurisdiction, upon application of a force to the release device required in 7.2.1.5.10 under all of the following conditions: (a) The force shall not be required to exceed 15 lbf (67 N). (b) The force shall not be required to be continuously applied for more than 3 seconds. (c) The initiation of the release process shall activate an audible signal in the vicinity of the door opening. (d) Once the lock has been released by the	K 222		

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K 222	Continued From page 4 application of force to the releasing device, relocking shall be by manual means only. (4)*A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress: PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS (5) The egress side of doors equipped with delayed-egress locks shall be provided with emergency lighting in accordance with Section 7.9.	K 222		
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to inspect, test and maintain the fire alarm system in accordance with the 2010 edition of NFPA 72 (National Fire Alarm and Signaling Code) when the staff failed to provide complete and verifiable documentation of a semiannual fire alarm system inspection. Facility staff failed to secure the control panel against unauthorized access and use. Failure to inspect, test and maintain the fire alarm system in accordance with	K 345		

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K 345	Continued From page 5 the standard has the potential to prevent the proper function of the fire alarm system and delay response procedures in the event of an emergency. The facility census was 83 with a capacity of 120. 1. Review of the facility fire alarm system inspection, testing and maintenance records for the period of March 2024 through February 2025 showed the facility's contracted vendor completed the annual fire alarm system inspection and testing on 04/29/24. Review showed the vendor completed the semiannual inspection on 02/04/25, which was ten months after the annual inspection. 2. Observation on 03/18/25 at 10:30 A.M., showed the closet located in the social services office was not secured. Observation showed the fire alarm panel, which was in the social services closet, was partially open and had keys in the door. Observation on 03/19/25 at 9:06 A.M., showed the closet located in the social services office was not secured. Observation showed the fire alarm panel, which was in the social services closet, was partially open and had keys in the door. Observation on 03/19/25 at 3:45 P.M., showed the closet located in the social services office was not secured. Observation showed the fire alarm panel, which was in the social services closet, was partially open and had keys in the door. During an interview on 03/20/25 at 11:00 A.M., the social services director said the closet in his/her office should be locked. The social services director said he/she did not know why	K 345		

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K 345	Continued From page 6 the closet door was unlocked. During an interview on 03/20/25 at 9:45 A.M., the maintenance director said he/she relied on the alarm vendor to complete required inspections and testing on time. The maintenance director said he/she did not have a schedule which reflected when inspections or testing were due. The maintenance director said the alarm panel keys stayed in the door of the panel all the time so the social services closet should be locked. The maintenance director said whoever unlocked the closet door was responsible for locking it. During an interview on 03/20/25 at 12:20 P.M., the administrator said the maintenance director was responsible for ensuring fire alarm system inspections were completed as required. The administrator said the alarm vendor missed the semi-annual inspection because the vendor's scheduling system was messed up. The administrator said he/she did not know the semiannual alarm inspection was not completed on time. The administrator said maintenance should have followed up when inspection was not completed on time. The administrator said maintenance or social services staff were responsible for keeping the social services closet door locked. The administrator said he/she was unaware the door was not locked. The administrator said the facility did not have policies related to fire alarm testing or alarm panel security. The administrator said staff were expected to follow state and federal guidelines. Review of NFPA 72, 2010 edition, showed: 14.2.2.1* The property or building or system owner or the owner's designated representative	K 345		

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K 345	Continued From page 7 shall be responsible for inspection, testing, and maintenance of the system and for alterations or additions to this system. 14.3.1* Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction. Table 14.3.1 Visual Inspection Frequencies 3. Batteries (b) Nickel-cadmium - Semiannual (d) Sealed lead-acid - Semiannual 4. Transient suppressors - Semiannual 5. Fire alarm control unit trouble signals - Semiannual 7. In-building fire emergency voice/alarm communications equipment - Semiannual 8. Remote annunciators - Semiannual 9. Initiating devices (a) Air sampling - Semiannual (b) Duct detectors - Semiannual (c) Electromechanical releasing devices - Semiannual (d) Fire extinguishing system(s) or suppression system(s) switches - Semiannual (e) Manual fire alarm boxes - Semiannual (f) Heat detectors - Semiannual (h) Smoke detectors (excluding one- and two-family dwellings) - Semiannual 12. Interface equipment - Semiannual 13. Alarm notification appliances - supervised - Semiannual 14. Exit marking audible notification appliances - Semiannual 15. Supervising station alarm systems - transmitters (a) DACT - Semiannual	K 345		

