STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265457	A. Building B. Wing	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Crossing Rehab and Healthcare Center	11278 Schuetz Road Saint Louis, MO 63146

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** 41061 Based on interview and record review, the facility failed to keep all residents safe from physical abuse by failing to educate nursing staff on the risk of resident-to-resident physical assault, failed to educate staff on immediate interventions to deescalate verbal altercations, and failed to provide adequate supervision for one resident (Resident #1). Resident #1 was cognitively intact when he/she willfully physically assaulted Resident #2 on 4/13/24. The nursing staff was not aware Resident #1 was a risk to physically assault other residents and did not immediately intervene when Resident #1 had a verbal altercation with Resident #2, which then escalated to the physical assault. Resident #1 was then given an immediate discharge due to the assault. The sample was five. The census was 90. Review of the facility's abuse prevention and prohibition program, updated, 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; -Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The facility has a zero-tolerance for abuse, neglect, mistreatment and/or misappropriation of resident property. Staff must not permit anyone to engage in verbal, mental, sexual or physical abuse, neglect, mistreatment, or misappropriation of resident property; -The facility is committed to protecting residents from abuse by anyone; -Covered individuals will be trained through orientation and on-going training sessions, no less than annually, on the following topics: Abuse prevention and appropriate interventions to deal with aggressive and/or catastrophic reactions of residents; -The facility conducts an ongoing review and analysis of abuse incidents and implements corrective actions to prevent future occurrences of abuse; -Resident assessments and care planning are performed to monitor resident needs and address behaviors that may lead to conflict; (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: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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	-Resident to resident altercation must be reported if the altercation is caused by a willful action that results in physical injury, mental anguish or pain. Review of Resident #1's care plan, undated, showed: -A problem, initiated on 7/18/23 and revised on 11/21/23, the resident was verbally aggressive related to poor impulse control. Interventions included: Investigate/monitor need for psychological/psychiatric support; Monitor behavior episodes, attempt to understand cause; When agitated, intervene before agitation escalates. Review of the facility's investigation, provided by the Administrator via email on 4/29/24 at 9:31 A.M., showed: -On 8/23/23, at 6:30 A.M., a video showed the resident wanted to go outside with other residents. Another resident told the resident it was too early to smoke. The resident called the other resident a son of a bitch accusing him/her of telling staff he/she was going outside to smoke. The other resident told Resident #1 he/she need to close his/her mouth talking about my momma and then pointed at the resident's face. Resident #1 called the other resident a son of a bitch and hit his/her hand. The other resident then slapped Resident #1's face; -The incident was investigated according to their abuse and neglect policy. Review of Resident #1's care plan, undated, showed: -A problem, initiated and revised on 11/22/23, the resident had potential to be physically aggressive and had poor impulse control. Interventions included: Investigate/monitor need for psychological/psychiatric support; Monitor behavior episodes, attempt to understand cause; When agitated, intervene before agitation escalates; Report to physician unexpected changes in behavioral status. Review of the resident's soft file, provided upon request, showed on 7/26/23 at 3:26 A.M., the resident went outside to smoke at 2:30 A.M. when told by staff there were smoking rules and he/she could not be outside at that time. The resident refused to come back into the building and told staff they could not tell him/her what to do, to fuck off and the nurse was not his/her boss. When the nurse told the resident the incident would get reported to the management, the resident said he/she did not give a fuck and they could not tell him/her what to do either. When the resident went back into his/her room, he/she yelled out of the door to the resident across the hall to turn down the fucking TV. Review of resident's progress notes, dated 7/14/23 through 4/23/24, showed: -The notes skip from 8/6/23 through 1/10/24; -On 1/12/24 at 7:12 P.M., (social services note) they met for a quarterly care plan meeting on 1/11/24, the resident was alert and oriented times four (to person, place, time and situation) and was able to make his/her needs known to nursing staff. The resident was cognitively intact. The resident had a history of loud outbursts towards staff with him/her cussing at them, no behaviors reported at this time; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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	-On 1/25/24 at 8:23 P.M., (nurse's progress note) the resident had a verbal altercation with the Certified Medication Technician (CMT). Per the CMT, the resident rolled up to the CMT in his/her wheelchair, asking to have his/her Percocet (narcotic used for pain relief). The CMT explained the order was to give every six hours, as needed for pain, and it was too soon