STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35394 Based on observation, interview and record review, the facility failed to ensure a resident's right to be free from abuse was not violated, when residents were involved in physical resident to resident altercation, in which one resident placed their hands around another resident's neck (Residents #1 and #2). The sample was 32. The facility census was 74. The facility was notified of past non-compliance on 7/2/24. Facility staff immediately intervened, notified administration, separated the residents, and provided assessment and services to the involved residents. Staff were in-serviced on abuse and neglect prevention. The deficiency was corrected on 6/29/24. Review of the facility's Abuse Prevention and Prohibition Program policy, dated 10/24/22, showed: -Purpose: To ensure the Facility establishes, operationalizes, and maintains an Abuse Prevention and Prohibition Program designed to screen and train employees, protect residents, and to ensure a standardized methodology for the prevention, identification, investigation, and reporting of abuse, neglect, mistreatment, misappropriation of property, and crime in accordance with federal and state requirements; -Policy: The Facility is committed to protecting residents from abuse by anyone, including but not limited to Facility Staff, other residents, consultants, volunteers, staff from other agencies serving residents, family members, legal guardians, surrogates, sponsors, friends, and visitors. This policy statement also includes deprivation by any individual, including a caretaker, of goods, services or rights that are necessary for a resident to attain or maintain physical, mental, and psychosocial wellbeing. Review of Resident #1's Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 5/26/24, showed: -Diagnoses included anemia, atrial fibrillation (irregular heartbeat), coronary artery disease (heart disease), hypertension (high blood pressure), acid reflux, diabetes, kidney failure, arthritis, depression, schizophrenia (disorder that affects a person's ability to think, feel, and behave clearly), asthma, and respiratory failure; -No cognitive impairment; (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-No behaviors. Review of the Resident #1's progress notes, showed: -On 6/26/24 at 4:28 P.M., this nurse heard screaming down the east hallway. This patient was seen being strangled by another patient around his/her neck. This nurse quickly went down the hall to separate the two patients with another staff member. Patient assessed after situation, redness noted under neck. Patient stated he/she was wiping under neck with a cloth. This nurse asked patient was happened, he/she stated the other patient attempted to go inside his/her room. He/She told him/her don't go in my room and he/she began to choke him/her. Patient stated although he/her choked him/her, he/she did not have any pain and it did not hurt. All parties notified of the situation; -At 4:49 P.M., Charge Nurse notified Assistant Director of Nursing (ADON) and this writer that resident was choked by another resident. Nurse, ADON, and this writer went to resident's room and asked resident what happened. He/She stated that he/she believes that other resident came into his/her room earlier and slobbered on his/her mints. He/She saw other resident going towards his/her room so he/she passed him/her and went in his/her door way other resident walked by and he/she told other resident not to come into his/her room. He/She came towards him/her and grabbed his/her neck. When asked if he/she was hurt, he/she stated no it just scared me. Administrator and social services updated; -At 4:51 P.M., Charge nurse notified this reporting nurse and Director of Nursing (DON) that resident was choked by another resident. When this reporting nurse, DON and charge nurse entered residents room to do an assessment. Resident seemed to be calm, no signs or symptoms of distress or pain. When asked if resident was hurt, he/she stated no. Resident stated that earlier that resident had came into his/her room and slobbered all over his/her candy. Resident was in the door way of his/her room so resident could not come inside again and that is when he/she put his/her hands on his/her neck. Again resident stated that he/she is not hurt but it just scared him/her. Administrator and Social services have been updated; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-At 4:53 P.M., Social Worker met with Resident #1 in regard to an incident reported with Resident #2. Social Worker informed Resident #1 that they are trying to get the full picture of the situation to help with an intervention. Resident #1 stated that earlier that morning Resident #2 had entered his/her room. There was a bag of candy on his/her table and Resident #2 proceeded to try and take a piece. Resident #1 informed Resident #2 that that was his/her candy and asked the resident to leave. Resident #2 left the room. Resident #1 later came back to the room to find the bag of candy to be wet. Resident #1 is not sure who was in his/her room but believes it was Resident #2. Later on Resident #1 was headed to his/her room and noticed Resident 2 walking in the direction of his/her room. Resident 1 got ahead of Resident #2 and blocked the door. Resident #1 informed Resident #2 not to enter his/her room. Resident #2 proceeded to come towards Resident #1 waving his/her arms and making noises. Resident #1 stated that Resident #2 ran into his/her foot pedals and put his/her arms around his/her neck. Resident #1 then shouted for help and staff intervened. Resident #1 was asked if Resident #2 was choking him/her. Resident #1 stated no that all he/her did was get slobber around his/her neck. Resident #1 was asked if there were any other incidents and if he/she felt safe. Resident #1 stated this is the only time Resident #2 had done this and that he/she felt safe. Resident #1 was given an option of a room on another floor but declined. Resident #1 was asked again if she felt safe and asked for a way to keep resident 2 out of his/her room. Social worker asked Resident #1 about his/her thoughts on a keypad entry for her room that only herself and staff have the pin for. Resident #1 liked this idea. Social worker informed Resident #1 that he/she would speak with the Administrator to see about having a keypad entry installed on her door. Review of Resident #2's quarterly MDS, dated [DATE], showed: -Diagnoses included hypertension, hyperlipidemia (high lipids in the blood), stroke, dementia, anxiety, and depression; -Severe cognitive impairment; -Daily wandering behavior. Review of Resident #2's care plan, in use during survey, showed: -Problem: Resident has been physically aggressive with staff related to dementia; -Goal: He/She will not harm self or others; -Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness; Analyze times of day, places, circumstances, triggers, and what de-escalates behavior and document; Monitor/document/report as needed (PRN) any signs or symptoms of resident posing danger to self and others; Psychiatric/Psychogeriatric consult as indicated; When the resident becomes agitated: Intervene before agitation escalates; Guide away from source of distress; Engage calmly in conversation; If response is aggressive, staff to walk calmly away, and approach later; -Problem: Resident is a wanderer disoriented to place, impaired safety awareness and resident wanders aimlessly significantly intrudes on the privacy of the other resident; -Goal: Resident's safety will be maintained; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Interventions: Assess for fall risk; Check Wander Guard placement every shift; Distract resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, book; Provide structured activities: toileting, walking inside and outside, reorientation strategies including signs, pictures and memory boxes; Redirect resident when wandering in hall to structured activities; -Problem: Resident has a behavior problem related to walking up on other residents trying to scare them; -Goal: Resident will have no evidence of behavior problems; -Interventions: Administer medications as ordered. Monitor/document for side effects and effectiveness; Anticipate and meet the resident's needs; Assist the resident to develop more appropriate methods of coping and interacting with other residents. Encourage the resident to express feelings appropriately; Caregivers to provided opportunity for positive interaction, attention. Stop and talk with him/her as passing by; if reasonable, discuss the resident's behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to the resident; Intervene as necessary to protect the rights and safety of others. Approach/Speak in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. Review of the resident's progress notes, showed: -On 6/26/24 at 3:36 P.M., this nurse heard screaming down the east hallway, this patient was seen choking another patient around his/her neck. This nurse quickly went down the hall to separate the two patients with another staff member. Patient was escorted down the hall away from the patient who was harmed. DON and ADON notified of the situation. Call placed to physician waiting on call back; -At 3:54 P.M., Orders received to send patient out for evaluation; -On 6/27/24 at 12:00 A.M., resident returned from hospital. No new orders received. Alert and oriented x 1-2. No complaints of pain. No aggression noted; -On 6/28/24 at 2:54 P.M., Resident remains on intervention follow up (IFU) after physical altercation with another resident. Resident calm and corporative with care. Pacing up and down each hallway. Easy to redirect. No aggressive behavior observed. Resident smiling this morning with nursing staff. No signs and symptoms of distress noted. Resident denies pain/discomfort. no face grimacing or moaning noted. Resident in activities having cake and ice cream as activities celebrates the monthly birthdays; -On 6/29/24 at 11:46 A.M., Resident remains on IFU after physical altercation with another resident. Resident calm and corporative with care. Pacing up and down each hallway. Easy to redirect. Resident denies pain/discomfort. No face grimacing or moaning noted. Review of the facility's investigation, dated 6/26/24, showed: -Date and time of incident: 6/26/24 at 4:30 P.M.; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Date and time of discovery: 6/26/24 at 4:30 P.M.; -Date and time incident reported to supervisory staff: 6/26/24 at 4:30 P.M.; -Charge nurse heard screaming down the hall and went down the hall to find Resident #2 with his/her hands on Resident's #1's neck. Nurse immediately intervened and separated residents. Resident #1 states that he/she was not hurt and just had slobber on his/her neck from the other resident's hands. Resident #1 had red marks on his/her neck but states that it was from rubbing his/her neck with a towel; -Resident #2 was sent to the emergency room for an evaluation and returned. He/She was on 1:1 monitoring x 24 hours with no issues, decreased to checks every 15 minutes x 24 hours with no issues, decreased to checks every 30 minutes x 24 hours, decreased to checks hourly with no issues. Resident #2 is now on two hour checks and no further issues have been observed; -Resident #1 was initially offered to move rooms down to the first floor as it is not an option for Resident #2 to move due to his/her wandering tendencies. Resident #1 refused and agreed to a keypad lock on his/her door and staff having the knowledge of the code. Resident #1 later declined the lock and has now agreed to move to the first floor. No further issues have been noted; -It is the conclusion of facility that the facility acted appropriately, staff immediately intervened in the situation and separated the residents. Staff stayed with Resident #2 until he/she was sent out with emergency medical technicians (EMTs) for evaluation. Upon return Resident #2 was closely monitored and no further