

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  03/21/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35558</b></p> <p>Based on observation, interview and record review, facility staff failed to provide a clean, homelike and comfortable environment when staff failed to maintain resident rooms and common areas. The facility census was 44 out of a capacity of 82 residents.</p> <p>1. Review of the facility's policy titled, Housekeeping Department, Seven Step Cleaning Procedure undated, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>-Dust mop, keeping dust mop on floor; use pan and broom to pick up debris;</li> <li>-Sanitize Floor, do not over wet the floor; use scraper to remove items stuck to floor, and change mop water every three rooms (or when visually soiled).</li> </ul> <p>Review of the facility's policy titled, Deep Cleaning a Resident Room, undated, showed:</p> <ul style="list-style-type: none"> <li>-Deep cleaning is the segment of housekeeping that ensure total cleanliness of the resident room;</li> <li>-Floors: clean all corners, edges and baseboards; be sure to remove any buildup around closets, behind bed, furniture, and door jams; dust mop and wet mop entire room.</li> </ul> <p>2. Observation on 03/17/24 at 12:08 P.M. showed the floor outside room [ROOM NUMBER] with debris visible down the length of the hallway.</p> <p>Observation on 03/17/24 at 12:15 P.M. showed the floor outside rooms 31 to 36 with debris visible down the length of the hallway.</p> <p>Observation on 03/17/24 at 12:20 P.M., showed resident occupied room [ROOM NUMBER] floor dirty.</p> <p>Observation on 03/17/24 at 1:33 P.M., showed resident occupied room [ROOM NUMBER] with multiple stains on the floor.</p> <p>Observation on 03/17/24 at 1:49 P.M., showed resident occupied room [ROOM NUMBER] with multiple black marks on the walls and floor.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 10:57 A.M., the Housekeeping Supervisor said he/she tries to clean marks on the walls, but some need painted and maintenance does that.</p> <p>3. Observation on 03/18/24 at 8:29 A.M., showed the housekeeping supervisor's cart with dark brown mop water in the bucket. Observation showed the housekeeping supervisor removed the mop from the bucket and mopped the Minimum Data Set (MDS) office.</p> <p>Observation on 03/18/24 at 9:53 A.M., showed the housekeeping supervisor mob bucket contained dark brown water. Observation showed the housekeeping supervisor used the dark brown water to clean the staff bathroom, hallway, clean utility room, and resident occupied rooms #23 and #25.</p> <p>Observation on 03/19/24 at 7:53 A.M., showed the housekeeping supervisor bucket water tan and mopped the clean utility room.</p> <p>Observation on 03/19/24 at 10:01 A.M., showed the housekeeping supervisor bucket water dark brown and mopped resident occupied room [ROOM NUMBER].</p> <p>During an interview on 03/20/24 at 9:37 A.M., Housekeeper L said staff are to mop all resident rooms daily. The housekeeper said staff should change mop water out every three to four rooms, or if it is visibly dirty. The housekeeper said staff should not mop with dirty water as it does not clean the floors and makes them dirtier. The housekeeper said this could lead to infections.</p> <p>During an interview on 03/20/24 at 9:08 A.M., Certified Nurse Assistant (CNA) A said staff should never use dirty mop water to clean with. The CNA said this could spread germs and cause infections.</p> <p>During an interview on 03/20/24 at 10:15 A.M., Licensed Practical Nurse (LPN) I said staff should not mop with dirty water and it should be changed out if it's dirty before cleaning anything else.</p> <p>During an interview on 03/20/24 at 10:57 A.M., the Housekeeping Supervisor said all resident rooms are to be cleaned daily and as needed. The housekeeping supervisor said mop water should be changed every two to three rooms, and as needed. He/She said staff should not use dirty mop water to clean with. The housekeeping supervisor said he/she was not aware he/she had cleaned rooms with dirty water.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the Director of Nursing (DON) said staff should not mop with dirty mop water because it does not clean anything. The DON said this could cause germs to spread.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Corporate Quality Assurance (QA) nurse said mop water should be changed every three rooms or as needed, such as cleaning up body fluids. The QA nurse said staff should not mop floors with brown or black water. He/She said this could cause germs to spread and leave floors sticky. The QA nurse said he/she noticed the housekeeper's water was dirty and meant to tell him/her to change it. He/She said he/she got busy and forgot to go back to tell him/her.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the administrator said all resident rooms should be cleaned daily, and mop water should be changed every three rooms, or with a big mess. The Administrator said staff should not mop with dirty water as this can lead to infections and spread germs.</p> <p>(continued on next page)</p>		

