STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	676091	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sagecrest Alzheimers Care Center	438 E. Houston Harte Expressway San Angelo, TX 76903

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop and implement a comprehensive person-centered care plan that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs for four residents (Residents #2, #3, #6, #8, and #14) of twelve residents reviewed for care plans.The facility failed to have a comprehensive person-centered care plan for Resident #2, #3, #6, #8, and #14 to address the residents' diagnosis of dementia. The facility failed to have a comprehensive person-centered care plan to address Resident #2's hearing aids.These failures could affect residents and put them at risk for not receiving care and services to meet their needs.Findings include:Resident #2Record review of Resident #2's face sheet dated 12/11/2025, revealed resident was [AGE] year-old female with admission date 07/09/2021.Record review of Resident #2's history and physical dated 09/05/2025 revealed a medical history of Dementia (severe decline in cognitive function), and hearing loss. Record review of Resident #2's quarterly MDS dated [DATE] revealed a BIMS score of 0, indicating severe mental cognitive impairment. Section B titled, Hearing, Speech, and Vision, noted Resident #2 had moderate difficulty with hearing, and the speaker has to increase volume and speak distinctively. Section B also revealed Resident #2 had hearing aids. Section I titled active diagnosis indicated the resident had Alzheimer's Disease (a type of dementia that affects memory, thinking and behavior). Record review of Resident #2's care plan, last revised 09/19/25, revealed the resident's Dementia diagnosis and their hearing aids were not included.Resident #3Record review of Resident #3's face sheet dated 12/11/2025, revealed an [AGE] year-old female admitted to the facility on [DATE].Record review of Resident #3's history and physical dated 09/24/2025 revealed Resident #3 had a diagnosis of Dementia (severe decline in cognitive function).Record review of Resident #3's MDS dated [DATE] revealed Resident #3 had a BIMS of 03 indicating a severe cognitive impairment. Section I titled active diagnosis indicated the resident had Non-Alzheimer's Dementia (severe decline in cognitive function).Record review of Resident 3's Care Plan revised 10/16/2025 revealed the care plan did not indicate anything about a dementia diagnosis.Resident #6Record review of Resident #6's face sheet dated 12/11/2025 revealed an [AGE] year-old female admitted to the facility on [DATE].Record review of Resident #6's history and physical dated 5/15/2025 revealed Resident #6 had a diagnosis of Alzheimer's Dementia (severe decline in cognitive function).Record review of Resident #6's Quarterly MDS dated [DATE] revealed Resident #6 had a BIMS of 03 indicating a severe cognitive impairment. Section I titled active diagnosis indicated the resident had Non-Alzheimer's Dementia (severe decline in cognitive function).Record review of Resident #6's care plan revised 11/13/2025 revealed the care plan did not indicate anything about a dementia diagnosis. Resident #8Record review of Resident #8's face sheet dated 12/11/2025, revealed he was an [AGE] year-old male with admission date 05/21/2020.Record review of Resident #8's history and physical dated 11/17/2025, revealed a medical diagnosis of Dementia (severe decline in cognitive function).Record review of Resident #8's annual MDS dated [DATE], revealed a BIMS score of 3, indicating severe cognitive impairment. Section I titled active diagnosis indicated the resident had Non-Alzheimer's Dementia (severe decline (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

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	in cognitive function).Record review of Resident #8's care plan, last revised 10/02/25, revealed the resident's Dementia diagnosis was not included.Resident #14Record review of Resident #14's face sheet dated 12/09/2025, revealed an [AGE] year-old male with admission date 05/13/2025.Record review of Resident 14's history and physical dated 11/17/25, revealed a medical diagnosis of Dementia (severe decline in cognitive function).Record review of Resident #14's quarterly MDS dated [DATE] revealed the resident could not complete the BIMS test.Record review of Resident #14's care plan, last revised 09/19/25, revealed the resident's Dementia diagnosis was not included.In an interview on 12/11/2025 at 1:42 PM with RN A, she stated the purpose of the care plan was for staff to provide the residents' needs, the best care the facility could provide. RN A stated that the care plan was reviewed and revised quarterly by the MDS nurse. RN A stated nursing staff also revised the care plan as needed for changes in the residents' conditions, such as transfer assistance from 1-person assist to 2-person assist. RN A stated that the MDS nurse was responsible for monitoring the care plan overall. RN A stated the potential risks of residents' conditions, needs, or adaptive aids, were not included in the care plan, then staff could not provide specific care to meet the residents' needs or that they required adaptive aids. She stated that if the Dementia diagnosis was not included in the care plan, staff could not monitor or provide specific care to residents. She stated the last in-service for care plans was in 10/2025.In an interview on 12/11/25 at 2:08 PM with the MDS nurse, she stated the purpose of the care plan was for staff to know how to care for the resident. She stated the initial care plan was done within 48 hours by the MDS nurse herself. She stated the comprehensive care plan was completed within the resident's first 20 days of admission. She stated residents' care plans were reviewed quarterly by herself, as the MDS nurse. She stated the facility did not include the Dementia diagnosis in the care plans, but the facility added the BIMS score of each resident in the care plan, which was under cognitive loss. She stated that cognitive loss covered the Dementia diagnosis of the residents and their needs. She stated there were no potential risks, because there were other parts of the chart that indicated the residents' dementia diagnosis and their needs. She stated Resident #2's hearing aids should have been added to the care plan, so staff were aware the resident required them and for staff to monitor. She stated the last in-service for care plans was in 10/2025.In an interview on 12/11/2025 at 2:48 PM with the DON, he stated the purpose of the care plan was for staff to provide a continuity of care to residents. He stated that nursing staff monitored the care plan with the MDS nurse who coordinated the care plan, and the nursing staff monitored the care plan as needed. He stated the facility did not include the Dementia diagnosis in the care plan, but the care plan notated the residents' cognitive statuses under BIMS and included interventions for staff. He stated that the care plan and residents' BIMS scores were reviewed quarterly. He stated there were no potential risks for the residents not having the Dementia diagnosis care planned, since the BIMS was included. He stated the potential risk for Resident #2's hearing aids not being care planned could be loss of the hearing aids.Record review of facility policy, Resident Plan of Care, dated 10/09/2025, revealed in part: 1. An initial plan of care will be developed within 48 hours of the resident's admission. This will address immediate care needs, including, but is not limited to, dietary needs, medications, and routine treatments. 