STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camdenton Windsor Estates	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815 Based on interview, and record review, facility staff failed to review and revise the comprehensive care plan for three residents (Resident #1, #2, and #3) out of three sampled residents care plans who sustained falls. The facility census was 49. 1. Review of the facility's Comprehensive Care Plan policy, undated, showed staff are directed as follows: -An individualized comprehensive care plan includes measurable goals and time frames will be developed to meet the resident's highest practicable physical, mental, and psychosocial well-being; -Assessment of each resident is ongoing process and the care plan will be revised as changes occur in the resident's condition; -The interdisciplinary care plan team is responsible for the periodic review and updating of care plans when changes occur that impact the resident's care (i.e., change in diet, discontinuation of therapy, changes in care areas that do not required significant change assessment). 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 01/09/25, showed staff assessed the resident with severe cognitive impairment, one injury fall, and one non-injury fall since admission. Review of the facility's event report, dated 12/22/24, showed staff documented the resident had an unwitnessed fall. Review of the resident's care plan, dated 01/18/25, showed the care plan did not contain documentation of a new fall intervention for the fall on 12/22/24. During an interview on 01/23/25 at 3:32 P.M., the MDS Coordinator said he/she did not have an opportunity to update the resident's care plans, since he/she had been assisting staff with resident care. During an interview on 01/23/25 at 3:47 P.M., the administrator said he/she would expect new interventions after each fall for the resident. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camdenton Windsor Estates	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/23/25 at 3:48 P.M., the Director of Nursing (DON) said he/she would expect new interventions after each fall for the resident. 3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident with severe cognitive impairment and one non-injury fall since admission. Review of the facility's event report, dated 10/26/24, showed the resident had an unwitnessed fall. Review of the resident's care plan, dated 12/28/24, showed it did not contain documentation of a new fall intervention for the fall on 10/26/24. During an interview on 01/23/25 at 3:47 P.M., the administrator said he/she would expect new interventions after each fall for the resident. During an interview on 01/23/25 at 3:48 P.M., the Director of Nursing (DON) said he/she would expect new interventions after each fall for the resident. 4. Review of Resident #3's Quarterly MDS, dated [DATE], showed staff assessed the resident as having a moderate cognitive impairment, had one non-injury fall and one injury fall since admission. Review of the facility's event report, dated 12/05/24, showed the resident had a witnessed fall. Review of the resident's care plan, dated 01/08/25, showed it did not contain documentation of a new fall intervention for the fall on 12/05/24. During an interview on 01/23/25 at 3:32 P.M., the MDS Coordinator said he/she did not know the resident had a fall. During an interview on 01/23/25 at 3:47 P.M., the administrator said he/she would not expect a new intervention after the resident's fall, since it was due to his/her coat being on the chair and he/she slid out of the wheelchair. During an interview on 01/23/25 at 3:48 P.M., the DON said he/she would not expect a new intervention after the resident's fall, since it was due to his/her coat being on the chair and he/she slid out of the wheelchair. He/She said staff educated the resident to not place items in his/her chair. 5. During an interview on 01/22/25 at 3:28 P.M., Certified Nurse Aide (CNA) B said the purpose of the care plan is to provide guidance to staff to the type of care the resident needed. He/She said the MDS Coordinator was responsible to update the care plan. He/She said he/she would ask another CNA or a nurse if he/she had questions in the type of care the resident required. During an interview on 01/23/25 at 3:32 P.M., the MDS Coordinator said he/she was responsible to update the care plans when there was a change in condition, including falls. He/She said the care plans should be updated with new interventions after each fall, however he/she had been working the floor and had not had a chance to update the care plans. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camdenton Windsor Estates	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/23/25 at 3:47 P.M., the administrator said the MDS Coordinator was responsible to update the care plans on an annual, quarterly and when a resident had a change. The Administrator said he/she would expect new interventions after each fall, depending on how the resident fell or the resident's needs. He/She said the MDS Coordinator had been assisting residents with care, so he/she had not had an opportunity to update all of the new interventions. During an interview on 01/23/25 at 3:48 P.M., the DON said the MDS Coordinator was responsible to update the care plans on an annual, quarterly and when a resident had a change. He/She said depending on how the resident fell or his/her needs, would determine if staff implemented a new interventions after each fall. He/She said the MDS Coordinator had been assisting residents with care, so he/she had not had an opportunity to update all of the new interventions. MO00248346