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K 345	Continued From page 8 (b) DART - Semiannual (c) McCulloh - Semiannual (d) RAT - Semiannual -10.10.1A means for turning off activated alarm notification appliance(s) shall be permitted only if it complies with 10.10.3 through 10.10.7. -10.10.3 The means shall be key-operated or located within a locked cabinet or arranged to provide equivalent protection against unauthorized use. -10.11.5.1 A means for silencing a supervisory signal notification appliance(s) shall be permitted only if it complies with 10.11.5.2 through 10.11.5.5. -10.11.5.2 The means shall be key-operated or located within a locked cabinet or arranged to provide equivalent protection against unauthorized use. -10.12.8.1 A means for silencing the trouble notification appliance(s) shall be permitted only if it complies with the following: (1) The means shall be key-operated or located within a locked cabinet or arranged to provide equivalent protection against unauthorized use.	K 345		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at	K 914		

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K 914	Continued From page 9 intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, facility staff failed to provide complete and verifiable documentation for the assessment of all electrical receptacles in resident care rooms in accordance with the 2012 Edition of NFPA 99 (Health Care Facilities Code). Facility staff failed to maintain the electrical wiring in compliance with NFPA 70 (National Electrical Code), when staff failed to replace faulty electrical receptacles with hospital grade receptacles. This failure has the potential for increased fire risk and electrical injury. This failure has the potential to affect all facility occupants. The facility census was 83 with a capacity of 120. 1. Review of the facility's electrical receptacle testing record, dated 02/06/25, showed staff documented the assessment of one electrical receptacle in each resident care room. Review showed staff documented replacement of receptacles in four resident rooms (110, 126, 128 and 205) but did not indicate which receptacles were replaced.	K 914		

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K 914	Continued From page 10 Review of the facility's inspection, testing and maintenance records dated March 2024 through February 2025, showed the records did not contain additional documentation for the assessment of electrical receptacles in resident care rooms. Observation on 03/19/25 during the Life Safety Code tour, showed the facility equipped with multiple hospital and non-hospital grade receptacles in each resident room. Observation showed resident room 110 contained five electrical receptacles. Observation showed none of the receptacles in room 110 were hospital grade. Observation showed the first receptacle to the right of the door in resident room 205 was not hospital grade. During an interview on 03/20/25 at 9:45 A.M., the maintenance director said he/she is responsible to inspect and test the electrical receptacles annually. The maintenance director said he/she could not recall which receptacles were replaced in room 110. The maintenance director said he/she replaced the first two receptacles in room 205. The maintenance director said he/she assessed each electrical receptacle going right to left from the door in each room. The maintenance director said he/she did not know he/she needed to document the itemized assessments for each receptacle in each room. The maintenance director said he/she did not know faulty receptacles had to be replaced with hospital grade receptacles. During an interview on 03/20/25 at 12:20 P.M., the administrator said the maintenance director is responsible to inspect and test the electrical receptacles. The administrator said individual	K 914		

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K 914	Continued From page 11 receptacles should be identified and failed receptacles should be replaced with hospital grade receptacles. The administrator said he/she knew some receptacles were replaced with hospital grade receptacles, but did not realize others were not. The administrator said he/she was not aware the receptacle inspection record was not itemized. Review of NFPA 99, 2012 Edition showed: -6.3.4.2 Record Keeping. -6.3.4.2.1* General. -6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. 6.3.3.2 Receptacle Testing in Patient Care Rooms. 6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection. 6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified. 6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz.). - 6.3.2.1 Electrical installation shall be in accordance with NFPA 70, National Electric Code. Review of NFPA 70 National Electrical Code 2011 Edition showed: 517.18 General Care Areas.	K 914		

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K 914	Continued From page 12 (B) Patient Bed Location Receptacles. Each patient bed location shall be provided with a minimum of four receptacles. They shall be permitted to be of the single, duplex, or quadruplex type, or any combination of the three. All receptacles, whether four or more, shall be listed "hospital grade" and so identified. The grounding terminal of each receptacle shall be connected to an insulated copper equipment grounding conductor sized in accordance with Table 250.122. Informational Note: It is not intended that there be a total, immediate replacement of existing non-hospital grade receptacles. It is intended, however, that non-hospital grade receptacles be replaced with hospital grade receptacles upon modification of use, renovation, or as existing receptacles need replacement.	K 914		