2. A comprehensive care plan will be developed within 7 days of completion of the resident's comprehensive assessment (MDS). The Interdisciplinary team develops it . 4. The care plan will identify problem areas and interventions needed to meet the needs of the resident. 5. Assessments of residents are on-going, and care plans are revised as information about the resident and his/her condition changes.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to ensure that a resident who needed respiratory care was provided such care, consistent with professional standards of practice for 1 (Resident #9) of 6 residents observed for oxygen management. The facility failed to clean the oxygen concentrator air filter for Resident # 9 while the oxygen was in use. This deficient practice could affect residents receiving oxygen therapy and could contribute to an upper respiratory infection and a resident's decline in physical health. The findings included: Resident #9 Record review of Resident #9's face sheet dated 12/11/2025, revealed the [AGE] year old resident was admitted to the facility on [DATE] with diagnosis of chronic obstructive pulmonary disease (a progressive lung disease that blocks airflow, making it hard to breathe). Record review of Resident # 9's MDS dated [DATE] revealed a brief interview for mental status score of 07, indicating severe cognitive impairment. Section O special treatments procedures and programs indicated use of oxygen therapy. Record review of Resident #9's Physician's orders, dated 07/22/2025, revealed an order for oxygen Two Times Daily (Starting 7/22/2025 Days, Nights) via nasal canula at 2-4 Liters per min for SOB / comfort. Record review of Resident # 9's care plan revised 11/06/2025, revealed Resident #9 had a potential for distressed respiratory effort. Had oxygen for SOB and or comfort. Interventions included to administer oxygen as ordered. During an observation of Resident #9 in his room on 12/09/25 at 10:34 AM revealed that the resident's oxygen concentrator was in operation and that the air filter appeared to have dust collected on it. During an interview with the Plant Manager on 12/11/2025 at 11:23 AM revealed that the oxygen concentrators belonging to the facility were cleaned every 30 days. He stated that Resident #9's oxygen concentrator was from a local hospice agency. He stated that maintenance did not check the oxygen concentrators brought in by outside companies. He stared that if there was a problem with it, the facility would notify the hospice agency, and they would come in and check on it. He stated that there was minimal risk to the resident's health because it was a HEPA filter (a denser filter). He said the filters trapped a lot more air particles. He stated that those filters needed to be changed less frequently. During an interview with RN A on 12/11/2025 at 12:40 PM revealed that all the oxygen concentrators in the building were checked on a monthly basis by maintenance. She stated that nurses were responsible for checking the oxygen concentrator, but the nurses mostly check if the concentrator was set to the right amount of liters. She stated that the air filters were not checked by staff, but they were checked once a month by maintenance. She stated that if the nurses see a problem with the concentrator before the monthly check, then they were to let maintenance know and if it was a hospice concentrator they were to call the hospice agency as well and let them know; then the hospice company would then send someone out to the facility to check it. She stated that the hospice company did not regularly go to facility to check the oxygen concentrators, only if called. She stated that a dirty air filter affected the resident by affecting the quality of oxygen that they were receiving. The resident may not be receiving the adequate amount of air due to a clogged filter. She stated that she could not recall the last Inservice over oxygen concentrators. During an interview with the ADON on 12/11/2025 at 1:19 p.m., revealed that oxygen concentrators were checked monthly to include air filter cleaning. She stated that maintenance was responsible for cleaning the air filter. She stated that the nurses were only responsible for ensuring that the tubbing was changed monthly and that it was set at the appropriate amount of liters as per doctors' orders. She stated that maintenance did not regularly check hospice concentrators only facility owned concentrators. She stated that nurses would have to call the hospice company, and they would send someone out to check it. She stated that the risk to the resident was dependent on the filter and she had heard it was a HEPA filter and that those filters needed to be changed out less frequently. She stated that it posed a potential risk for the resident to not receive clean air. She stated that there has not been any formal training on checking oxygen concentrator filters. During an (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interview with the DON on 12/11/2025 at 1:59 p.m. revealed that maintenance checked the oxygen concentrators monthly to include filters. Maintenance would only check the oxygen concentrators that were owned by the facility. He stated that he was not sure if an outside company came in to check on the concentrators belonging to the hospice. He stated that if there was an issue with the concentrator identified by the nurses, then they would contact the hospice agency. He stated the nurses were only responsible for checking the humidifier, tubing and the setting, but not the filters. He stated that the risk to the resident would be that the resident was not receiving clean air, or the adequate amount of oxygen as indicated. He stated that there has not been a formal training on checking the oxygen concentrator, but there had been a respiratory training in October with annual competencies. Per facility Administrator, on 12/11/2025 at 4:13p.m., she stated that there was not a policy regarding oxygen concentrators.