to give it to the resident, since the last administration. The resident got extremely upset and started cussing at the CMT. The CMT and the resident started going back and forth and the resident rolled off down the hall yelling and cursing. The Director of Nursing (DON) was contacted to report the incident and the resident was told the DON would speak to the resident personally regarding the incident. Review of Resident #2's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 3/4/24, showed: -admitted on [DATE]; -Cognitively intact; -No behaviors noted; -Diagnoses included: seizures, vascular dementia (problems with reasoning, planning, judgement, memory and other thought processes caused by brain damage), Crohn's disease (intestinal disorder), diabetes mellitus and coronary artery disease. Review of Resident #1's quarterly MDS, dated [DATE], showed: -admitted on [DATE]; -Cognitively intact; -Verbal behavioral symptoms directed towards others occurs every four to six days, but less than daily; -Rejection of care occurred every one to three days; -Diagnoses included anxiety, depression, cognitive communication deficit and schizoaffective disorder (chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression). Review of Resident #1's progress notes, showed: -On 4/13/24 at 6:00 P.M., a late entry progress note showed, the resident had an incident with another resident and was given immediate discharge paperwork, the resident signed the paperwork and a copy was given to the resident. An ambulance transported the resident to a hospital for psychiatric evaluation and to find alternative placement. During an interview on 4/23/24 at 10:51 A.M., CMT A said: -He/She was passing medication to residents on 4/13/24 and was a witness to the resident physically assaulting Resident #2; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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	-The resident and Resident #2's rooms were directly across from each other; -He/She had just given Resident #2 medication and had moved his/her cart down the hall, a short distance from the resident's room; -He/She saw the resident exiting his/her room, trying to wheel him/herself down the hall; -Resident #2 was sitting in his/her wheelchair, in front of his/her room, facing the resident. Resident #2 was blocking the resident from going down the hall; -He/She heard the resident loudly cussing at Resident #2 and telling him/her to move out of his/her way; -He/She told Resident #2 to back up his/her wheelchair and then turned back to his/her medication cart to pass out medications to other residents; -He/She thought Resident #2 would back his/her wheelchair into his/her room to let Resident #1 access to the hall; -He/She heard Resident #2 cry out, turned from his/her medication cart and saw the resident leaning forward in his/her wheelchair, with his/her hands wrapped up in Resident #2's long hair, while hitting Resident #2's left side of his/her face with a closed fist; -CMT A yelled out to the resident to stop hitting Resident #2; -The resident continued to hit Resident #2, striking him/her across his/her face and on the top of his/her head; -Resident #2 was yelling at the resident and was trying to get the resident off of him/her by scratching at the resident's arms and chest; -CMT A intervened by physically trying to pry the resident's hands out of Resident #2's long hair, while telling the resident to stop hitting Resident #2; -After CMT A was able to get the resident's hands unwound from Resident #2's hair, he/she rolled Resident #2 back into his/her room; -He/She was aware the resident had a history of verbal aggression to other residents, often cursing them when he/she was angry; -He/She was not aware the resident had a history of physical altercations or was a risk to escalate from a verbal altercation to a physical altercation; -He/She was not aware of any interventions specific to the resident to help him/her calm down during a verbal altercation; -He/She expected to know if a resident had a history or was at risk of physically assaulting others so he/she would know what interventions to use to stop verbal altercations from escalating; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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	-He/She expected the nurse on duty to inform him/her of any residents who were at risk of acting out physically towards staff or other residents; -He/She had access to resident care plans. During an interview on 4/23/24 at 11:44 A.M., Licensed Practical Nurse (LPN) B said: -He/She was the nurse manager over the resident's hall; -He/She would know if a resident had a history of physical or verbal aggression by looking at residents' care plans; -He/She was not aware of any residents on the halls he/she managed who had a history of verbal and/or physical aggression; -He/She was shocked when he/she heard the resident had physically assaulted Resident #2; -He/She had no knowledge of the resident exhibiting any behaviors, verbal or physical, with other residents; -He/She had no knowledge of the resident hitting another resident in the past; -He/She expected to know if any residents exhibited verbal or physical aggression towards staff or other residents so he/she could protect the resident from escalating to such behaviors and protect other residents; -He/She did not think the resident was unsafe around other residents before the incident occurred on 4/13/24. During an interview on 4/23/24 at 12:01 P.M., Resident #2, said: -He/She was in the hallway and had asked Resident #1 for assistance to move out of a doorway; -Resident #1 all of a sudden grabbed him/her around his/her neck, puling down his/her head and started to hit him/her on the top of his/her head and across his/her face; -He/She tried to defend him/herself by trying to push Resident #1 off of him/her and scratching at Resident #1's chest; -Resident #1 kept hitting the left side of his/her face, around his/her left eye and temple; -His/Her left side of his/her face no longer hurt, but it felt a little numb; -He/She could not remember if any staff helped him/her get Resident #1 from hitting him/her. Everything was now a blur to him/her; -He/She was shocked Resident #1 had physically assaulted him/her. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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	Observation on 4/23/24 at 12:10 P.M., showed Resident #2 sitting in his/her wheelchair, with his/her long hair pinned up in the back of his/her head, well groomed and able to propel him/herself. The resident did not have any bruising or discoloration to his/her face. During an interview on 4/23/24 at 12:13 P.M., Certified Nursing Assistant (CNA) C said: -He/She regularly worked on the resident's hall; -He/She would know if a resident was verbally aggressive or physically aggressive based on how the resident was acting; -He/She would know if a resident had a history of verbal and/or physical aggression if he/she was required to chart on their behaviors; -He/She knew the resident had a history of verbal aggression as the resident often yelled and cussed at staff when he/she did not get the medication when he/she wanted it; -He/She knew the resident was verbally aggressive to another resident a few months ago, yelling at the other resident to get out of his/her way; -He/She expected the nurse or nurse manager to inform him/her if a resident had a history of physical assaults or was at risk of physically assaulting others and to instruct him/her on what interventions to use to avoid such behaviors; -He/She was not aware the resident had a history and was at risk of physical aggression; -He/She had access to residents' care plans. During an interview on 4/23/24 at 1:20 P.M., the Administrator and DON said: -They expected nursing staff to have knowledge of and to follow facility policies; -They expected nursing staff to have knowledge of and to follow resident care plans; -On 4/13/24, the resident was talking to his/her family member on the phone and had a distressing conversation with them. He/She was trying to go out of his/her room to go and smoke when Resident #2 was in his/her way. That is when the resident physically attacked Resident #2; -The resident had a history of verbal aggression towards other residents, calling them racial slurs and cursing at them; -The resident had a history of verbal aggression towards staff, cussing at them and using racial slurs when he/she did not get his/her way in regards to getting pain medication outside of the administration orders and when not able to smoke when outside of the scheduled smoke breaks; -There were a few times when the Administrator and the DON were able to intervene when the resident was verbally abusive to other residents, to prevent him/her from escalating to physical violence; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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	-The Administrator and the DON were able to calm the resident down when he/she almost became physically aggressive with them on several occasions; -The Administrator and the DON were concerned the other residents would not have the capacity to calm the resident down when he/she was verbally aggressive towards them to avoid the resident becoming physically aggressive; -The resident was given an immediate discharge due to his/her history of being on the verge of physical aggression towards others, his/her history of verbal aggression to others, and because he/she was considered a danger towards weaker residents as he/she was very mobile in his/he wheelchair. Review of the resident's medical record, on 4/23/24, showed: -There was no documentation of any incidents of the resident acting verbally aggressive, cussing and using racial slurs against other residents; -There was no documentation of any incidents of the resident acting verbally aggressive towards the Administrator or DON. During an interview on 4/25/24 at 1:34 P.M., the Social Service Director (SSD), said: -The resident had a history of outbursts with staff when he/she didn't get pain medication, when it wasn't time for administration. The resident would yell and holler, but never anything physical; -He met with the resident and gave him/her psychosocial counseling after altercations with staff or residents, talked to the resident to try to calm him/her down and was able to deescalate the resident; -The resident had a short fuse, a short temper, would sometimes need to go off by his/herself to calm down and then later apologize to others; -He didn't feel the resident was a physical threat to others as the resident's behaviors were always verbal aggression; -He was shocked when he heard the resident physically assaulted Resident #2; -He did not expect nursing staff to document behaviors in the resident's medical record. Behavior incidents were documented and kept only in soft files; -We chose to put behavior incidents in soft files instead of in the resident's medical record; -Soft files were investigations that are kept in-house; -Residents' behaviors were discussed in daily clinical meetings and the team would update care plans with interventions; -Only the interdisciplinary team (IDT) had access to soft files; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Crossing Rehab and Healthcare Center	11278 Schuetz Road Saint Louis, MO 63146