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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	45489  48982

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37131</p> <p>Based on observation, interview and record review, facility staff failed to document a complete and accurate Minimum Data Set (MDS) assessment (a federally mandated assessment instrument) when staff did not accurately code for three residents (Residents #8, #25 and #38) who use a Bi-level Positive Airway Pressure ((BiPAP) a non-invasive ventilation machine capable of generating air pressure to ensure airways remain open) or Continuous Positive Airway Pressure ((CPAP), a non-invasive ventilation machine that uses mild air pressure to ensure airways remain open during sleep), for one resident (Resident #25) who rejected care and for anticoagulant (a medication used to inhibit coagulation of the blood) use for two residents (Residents #14 and #47) out of 14 sampled residents. The facility census was 44.</p> <p>1. During an interview on 03/20/24 at 11:15 A.M., the Director of Nursing (DON) said the facility does not have a Policy for MDS. The facility uses the Resident Assessment Instrument (RAI) manual as guidance for completion MDS.</p> <p>2. Review of Resident #8's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Did not require a BiPAP.</li> </ul> <p>Review of the resident's care plan, dated 11/13/23, showed staff documented the resident uses BiPAP at night.</p> <p>Review of the resident's Physician's Order Sheet (POS), dated 03/17/24, showed a physician order may use BiPAP with 16 pressure in and 16 pressure out at night and BiPAP cleaning once a week on Monday's, cleanse mask with Normal Saline (NS) and let it dry with a start date of 08/31/23.</p> <p>Observation on 03/18/24 at 8:10 A.M., showed the resident BiPAP machine on his/her dresser.</p> <p>3. Review of Resident #25's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Rejection of care not exhibited;</li> <li>-Did not require a BiPAP.</li> </ul> <p>Review of the resident's care plan, dated 12/22/23, showed staff documented if resident has physical behaviors which are potentially harmful to staff, the care may be delayed to another time. Review of the residents care plan did not contain the resident's use of BiPAP or Lymphedema pumps (device that helps move fluid out of an area of the body that has excess fluid).</p> <p>Review of the resident's Physician Order Sheet (POS), dated 03/01/2024, showed the resident may use BiPAP at bedtime. Did not contain an order for lymphedema pumps.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Treatment Administration Record (TAR), date 03/01/2024, showed staff documented the resident refused his/her Lymphedema Pumps on 03/04/24.</p> <p>Review of the resident's nurse's notes, dated 03/01/24, showed Licensed Practical Nurse (LPN) I documented the resident refused a shower twice.</p> <p>Review of the resident's nurse's notes, dated 03/02/24, showed LPN I documented the resident continues with behaviors of telling family he/she is not taken care of and sits soiled for hours. Is noncompliant with trying to assist with own Activities of Daily Living (ADL's). Refuses to transfer from bed to chair for staff during perineal care and refuses to toilet self. Refuses to use bedside commode. Resident is incontinent of bowel and bladder.</p> <p>Review of the resident's nurse's notes, dated 03/03/24, showed LPN I documented the resident refuses to transfer from bed to chair for staff during perineal care and refuses to toilet self, refuses to use bedside commode. Resident is incontinent of bowel and bladder.</p> <p>Review of the resident's nurse's note, dated 03/06/24, showed the DON documented the resident has been offered multiple times to toilet to help with independence, but continues to refuse. Resident refuses to use Lymphoid wraps during scheduled time. Resident refused multiple times with different staff and times to do his/her showers.</p> <p>During an interview on 03/19/24 at 11:17 A.M., the DON said the resident is refusing showers with aides and his/her pumps too. The nurses have been charting this behavior from the resident. The resident will refuse and then call family. His/Her family is aware of this behavior from resident. Facility staff have started daily charting of what cares the resident is refusing and the times.</p> <p>Observation on 03/17/24 at 4:40 P.M. showed resident BiPAP on the bedside table.</p> <p>During an interview on 03/17/24 at 4:40 P.M., the resident said he/she uses the BiPAP at night when he/she sleeps. The resident said staff put the water in the BiPAP reservoir every night.</p> <p>During an interview on 03/20/24 at 9:14 A.M., Certified Nurses Aide (CNA) A said staff clean the resident's BiPAP tank every day, or every other day. The CNA said staff put distilled water in the resident's BiPAP machine.</p> <p>During an interview on 03/20/24 at 9:34 A.M., LPN I said the resident uses his/her BiPAP at night. The LPN said staff put water in the resident's BiPAP.