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camdenton Windsor Estates	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42815 Based on interview and record review, the facility staff failed to ensure services provided met professional standards of practice when staff did not complete and document neurological checks for two (Resident #1 and #2) of two sampled residents who had unwitnessed falls, as directed by the facility policy. The facility's census was 49. 1. Review of the facility's Neurological assessment form instructions, dated 01/01/25, showed staff are required to complete neurological checks for seventy-two hours post an unwitnessed fall or head injury. Staff are directed to perform neurological checks as follows: -First hour check every fifteen minutes; -Second hour check every thirty minutes; -Next two hours check every hour; -Next 72 hours check every shift. 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 01/09/25, showed staff assessed the resident with severe cognitive impairment, one injury fall, and one non-injury fall since admission. Review of the facility's event report, dated 12/22/24, showed the resident had an unwitnessed fall. The report did not contain documentation staff completed neurological checks. Review of the resident's progress notes, dated 12/22/24, showed staff documented the resident fell . Review showed staff did not document neurological checks were completed. 3. Review of Resident #2's Quarterly MDS, dated [DATE], showed staff assessed the resident with a severe cognitive impairment, and one non-injury fall since admission. Review of the facility's event report, dated 10/26/24, showed the resident had an unwitnessed fall. The report did not contain documentation staff completed neurological checks. Review of the resident's progress notes, dated 10/26/24, showed staff documented the resident fell . Review showed staff did not document neurological checks were completed. 4. During an interview on 01/22/25 at 11:57 A.M., Licensed Practical Nurse (LPN) A said staff are directed to complete neurological checks if a resident had an unwitnessed fall or a witnessed fall with head injury. He/She said the neurological checks should be completed and documented in the resident's medical records for seventy-two hours. He/She said the neurological checks are documented in the resident's medical records. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Camdenton Windsor Estates	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 01/23/25 at 3:32 P.M., MDS Coordinator said staff are directed to perform neurological checks on a resident who had witnessed fall with head injury or an unwitnessed fall. He/She said the neurological checks should be completed for seventy-two hours by the nurse and documented in the resident's medical record. He/She said he/she staff documented the neurological assessments in the resident's medical records. The MDS Coordinator said he/she did not know who was responsible to complete the neurological assessments and he/she did not know about the missing assessments. During an interview on 01/23/25 at 3:47 P.M., administrator said staff are directed to conduct a neurological assessment on a resident who had either a witnessed fall with head injury or an unwitnessed fall. He/She said the nurse completes the assessment for up to seventy-two hours and document the findings in the resident's medical records. He/She said staff could not locate the completed neurological checks for Resident #1's fall on 12/22/24 or Resident #2's fall on 10/26/24. He/She said the Director of Nursing (DON) was responsible to ensure the neurological assessment were completed. He/She did not know about the missing neurological assessments. During an interview on 01/23/25 at 3:48 P.M., the Director of Nursing (DON) said staff are directed to conduct a neurological assessment on a resident who had either a witnessed fall with head injury or an unwitnessed fall. He/She said the nurse completes the assessment for up to seventy-two hours and document the findings in the resident's medical records. He/She said he/she did audit to ensure the neurological assessment were completed and did notice a missed completed assessment, so he/she did educate the staff on completing the assessment. He/She thought all the other assessment's were completed. The DON said he/she did not notice the other two assessment were not completed. The DON said he/she only knew about the one assessment that was not completed and in-serviced the staff member who did not complete that assessment, but not all the staff. MO00248346