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	-If a resident's behavior was not documented in their progress notes, nursing staff would know if a behavior occurred if they were told in report or read it on the 24 hour nursing report. The 24-hour report was not part of a resident's medical record; it was a communication tool for nurses from shift to shift; -The resident had verbal altercations with other residents and he would counsel the resident after the altercations occurred. He could not give details or particulars to each situation, just that the resident would argue or cuss at other residents and was generally very rude to other residents; -He offered the resident psychiatric services and counseling. The resident refused both services. He did not document the offers or the resident's refusals. MO00234631

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Crossing Rehab and Healthcare Center	11278 Schuetz Road Saint Louis, MO 63146

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 0842

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 41061

Based on interview and record review, the facility failed to maintain complete and accurate medical files for residents. The facility failed to document verbal and physical aggressive incidents, encounters with the Social Services Director (SSD) discussing behaviors after they occurred and failed to document when psychiatric services or counseling was offered to one resident (Resident #1). The facility also failed to upload neurological checks into a resident's medical record in a timely manner for one resident (Resident #2). The sample was five. The census was 90.

1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 4/5/24, showed:

-admitted on [DATE];

-Cognitively intact;

-Verbal behavioral symptoms directed towards others occurs every four to six days, but less than daily;

-Rejection of care occurred every one to three days;

-Diagnoses included anxiety, depression, cognitive communication deficit and schizoaffective disorder (chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression).

Review of resident's progress notes, dated 7/14/23 through 4/23/24, showed:

-The notes skip from 8/6/23 through 1/10/24;

-On 1/12/24 at 7:12 P.M., (social services note) they met for a quarterly care plan meeting on 1/11/24, the resident was alert and oriented times four (to person, place, time and situation) and was able to make his/her needs known to nursing staff. The resident was cognitively intact. The resident had a history of loud outbursts towards staff with him/her cussing at them, no behaviors reported at this time;

-On 1/25/24 at 8:23 P.M., (nurse's progress note) the resident had a verbal altercation with the Certified Medication Technician (CMT). Per the CMT, the resident rolled up to the CMT in his/her wheelchair, asking to have his/her Percocet (narcotic used for pain relief). The CMT explained the order was to give every six hours, as needed for pain, and it was too soon to give it to the resident, since the last administration. The resident got extremely upset and started cussing at the CMT. The CMT and the resident started going back and forth and the resident rolled off down the hall yelling and cursing. The Director of Nursing (DON) was contacted to report the incident and the resident was told the Director of Nursing (DON) would speak to the resident personally regarding the incident;

(continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER: River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11278 Schuetz Road Saint Louis, MO 63146	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 4/13/24 at 6:00 P.M., (late entry progress note) the resident had an incident with another resident and was given immediate discharge paperwork, The resident signed the paperwork and a copy was given to the resident. An ambulance transported the resident to a hospital for psychiatric evaluation and to find alternative placement; -There was no other documentation regarding the resident's behaviors towards staff or other residents; -There was no documentation the facility offering psychiatric services, counseling, or anger management classes to the resident and his/her denial of services; -There was no documentation the resident met with the SSD after altercations with staff or residents to help the resident de-escalate. During an interview on 4/23/24 at 1:20 P.M., the Administrator and the DON said: -On 4/13/24, the resident was talking to his/her family member on the phone and had a distressing conversation with them. He/She was trying to go out of his/her room to go and smoke when Resident #2 was in his/her way. That is when the resident physically attacked Resident #2; -The resident had a history of verbal aggression towards other residents, calling them racial slurs and cursing at them; -The resident had a history of verbal aggression towards staff, cussing at them and using racial slurs when he/she did not get his/her way in regards to getting pain medication outside of the administration orders and when not able to smoke when outside of the scheduled smoke breaks; -There were a few times when the Administrator and the DON were able to intervene when the resident was verbally abusive to other residents, to prevent him/her from escalating to physical violence; -The Administrator and the DON were able to calm the resident down when he/she almost became physically aggressive with them on several occasions; -They did not expect nurses to write progress notes on residents' behaviors; -They did not expect the SSD to write progress notes in the resident's medical record when he met with the resident regarding his/her behavior; -They kept behavior investigation in a soft file that was kept in house; -They did not have to upload behavior investigations into residents' medical records as they were in-house and accessible when asked for; -They did not expect the SSD to document in the resident's medical record when counseling or psychiatric services were offered to the resident. It was all kept in the soft files. During an interview on 4/25/24 at 1:34 P.M., the SSD said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-The resident had a history of outbursts with staff when he/she didn't get pain medication, when it wasn't time for administration. The resident would yell and holler, but never anything physical; -He met with resident and gave him/her psychosocial counseling after altercations with staff or residents, talked to the resident to try to calm him/her down and was able to deescalate the resident; -The resident had a short fuse, a short temper, would sometimes need to go off by him/herself to calm down and then later apologize to others; -He did not expect nursing staff to document behaviors in resident's medical record. Behavior incidents were documented and kept only in soft files; -The facility chose to put behavior incidents in soft files; -Residents' behaviors were discussed in daily clinical meetings; -Only the Interdisciplinary team (IDT) had access to soft files; -The IDT would see a trend if the resident had behaviors over and over again because they would discuss them in clinical meetings and keep updating the care plans with interventions. -Care plans were not necessarily updated with dates and details of a behavior; -The resident had verbal altercations with other residents and he would counsel the resident after the altercations occurred. He could not give details or particulars to each situation, just that the resident would argue or cuss at other residents and was generally very rude to other residents; -He offered the resident psychiatric services and counseling. The resident refused services. He did not document the offers or the resident's refusals. Review of requested soft files regarding the resident's verbal or physical altercations with staff and/or residents, sent by the Administrator on 4/25/24 at 4:29 A.M., showed: -A behavior note, dated 7/20/23 at 12:53 A.M., the resident went outside to smoke with another resident. The resident was re-educated on the facility smoking policy. The resident became upset, packed all his/her belongings and said his/her family member would come to pick him/her up. The resident's family member was contacted by staff and the family member told the resident they would not come to pick him/her up. The resident yelled at the family member over the phone. The resident then proceeded to go toward the back door, which led outside, saying if anyone touched him/her he/she would kick ass then sue the facility. Leaving against medical advice paperwork was started when the resident came back in and went to his/her room; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER: River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11278 Schuetz Road Saint Louis, MO 63146	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-A behavior note, dated 7/26/23 at 3:26 A.M., the resident went outside to smoke at 2:30 A.M. when told by staff there were smoking rules and he/she could not be outside at that time. The resident refused to come back into the building and told staff they could not tell him/her what to do, to fuck off and the nurse was not his/her boss. When the nurse told the resident the incident would get reported to the management, the resident said he/she did not give a fuck and they could not tell him/her what to do