</p> <p>During an interview on 03/20/24 at 11:15 A.M., The DON said the resident had a BiPAP and staff put the water in the resident's BiPAP. The DON said the resident's BiPAP should be documented on the MDS assessment.</p> <p>4. Review of Resident #38's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively impaired;</li> <li>-Did not require CPAP.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Did not require CPAP.</li> </ul> <p>Review of the resident's care plan, dated 03/04/24, showed staff resident requires CPAP at night. Ensure CPAP device is put on at night.</p> <p>Review of the resident's Transfer Admission Orders, dated 06/30/23, showed an order for oxygen with CPAP/BiPAP pressure setting two, use every night.</p> <p>Review of the resident's POS, dated 03/17/24, showed it did not contain orders for CPAP.</p> <p>Observation on 03/18/24 at 8:06 A.M., showed the resident in bed with his/her CPAP on.</p> <p>5. Review of Resident #14's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Received an anticoagulant.</li> </ul> <p>Review of the resident's care plan, dated 09/24/23, showed staff documented the resident is at risk for bleeding due to anticoagulant therapy. Monitor for bruising and bleeding.</p> <p>Review of the resident's POS, dated 03/17/24, showed physician orders for aspirin 81 milligrams (mg) daily and Clopidogrel (an antiplatelet medication used to reduce the risk of heart disease and stroke) 75 mg daily with a start date of 09/05/23.</p> <p>6. Review of Resident #47's Quarterly MDS, dated [DATE], showed staff assessed the resident received an anticoagulant seven out of seven days in the look back period (period of time used to assess the resident).</p> <p>Review of the resident's POS, dated 03/01/24, showed Clopidogrel 75 mg once a day in the morning on 10/20/23.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the DON said he/she thought Clopidogrel was an anticoagulant, he/she had not been aware it isn't.</p> <p>7. During an interview on 03/20/24 at 9:46 A.M., the MDS Coordinator said he/she is responsible to complete the MDS assessments and care plans. The MDS coordinator said he/she received training through the corporation's class, and with the corporate MDS person. The MDS Coordinator said he/she has a RAI manual he/she can refer to as well. The MDS Coordinator said a MDS should be coded accurately so a resident is properly cared for. The MDS coordinator said oxygen, BiPAP, CPAP, and certain medications like anticoagulants should be coded on the MDS if a resident receives them. The MDS Coordinator said he/she was not aware that Clopidogrel was not an anticoagulant.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/23 at 11:15 A.M., the Director of Nursing (DON) said the MDS Coordinator is responsible for completing all MDS assessments and care plans. The DON said he/she expects the assessments coded accurately. The DON said if a resident receives oxygen, CPAP, BiPAP, or anticoagulant medications it should be coded on the MDS.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Cooperate Quality Assurance (QA) nurse said he/she thought Clopidogrel was an anticoagulant and was not aware that Clopidogrel was not an anticoagulant but is an antiplatelet.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said the MDS Coordinator is responsible for completing all MDS assessments in the facility. The administrator said the MDS assessments should be coded accurately. The administrator said oxygen, BiPAP, CPAP, and anticoagulants should be coded on the MDS if a resident receives them.</p> <p>48982</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37131</p> <p>48982</p> <p>50432</p> <p>Based on observation, interview and record review, facility staff failed to develop and implement a comprehensive person-centered care plan for four residents (Resident #6, #14, #21, #25, #33) out of 14 sampled residents. The facility census was 44.</p> <p>1. Review of the facility's policy titled Care Plan Comprehensive, dated March 2012, showed:</p> <ul style="list-style-type: none"> <li>-The interdisciplinary care plan team with input from the resident, family, and/or legal representative will develop and maintain a comprehensive care plan for each resident that identifies the highest level of functioning the resident may be expected to attain;</li> <li>-The comprehensive care plan will be based on a thorough assessment that includes, but is not limited to, the Minimum Data Set (MDS), a federally mandated assessment tool;</li> <li>-Assessment of each resident is ongoing process and the care plan will be revised as changes occur in the resident's condition;</li> <li>-A well-developed care plan will be oriented to: <ul style="list-style-type: none"> <li>-Preventing avoidable declines in functioning or functional levels or otherwise clarifying why another goal takes precedence (e.g. palliative approaches in end of life situation).</li> <li>-Managing risk factors to the extent possible or indicating the limits of such interventions.