

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Estates of Spanish Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 610 Prigge Road Saint Louis, MO 63138	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46888</p> <p>Based on interview and record review, the facility failed to follow their policy and ensure staff reported an allegation of sexual abuse, resulting in a delayed abuse investigation regarding two residents (Resident #1 and Resident #2). The sample was six. The census was 132.</p> <p>Review of the facility's Abuse, Neglect, and Exploitation policy, undated, showed the following:</p> <p>-Policy: Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment and involuntary seclusion. The resident has the right to be free from mistreatment, neglect and misappropriation of property.</p> <p>-Resident must not be subject to abuse by anyone, including, but not limited to: Facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, family members, legal guardians, friends or other individuals;</p> <p>-When suspicion of abuse, neglect, or exploitation, or reports of abuse, neglect or exploitation occur, it must be communicated to the facility's Administrator, department head, or supervisor and the Administrator and/or designee must initiate an investigation.</p> <p>Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by facility staff, dated 9/23/24, showed:</p> <p>-Cognitively intact;</p> <p>-Diagnoses included bipolar disorder (characterized by extreme mood swings from depressive lows to manic highs), anxiety, major depressive disorder, and paranoid schizophrenia (mental disorder characterized by hallucinations, delusions, disorganized thinking and behavior).</p> <p>Review of the resident's care plan, dated 10/6/24, showed:</p> <p>-Problem: Behaviors: Resident became upset about concerns about his/her brother and punched a wall. He/She fixates on his/her brother, and can be overprotective, even if there is no sustained reason for concern. He/She accuses others of being rude/or mistreating his/her brother, even if the brother never voices any concern himself. Co- dependent on brother;</p> <p>-Goal: Resident will verbalize thoughts and feelings through the next review date;</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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NAME OF PROVIDER OR SUPPLIER Estates of Spanish Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 610 Prigge Road Saint Louis, MO 63138	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Interventions: Allow resident to talk to his/her brother for support. Re-direct resident to an activity that he/she can enjoy with his/her brother. Call resident's guardian for support. Allow time outside if feasible. Put resident in a quiet room and allow resident to verbalize his/her concerns freely. Refer to counselor for support. When resident is feeling upset, encourage resident to take a walk to release his/her frustrations.</p> <p>Review of Resident #2's quarterly MDS, dated [DATE], showed the following:</p> <p>-Moderately impaired cognition;</p> <p>-Diagnoses included mild intellectual disabilities, bipolar disorder, and schizophrenia;</p> <p>-No behavior concerns.</p> <p>During an interview on 10/10/24 at 10:30 A.M., the Social Service Designee said on 10/9/24 at an unknown time, she was informed by Certified Nursing Assistant (CNA) D that in the morning, he/she had walked into the bathroom and witnessed Resident #1 and Resident #2 performing sexual intercourse with each other. The Social Service Designee spoke with the resident's counselor but did not inform her supervisor or the Administrator. She said she should have reported the abuse allegation immediately.</p> <p>Review on 10/10/24 at 9:45 A.M., of Resident #1's progress notes, showed:</p> <p>- No notes about the alleged abuse allegation made on 10/9/24.</p> <p>Review on 10/10/24 at 10:00 A.M., of Resident #2's progress notes, showed:</p> <p>- No notes about the alleged abuse allegation made on 10/9/24.</p> <p>During an interview on 10/10/24 at 10:13 A.M., the Director of Social Services said he heard a rumor of the alleged sexual abuse between Resident #1 and Resident #2 from the Social Service Designee this morning. He said he thought the abuse allegation had already been reported to the Administrator and to the Department of Health and Senior Services. He expected any abuse or neglect of a resident to be reported immediately.</p> <p>During an interview on 10/10/24 at 11:13 A.M., CNA D said the residents are siblings so they are close. He/She said he/she did not walk in on the residents in the shower and did not witness the alleged abuse.</p> <p>During an interview on 10/10/24 at 10:42 A.M., the Administrator said she was not aware of the alleged sexual abuse that occurred between Resident #1 and Resident #2. No investigation had been started. She said the Social Service Designee should have reported this abuse allegation to her supervisor or her, immediately upon being informed by CNA D.</p> <p>MO00243311</p>		