issues have been observed. Resident #1 states nothing like this has happened before. He/She states that he/she feels safe in his/her room and does not have fear in his/her current environment. Review of Licensed Practical Nurse (LPN) A's written statement, dated 6/26/24, showed this nurse heard screaming down the hall. This nurse seen patient choking another patient. This nurse quickly went down the hall to separate the two individuals this nurse and another staff member escorted patient to room. During an interview on 7/2/24 at 10:30 A.M., LPN A said the incident occurred right before dinner. Resident #1 screamed and LPN A and Certified Medication Technician (CMT) B ran to the resident. Resident #1 and #2 were seen in the hall in front of Resident #1's doorway. Resident #2's hands were around Resident #1's neck. Resident #2 was physically escorted away by LPN A and CMT B. This was the first time LPN A witnessed aggressive behavior from Resident #2. He/She may jump out at someone in a playful way. If Resident #2 knows if the person is frightened, he/she may continue to do it. LPN A never saw Resident #2 physically touch another resident. He/She is unable to speak, but he/she can shake their head yes and no. Resident #1 was assessed by staff and he/she had redness on his/her neck. At the time, Resident #1 started wiping his/her neck with a washcloth because he/she said Resident #2 had drool on his/her hands. Resident #1 said the redness resulted from him/her wiping his/her neck with the cloth. There were no complaints of pain and to his/her knowledge Resident #1 did not hit Resident #2 during the altercation. Resident #2 wanders into other resident's rooms, but he/she was never aggressive. Resident #1 did not have a history of behaviors. He/She yelled for staff and for the resident to get out of his/her room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of CMT B's written statement, dated 6/26/24, showed CMT B witnessed Resident #2 choke Resident #1. During an interview on 7/2/24 at 10:58 A.M., CMT B said he/she was at the nurse's station with the medication card. He/She heard a scream, turned around, and ran down the hall with LPN A. Resident #2's hands were around Resident #1's neck. Resident #1 was blocking Resident #2 from going into his/her room. Resident #1 was in his/her wheelchair and Resident #2 leaned over him/her. Resident #1 grabbed Resident #2's hands to try to pull him/her off. LPN A and CMT B had to physically remove Resident #2's hands from Resident #1. LPN A and CMT B escorted Resident #2 back to his/her room. Resident #2 did not have any injuries. Resident #1 was assessed by another nurse. Resident #2 went to the hospital. CMT B never witnessed aggressive behavior from Resident #2. He/She wanders and has a wander guard. He/She jumps at someone, but his/her expression is blank, so CMT B did not know if he/she is joking around. During an interview on 7/2/24 at 9:12 A.M., LPN C said Resident #2 is a wanderer. He/She walks around and enters other resident rooms. It does not happen often. Staff re-direct the resident. He/She usually finds an empty bed and sleeps in the room. LPN C heard about the incident that occurred between Resident #1 and #2 and he/she was surprised. LPN C never witnessed aggressive behavior or hostile behavior. He/She does not speak. He/She jumps at people and he/she jokes around because he/she will start to smile. During an interview on 7/2/24 at 11:20 A.M., Resident #1 said Resident #2 was in his/her room earlier that day. He/She had a bag of candy in the room the resident went for. There was drool all over the bag, so the nurse told him/her to throw it away. Resident #1 did not want Resident #2 in his/her room. He/She saw Resident #2 wandering again, so he/she met Resident #2 at the doorway of his/her room. Resident #1 said, do not go in my room. Resident #2 started to choke Resident #1. His/her hands were around Resident #1's neck. Resident #1 said he/she did not lose consciousness, did not cough or choke, but there was pressure from his/her hands. It happened so fast. He/She believed he/she grabbed Resident #2's hands. He/She yelled out and staff immediately came and separated them. Resident #1 said his/her neck was red, but it was from wiping the drool off that was on Resident #2's hands. He/She did not have any pain. He/She was asked if he/she wanted to move to another room, but he/she said no. Resident #1 later thought about it and agreed to move to another room. He/She feels safe and happy with his/her room. Observation and interview 7/2/24 at 9:13 A.M., showed Resident #2 in his/her room. He/She was alert and oriented to self. The resident was asked questions and was not able to verbally communicate. He/She was asked yes or no questions. The resident was asked if he/she ate breakfast. He/she shook his/her head yes. The resident had a breakfast tray on the bedside table. He/She was served scrambled eggs, sausage, toast, and oatmeal. The food appeared to not have been touched or eaten. Surveyor continued to attempt to interview, but resident lay back in bed. Observation and interview on 7/3/24 at 11:48 A.M., showed Resident #2 sat in the TV room. He/she was alert and oriented to self. The resident was unable to shake his/her head yes or no to questions. The resident did not maintain eye contact. He/She had drool, approximately 12 inches long, that started from his/her bottom lip that landed on his/her shirt. The resident's shirt was wet from the drool landing on the shirt. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265672	A. Building B. Wing	07/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sage Nursing & Rehab	3421 Gasconade Saint Louis, MO 63118

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/2/24 at 1:30 P.M., Corporate Nurse D/Interim Administrator said she would expect for staff to continue to follow the abuse and neglect policy. She would expect staff to continue to follow up with Resident #2's behaviors, document them, and report any aggressive behavior.