either. When the resident went back into his/her room, he/she yelled out of the door to the resident across the hall to turn down the fucking TV; -A health status note, dated 7/26/23 at 6:11 A.M., the resident went outside again and stated he/she did not have to come in when asked by the nurse. The resident said staff could not tell him/her what to do and then cussed staff out; -A health status note, dated 9/26/23 at 6:25 A.M., the nurse wrote the resident went outside with others to the patio to the smoke. The resident came back inside after asked by staff. The resident went back out as soon as the day broke. The resident was aware the smoke break was at 8:00 A.M. to 8:00 P.M., -A health status note, dated 11/17/23 at 1:36 A.M., the resident came to the nurses' station saying he/she had asked for a pain pill two hours ago. While the nurse got up to get the resident a pain pill, the resident became argumentative. The nurse gave the resident the pain pill and told the resident he/she would not argue with the resident. The resident called the nurse the B word and said he/she would call 911. The resident then woke up another resident and they both went outside to smoke after staff told them they were not allowed to and that the door locked; -A Social Services note, dated 12/12/23 at 7:59 A.M., the resident was spoken to by the SSD due to a report the resident was outside smoking before the designated smoking schedule from residents. The resident was told he/she would be issued a 30-day discharge notice because every resident who smoked signed a behavioral contract stating they would only smoke during designated times, which the resident understood and said he/she would not do it again. Social Services would continue to follow and monitor the resident for any new concerns or needs the resident might have. Review of the facility's investigation, provided by the Administrator via email on 4/29/24 at 9:31 A.M., showed: -On 8/23/23, at 6:30 A.M., a video showed the resident wanted to go outside with other residents. Another resident told Resident #1 it was too early to smoke. The resident called the other resident a son of a bitch, accusing him/her of telling staff he/she was going outside to smoke. The other resident told Resident #1 he/she need to close his/her mouth talking about my momma and then pointed at the resident's face. Resident #1 called the other resident a son of a bitch and hit his/her hand. The other resident then slapped Resident #1's face. Review of the resident's medical record, during the investigation, showed: -There was no documentation regarding the resident's physical altercation with the other resident which occurred on 8/23/23; -There was no documentation of any incidents of the resident acting verbally aggressive, cussing and using racial slurs against other residents; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 11278 Schuetz Road Saint Louis, MO 63146	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-There was no documentation of any incidents of the resident acting verbally aggressive towards the Administrator or DON. 2. Review of the facility's neurological assessment policy, revised on 10/24/22, showed: -Purpose: To provide guidelines for the performance of a neurological assessment on residents; -The following information will be documented in the resident's medical record: -The date and time the procedure was performed; -The name and title of the individual(s) who performed the procedure; -All assessment data obtained during the procedure; -If the resident refused the procedure, the reason why and the intervention taken; -The signature and title of the person recording the data; -Nursing staff may use the Neurological Flow Sheet. Review of Resident #2's quarterly MDS assessment, dated 3/4/24, showed: -admitted on [DATE]; -Cognitively intact; -No behaviors noted; -Diagnoses included: seizures, vascular dementia (problems with reasoning, planning, judgement, memory and other thought processes caused by brain damage), Crohn's disease (intestinal disorder), diabetes mellitus and coronary artery disease. Review of the resident's progress notes, dated 8/31/23 through 4/23/24, showed: -A late entry note, effective date 4/13/24 at 6:00 P.M., the resident had an altercation with another resident. The resident received a small bruised to his/her right shoulder, an abrasion to his/her right temple area, scratches to his/her left side of his/her face and neck. Neurological checks were initiated and within normal levels; -On 4/14/24 at 6:57 A.M., neurological checks were done and the resident continues for incident follow up on days; -On 4/16/24 at 6:38 P.M., the resident remained on observation for an altercation with another resident. Neurological checks were continued. During an interview on 4/23/24 at 1:25 P.M., the Administrator and DON, said: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265457	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2024
NAME OF PROVIDER OR SUPPLIER: River Crossing Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 11278 Schuetz Road, Saint Louis, MO 63146	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Nurses completed neurological checks on a 72 hour neurological flow sheet, which was on paper; -Nurses were expected to complete the 72 hour neurological flow sheet and turn the sheet into medical records for them to upload the neurological flow sheet into the residents' medical record; -They did not have an expected time frame in which medical records was expected to upload the neurological flow sheet into residents' medical records; -Neurological flow sheets did not have to be in the residents' medical record as the facility saved the flow sheets in house in soft files, which were available upon request. Review of the resident's medical record, on 4/23/24, showed there was documentation found of the Neurological Flow Sheet started on 4/13/24 and completed on 4/17/24, was uploaded into the resident's medical record.