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| 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 03/03/2026 |
| 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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, facility staff failed to provide an appropriate emergency discharge notice when staff discharged one resident (Resident #1) to the hospital and refused to allow the resident to return to the facility. The facility census was 54.1. Review of the facility's policies on 3/3/26, showed the facility did not have a policy for emergency discharge. 2. Review of Resident #1's face sheet, dated 3/3/26, showed the resident admitted to the facility on [DATE], and facility staff discharged him/her to the hospital 02/23/26. Review of the residents progress notes, dated 3/3/26, at 11:52 A.M., showed staff documented they spoke with the residents guardian in regard to a notice of immediate discharge because the facility can no longer meet the residents needs. Review of the resident's Immediate Discharge Notice, dated 3/3/26, showed staff documented the resident would discharge to the hospital. During an interview on 3/3/26 at 10:09 A.M., the administrator said he/she will not take the resident back due to safety concerns for the other residents. He/She said he/She is aware the facility will receive a citation because the hospital is not an acceptable discharge location. During an interview on 3/3/26 at 10:37 A.M., the care plan coordinator said he/she emailed the social worker at the hospital where the resident was discharged to alert him/her that the facility would not be accept the resident back to the facility. Incident #2786352</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