

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2024
NAME OF PROVIDER OR SUPPLIER Windsor Place Senior Living Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 900 South Stone Street Sigourney, IA 52591	

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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>22506</p> <p>Based on clinical record review, staff and family interview, the facility failed to ensure that the transfer or discharge met all documentation requirements necessary for a safe and effective transition of care for one of four residents reviewed. (Resident #1) The facility reported census was 25.</p> <p>Findings include:</p> <p>According to a Quarterly Minimum Data Set (MDS) with a reference date of 7/12/24, Resident #1 had short- and long-term memory deficits and severely impaired cognitive status for daily decision making. Resident #1 required maximal to dependent assistance with transfers, mobility, dressing, toilet use and personal hygiene needs. Resident #1 was always incontinent of bladder and was frequently incontinent of bowel. Resident #1's diagnosis included cerebrovascular accident (stroke), hemiplegia, chronic obstructive pulmonary disease.</p> <p>In an interview on 12/31/24 at 12:57 p.m. Staff B, Social Worker, stated the discharge process involving Resident #1 lasted 6 months. There was a facility located which seemed a better fit as they could provide a day program. Staff B stated Resident #1's mother was going through some medical issues, but was able to coordinate with the receiving facility and provide what they needed. Staff B stated most communication was verbal and not recorded. What was recorded was in the progress notes. Staff B stated they had multiple zoom conferences with Resident #1 attending and disclosed her behavior and drug regimen.</p> <p>In an interview on 12/31/24 at 1:44 p.m. Resident #1's mother and guardian stated the facility (DON) informed her they were going to discharge her daughter because she had three strikes and the state required she be moved. Resident #1's mother stated she was not in agreement initially, but cooperated, not knowing her rights. Resident #1's mother stated did not receive notice in writing or any statement related to her right to appeal.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>22506</p> <p>Based on clinical record review, staff and family interview, the facility failed to provide adequate notice of discharge in writing and proper contents of notice, including a statement of the resident's appeal rights prior to discharge for one of four. (Resident #1) The facility reported census was 25.</p> <p>Findings include:</p> <p>According to a Quarterly Minimum Data Set (MDS) with a reference date of 7/12/24, Resident #1 had short- and long-term memory deficits and severely impaired cognitive status for daily decision making. Resident #1 required maximal to dependent assistance with transfers, mobility, dressing, toilet use and personal hygiene needs. Resident #1 was always incontinent of bladder and was frequently incontinent of bowel. Resident #1's diagnosis included cerebrovascular accident (stroke), hemiplegia, chronic obstructive pulmonary disease.</p> <p>In an interview on 12/31/24 at 12:57 p.m. Staff B, Social Worker, stated the discharge process involving Resident #1 lasted 6 months. There was a facility located which seemed a better fit as they could provide a day program. Staff B stated Resident #1's mother was going through some medical issues, but was able to coordinate with the receiving facility and provide what they needed. Staff B stated most communication was verbal and not recorded. What was recorded was in the progress notes. Staff B stated they had multiple zoom conferences with Resident #1 attending and disclosed her behavior and drug regimen.</p> <p>In an interview on 12/31/24 at 1:44 p.m. Resident #1's mother and guardian stated the facility (DON) informed her they were going to discharge her daughter because she had three strikes and the state required she be moved. Resident #1's mother stated she was not in agreement initially, but cooperated, not knowing her rights. Resident #1's mother stated did not receive notice in writing or any statement related to her right to appeal.</p> <p>Resident #1's clinical record review found no discharge notice or appeal rights related to her discharge.</p>		