

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265589	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER St Peters Rehab and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Spencer Road Saint Peters, MO 63376	

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)
<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>(continued on next page)</p>

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
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to respond and adequately act upon and provide feedback related to resident concerns regarding call light wait times and response from staff from resident council meetings. The facility census was 93. Review of the facility policy for Resident and Family Council with a revision date of 10/24/22 showed the following:-Purpose: to promote the exercise of a resident's right to organize and participate in resident groups at the facility;-Policy: The purpose of the Resident and/or Family council is to provide a forum for discussion of resident's concerns; input in the operation of the facility;-Responsibilities of the Resident and/or Family council: providing feedback in the development of policies and procedures governing the operation of the facility; making recommendations for the improvement of resident services provided by the facility; reviewing reports submitted to the council and making recommendations and/or taking appropriate actions; studying problem areas and making recommendations for their solutions;-If the council raises an issue of concern, the Department responsible for the issue or service is responsible for addressing the item(s) of concern promptly;-The applicable Department should be able to demonstrate its response and rational for such responses;-The facility will respond in writing to written request or concerns of the family council in a prompt and timely manner. Review of the facility policy for Grievances and complaints with a policy revision date of 10/24/22 showed the following:-Policy: the facility advises residents and their representatives (including family, legal representatives, and advocates) of their right to file grievances without discrimination or reprisal, and of the process for filing grievances or complaints;-Any resident, representative, family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, theft of property, etc., without fear of threat or reprisal;-Upon receiving a resident grievance, the Grievance Official or designee begins an investigation into the allegation;-The department director is notified of the complaint that an investigation is underway;-The Administrator will be provided a completed Resident Grievance within five working days of the incident;-The facility will inform the resident or his or her representative of the findings of the investigation and any corrective actions recommended in a timely manner. 1. Review of the Resident/Family Council Minutes dated 4/15/25 showed the following:-Old business - wait times still, especially on weekends.-New business - resident states call light not with reach. No resolution provided to the resident council for concerns of the wait times and call lights not within reach for the April meeting. Review of the Resident/Family Council Minutes dated 5/13/25 showed old business included call lights were not answered. Call lights being answered at the box and staff not physically going to rooms. No resolution provided to the resident council for concerns of the call lights not being answered or being answered at the box and not physically going to the rooms for the May meeting. Review of the Resident/Family Council Minutes dated 6/10/25 showed new business included call lights. No resolution provided to the resident council for concerns of the call lights for the June meeting. Review of the Resident/Family Council Minutes dated 7/8/25 showed the following:-Old business - call lights.-New business - call lights. No resolution provided to the resident council for concerns of the call lights for the July meeting. 2. Review of the grievance report form dated 7/28/25 filed by Resident #8 showed the following:-My roommate (Resident #9), fell out of bed around 4:00 A.M. and we pushed the call light, and no one came to help. I finally went to get help and could not find anyone in the front of the building. I waited after looking up and down the hallways and no one came, I finally went down to the other nurses' station and got a nurse who then looked for help and could not find either. This is concerning;-Action taken to address - In-service nurse on need for frequent rounding and trying to keep staff member present when other staff member on break;-Summary of findings: roommate was able to locate staff member at other nurses station and receive assistance;-Summary of Action taken - in-service was completed with charge nurse. During an interview on 8/5/25 at 1:30 P.M. Resident #8 said the following:-On 7/27/25 Resident #9, his/her roommate, was calling out for help;-Resident #9 had fallen off the bed and scooted on the floor to the bathroom and rang the call light in the bathroom because he/she could not reach the call light on the bed;-Resident #9 said that he/she had been on the floor for a while and could not get up;-He/She waited for about 30 minutes for someone to come, and when no one came, he/she got into his/her wheelchair and went to the nurses station to find someone. No one was at the nurses station so he/she wheeled up and down the hall and could not find anyone.