</li> <li>-Applying current standards of practice in the care planning process.</li> </ul> </li> </ul> <p>2. Review of Resident #6's Annual MDS, dated [DATE], showed staff assessed the resident as cognitively intact.</p> <p>Review of the resident's face sheet showed staff documented the resident has a diagnosis of sleep apnea (sleep disorder in which breathing repeatedly stops and starts).</p> <p>Review of the resident's Physician Order Sheet (POS), dated March 2024, it did not contain an order for oxygen.</p> <p>Review of the resident's care plan, dated 2/28/24, showed the care plan did not contain documentation of the resident's oxygen use.</p> <p>Observation on 03/17/24 at 1:55 P.M., showed the resident in his/her room with an oxygen concentrator next to his/her bed. The oxygen tubing lay on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 3/17/24 at 1:55 P.M., the resident said he/she has sleep apnea and uses oxygen at night.</p> <p>During an interview on 3/22/24 at 10:08 A.M., the Director of Nursing (DON) said the resident refused to wear his/her Continuous Positive Airway Pressure (CPAP), a non-invasive ventilator worn during sleep to keep airways open, so he/she started oxygen. The DON said there is not a current order for oxygen .</p> <p>During an interview with the charge nurse on 3/25/24 at 9:45 A.M., Licensed Practical Nurse (LPN) I said he/she was aware of the resident's sleep apnea diagnosis. LPN I said, the resident did not want to use CPAP, but preferred using oxygen at night. The LPN said oxygen is administered via nasal cannula. The LPN said the POS did not contain a current oxygen order.</p> <p>3. Review of Resident #14's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Did not resist care;</li> <li>-Dependent on staff for all Activities of Daily Living (ADL's);</li> <li>-At risk for pressure ulcers.</li> </ul> <p>Review of the resident's care plan, dated 09/04/23, showed the following:</p> <ul style="list-style-type: none"> <li>-Will need full support of staff to have needs met;</li> <li>-At risk for pressure ulcers;</li> <li>-Did not contain podus boot (pressure relieving boot for foot) to left lower extremity at all times.</li> </ul> <p>Review of the resident's POS, dated 03/17/24, showed an order for podus boot to left lower extremity at all times, ordered on 08/21/23.</p> <p>Review of the resident's Treatment Administration Record (TAR), March 2024, showed staff documented the resident wore a podus boot on his/her left lower extremity at all times.</p> <p>Observation on 03/18/24 at 7:58 A.M., showed the resident in bed. Certified Nurse Assistant (CNA) A assisted the resident with his/her meal and the resident did not have a Podus boot on his/her left lower extremity.</p> <p>Observation on 03/18/24 at 2:46 P.M., showed LPN I and the MDS Coordinator provided wound care to the resident. The resident did not have a podus boot on his/her left lower extremity. The LPN and MDS Coordinator left the resident's room without putting the podus boot on the resident. The MDS Coordinator and LPN I left the room and did not apply the resident's podus boot.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/19/24 at 8:47 A.M., showed Nurse Assistant (NA) K and CNA B provided care to the resident and repositioned him/her. The resident did not have his/her podus boot on the left lower extremity.</p> <p>4. Review of Resident #21's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Required set up assistance for eating;</li> <li>-Unknown if the resident was at risk for weight loss.</li> </ul> <p>Review of the Resident's care plan, revised 03/04/24, showed the following:</p> <ul style="list-style-type: none"> <li>-Regular diet;</li> <li>-Provide assistance with eating;</li> <li>-Did not contain risk for weight loss or interventions.</li> </ul> <p>Review of the resident's weights showed:</p> <ul style="list-style-type: none"> <li>-09/01/24 admit weight of 286.0 pounds (lbs);</li> <li>-10/01/24 286.1 lbs;</li> <li>-11/01/24 267.6 lbs;</li> <li>-01/01/24 266.0 lbs;</li> <li>-02/01/24 264.4 lbs;</li> <li>-03/01/24 252.6 lbs.</li> </ul> <p>During an interview on 03/17/24 at 4:24 P.M., the resident said he/she eats in room most of the time.</p> <p>5. Review of Resident #25's Quarterly MDS, dated [DATE], showed staff assessed the resident as the following:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Did not require BiPAP;</li> <li>-Diagnoses of Obesity (overweight), Sleep Apnea and Acute Bronchospasm (contraction in the airways that can make it hard to catch your breath).</li> </ul> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the resident's POS, dated 03/01/2024, showed an order dated 09/02/23 for BiPAP at bedtime.</p> <p>Review of the resident's care plan, dated 12/22/23, showed teh care plan did not contain documentation for the resident's BiPAP.</p> <p>Review of the resident's TAR, dated 03/01/24, showed it did not contain documentation in regard to the resident's BiPAP use.</p> <p>Observation on 03/17/24 at 4:40 P.M., showed resident in bed. A BiPAP sat on the resident's bedside table.