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A1125	19 CSR 30-85.012(118) Electrical System Complies With Code Facilities with plans approved on or after January 1, 1999, shall ensure that the entire electrical system and its maintenance and operation comply with the 1996 National Electrical Code, which is incorporated by reference in this rule. Facilities whose plans were approved on or before December 31, 1998, shall comply with the National Electrical Code as referenced in the 1985 Life Safety Code. II/III This regulation is not met as evidenced by: Class III Please refer to K914	A1125		
A2019	19 CSR 30-85.022(10)(B) Fire Alarm System-Test/Maintain Complete Fire Alarm Systems. (B) All facilities shall test and maintain the complete fire alarm system in accordance with NFPA 72, 1999 edition. I/II This regulation is not met as evidenced by: Class II Please refer to K345	A2019		
A2049	19 CSR 30-85.022(24) Exit Sign-Maintain/Illuminate Facilities shall maintain all exit and directional signs to be clearly legible and electrically illuminated at all times by acceptable means such as emergency lighting when lighting fails. II This regulation is not met as evidenced by:	A2049		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	02505	A. BUILDING: 01 B. WING _____	C 03/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENTON MANOR	65 STATE HWY AA WRIGHT CITY, MO 63390

(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
A2049	Continued From page 1 Class II Please refer to K222	A2049		

PLAN OF CORRECTION

Provider/Supplier Name:	Warrenton Manor
Street Address, City, Zip:	65 HWY AA Wright City, MO 63390
Date of Survey:	03/21/2025

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
K-345	The facility will ensure all fire alarm testing & inspections are completed annually by a qualified individual **and secure the control panel.**	**05/05/2025**
	All residents have the potential to be effected by this practice.	**05/05/2025**
	Administrator/ Maintenance Director will verify monthly what inspections are due and ensure they are completed.	**05/05/2025**
	Administrator will in-service Maintenance director on the importance of ensuring testing & inspections are completed by qualified individuals **and the fire alarm panel is secured.**	**05/05/2025**
	Administrator will audit monthly for 1 month, then PRN.	**05/05/2025**
	Administrator/Designee will report to monthly QAPI to ensure compliance.	**05/05/2025**

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.

PLAN OF CORRECTION

Provider/Supplier Name:	WARRENTON MANOR
Street Address, City, Zip:	65 HWY AA WRIGHT CITY, MO 63390
Date of Survey:	3/21/2025

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
K222	The facility will ensure all doors with a means of egress are marked by an approved sign which is readily visible from any direction of the exit access.	5/5/2025
	All residents have the potential to be effected by this practice.	5/5/2025
	The egress door on the memory care unit now has an approved visible sign posted.	5/5/2025
	Admin will in-service maintenance director on the importance of all egress doors having proper signage.	5/5/2025
	Admin/Designee will audit monthly to ensure all egress doors have proper signage in place.	5/5/2025
	Admin/Designee will report findings to monthly QAPI meetings to ensure compliance.	5/5/2025

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PLAN OF CORRECTION

Provider/Supplier Name:	WARRENTON MANOR
Street Address, City, Zip:	65 HWY AA WRIGHT CITY, MO 63390
Date of Survey:	3/21/2025

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
K914	The facility will ensure verifiable documentation for the assessment of all electrical receptacles in resident rooms.	5/5/2025
	All residents have the potential to be effected by this practice.	5/5/2025
	Facility documentation for electrical receptacle assessments are now marked appropriately **by writing " enter room right to left" at the top of the form.**	5/5/2025
	Admin will in-service maintenance director on the importance of **making sure receptacles are easily verified, making sure receptacles are replaced with hospital grade receptacles when needed and the ones that were not replaced will be replaced with hospital grade.**	5/5/2025
	Admin/Designee will audit monthly to ensure documentation is verifiable.	5/5/2025
	Admin/Designee will report findings to monthly QAPI meetings to ensure compliance.	5/5/2025

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PLAN OF CORRECTION

Provider/Supplier Name:	Warrenton Manor
Street Address, City, Zip:	65 HWY AA Wright City, MO 63390
Date of Survey:	03/21/2025

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
A1125	Please refer to K914	05/05/2025
A2019	Please refer to K-345	05/05/2025
A2049	Please refer to K 222	05/05/2025

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