

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/18/2024
NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42484</b></p> <p>Based on interview and record review, facility staff failed to provide an appropriate 30 day discharge notice for one resident (Resident #1) and failed to allow Resident #1 to return to the facility when the resident was ready for discharge from the hospital. The facility census was 49.</p> <p>1. Review of the facility's Discharge/Transfer of Resident policy, undated, showed for the transfer of a resident staff are to explain the transfer and reason to the resident and/or representative and give copy of transfer or discharge notice to the resident and/or representative or person responsible for care. Review showed if it is an emergency transfer, transfer or discharge notice form may be completed later, but as soon as possible.</p> <p>2. Review of Resident #1's Entry and Discharge Minimum Data Set (MDS), a federally mandated assessment tool, dated 1/17/24, showed the resident was admitted and discharged on [DATE].</p> <p>Review of the resident's progress notes, dated 1/17/24, showed the resident admitted to the facility and received an intravenous (IV) antibiotic medication. Review showed staff documented the resident became weak and unsteady, and an order obtained to send the resident to the emergency room and to not accept the resident back to the facility.</p> <p>Review of the resident's medical record showed the medical record in did not contain an emergency or 30 day discharge notice prior to discharge and was not provided with an acceptance of admission to an alternative facility.</p> <p>During an interview on 1/18/24 at 12:51 P.M., the facility's social services designee (SSD) said the resident was accepted to the facility based on the resident's diagnosis which required IV medications. The SSD said the hospital social work did not inform him/her the resident had a history of drug use, wound care and had behaviors. The SSD said facility staff decided when the resident required emergency room treatment the resident should not be readmitted , as the facility would not be able meet the resident's needs.</p> <p>During an interview on 1/18/24 at 1:01 P.M., the Administrator said the resident was accepted based on the information the hospital provided. The administrator said the hospital sent the additional information regarding the substance abuse and behaviors when arrived at 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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/18/24 at 02:34 P.M., the Licensed Practical Nurse (LPN) said the resident was admitted to the facility based on the information the hospital provided in the admission packet which did not include the medical history of drug and alcohol use, or report that the resident was violent at the hospital and required multiple security guards to restrain the resident. The LPN said the facility could not adequately care for the resident, and with the resident requiring a transfer to the emergency room for the reaction to the antibiotic, an order was procured to not re-admit the resident.</p> <p>During an interview on 1/18/24 at 03:12 P.M., the hospital social worker said the resident remained in the emergency department and placement had not yet been found for the resident. He/She said the hospital had sent inquiry to a different facility but had not heard back.</p> <p>MO00230448</p>		