-He/She then went to the back hall and found a nurse and told him/her that Resident #9 was on the</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow their fall management policy and response to falls policy for one resident (Resident #9) of 12 sampled residents, who sustained falls. Resident #9 had two falls with no documentation including assessments or notifications at the time of the falls. The resident fell out of bed on 7/27/25 onto the floor and crawled to the bathroom to turn on the call light to alert staff. Staff did not respond to the call light for 45 to 60 minutes. When staff did respond, staff completed no assessment for injuries or documentation of the fall. The care plan was not updated with meaningful interventions based on the cause of the resident's falls sustained on 7/17/25 and 7/27/25. The facility census was 93. Review of the facility policy for Fall Management Program with a revision date of 10/24/22 showed the following:-Purpose: to prevent resident falls and minimize complications associated with falls through the development of a Fall Management Program;-The facility will provide the highest quality care in the safest environment for the residents residing in the facility. The facility has developed a Fall Management Program that strives to prevent resident falls through meaningful assessments, interventions, education, and reevaluation.-Assessment: the Licensed Nurse will assess each resident for their risk of falling upon admission, quarterly, and with a significant change in condition;- The nursing staff will develop a plan of care specific to the residents needs with interventions to reduce the risk of falls;-The Interdisciplinary Team (IDT) will routinely review the plan of care at a minimum of quarterly, with a significant change in condition, and post fall;-Universal Fall Prevention Measures for all Resident: position call bell, urinal if applicable and bedside stand with reach; educate the resident on the use of the call light system and to ask for assistance. ;-Post Fall: following the resident's fall, the licensed nurse will complete an incident report and a post fall assessment and investigation within 24 hours or as soon as possible. Review of the facility policy for Response to Falls with a revision date of 10/24/22 showed the following:-Purpose: to ensure the facility responds quickly and appropriately to resident falls in a manner that addresses both the resident's immediate needs and longer-term fall prevention;-Residents experiencing a fall will be promptly assessed and treated for injuries; the resident's physician and responsible party will be notified; after each fall a Licensed Nurse will complete a Post-Fall Assessment and investigation; any identified findings and the facility responses will be documented in the resident's medial record as appropriate; the IDT will review the investigative reports on a regular basis, as they may occur, and make systemic changes to reasonably limit future occurrences, consider change in Plan of Care (POC) intervention, system changes, etc.-Immediate Post Fall Response: upon witnessing a fall or finding a resident in a position indicating a fall, stay with the resident and send another staff member to notify a Licensed Nurse if the first responder is not a licensed personnel;-Do not move the resident initially until after an assessment has been completed;-The Licensed Nurse will assess the resident and take the resident's vitals. Assess the resident's level of consciousness, position, possible injuries, head injuries, pain, tenderness, swelling, bruising, alignment, and range of motion (ROM);-If head and neck pain is reported or suspected, immobilize the cervical spine (the region of the spine located in the neck). Call Emergency Medical Services. Do not move the resident, do not place a pillow under his/her head, do not leave the resident unattended unless necessary;-If the resident is bleeding, has skin tears, abrasions, has fainted or exhibits similar problems, give proper emergency care;-The Licensed Nurse will notify the Attending Physician of the fall and implement any new physician orders;-The Licensed Nurse will notify the responsible party of the fall and any resulting interventions and/or treatments;-Following each resident fall, the Licensed Nurse will complete an incident report and perform a Post-Fall Assessment and Investigation;-The Licensed Nurse will also complete the Neurological Flow Sheet for any un-witnessed fall or witnessed fall with known head injury for 72 hours following the fall;-Documentation: document all falls on the 24-hour report, document notification of the physician and responsible party; complete an incident report and detailed progress note; complete Neurological flow sheet for 72 hours; document the resident's condition in the resident's medical record every shift for 72 hours; revise the resident's care plan as needed. Review of the facility policy for Nursing Documentation with a revision date of 10/24/2022 showed the following:-Purpose: to provide documentation of resident status and care given by nursing;-Policy: nursing documentation will be concise, clear, pertinent, and accurate;-Any communication with family, durable power of attorney (DPOA), or physician is to be noted in nurse's notes;-Alert charting: alert charting is documentation done to track a medical event for a period of 72 hours or longer;-Events may include but are</p>		