</p> <p>During an interview on 03/20/24 at 9:14 A.M., Certified Nurse Aide (CNA) A said if a resident has a BiPAP, it should be on the care plan.</p> <p>During an interview on 03/20/24 at 9:34 A.M., Licensed Practical Nurse (LPN) I said BiPAP, cleaning instructions and water to be used should be on care plan.</p> <p>During an interview on 03/20/24 at 11:15 A.M., Director of Nursing (DON) said BiPAP should be on care plans. Frequency of change of tubing should be on care plan. Use of distilled water for Bipap should be on care plan.</p> <p>During an interview on 03/20/24 at 2:09 P.M., administrator said BiPAP should be care planned.</p> <p>During an interview on 03/26/24 at 3:36 P.M., the MDS Coordinator said the resident's BiPAP, settings and cleaning schedule should be on the care plan.</p> <p>6. Review of Resident #33's Significant Change MDS, dated [DATE], showed staff assessed the resident as the following:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Did not resist care;</li> <li>-Hospice.</li> </ul> <p>Review of the resident's care plan, revised 12/19/23, showed it did not contain direction for staff in regard to hospice care.</p> <p>Review of the resident's hospice binder showed the resident started hospice services on 12/14/23.</p> <p>Review of the resident's nurses notes, dated 12/14/23, showed staff documented the resident admitted to hospice.</p> <p>7. During an interview on 03/20/24 at 9:08 A.M., CNA A said he/she has access to the resident's care plan in their chart. CNA A said the care plan should be individualized and able to direct staff on how to care for the residents. CNA A said he/she would expect things like oxygen, CPAP, BiPAP, hospice, risk for weight loss on the care plan.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 9:46 A.M., the MDS Coordinator said he/she is responsible for completing all the MDS's and care plans at the facility. The MDS Coordinator said a care plan should be updated upon admission, quarterly, annually, with any significant change, and as needed. The MDS Coordinator said he/she runs a Facility Activity report each morning to show any new orders from the previous 24 hours. The MDS Coordinator said he/she will update the care plan as needed with the new orders. The MDS Coordinator said the resident's care plan should be individualized and he/she would expect to see things on the care plan such as oxygen, how much assistance a resident needs for their ADL's, hospice, risk for weight loss, any special assist devices, and thing such as braces, heel protectors or Podus boots. The MDS Coordinator said if something is not on the care plan then staff won't know how to care for the resident.</p> <p>During an interview on 03/20/24 at 10:15 A.M., LPN I said the MDS Coordinator is responsible to update the care plans. The LPN said a care plan should be individualized and he/she would expect things such as weight loss risk, hospice, oxygen, the amount of care a resident needs, oxygen, and any special equipment on the care plan. The LPN said the aides are responsible to put Podus boots on and the charge nurse is responsible to check them. The LPN said he/she noticed on 03/19/24 late in the afternoon Resident #14 did not have his/her Podus boot on and put it on him/her.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the DON said the MDS Coordinator is responsible to update the care plans in the facility. The DON said the care plan should be done on admission, updated with new orders as needed, quarterly, annually, and with any significant change. The DON said the care plan should be person centered and direct staff on how to care for the resident. The DON said he/she would expect to see hospice, weight loss risk, any special equipment used by the resident, and the amount of care a resident requires on the care plan.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said the MDS Coordinator is responsible to update the care plans for all the residents. The Administrator said the care plan should be individualized and direct the care of the resident. The Administrator said he/she would expect the care plan to address weight loss risk, Podus boots, hospice care, the amount of care a resident needs, and any special equipment needed by the resident.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35558</p> <p>45489</p> <p>Based on observation, interview and record review, facility staff failed to ensure residents who were unable to complete their own activities of daily living (ADLs), received the necessary care and services to maintain good personal hygiene when staff failed to provide hair care and assist resident with facial hair for four residents (Residents #14, #24, #33, and #50) out of fourteen sampled residents. The facility census was 44.</p> <p>1. Review of the facility's policy titled Activities of Daily Living (ADL), dated March 2012, the purpose is to assist resident in achieving maximum function. Review showed:</p> <ul style="list-style-type: none"> <li>-Directed staff on how to dress residents in appropriate clothing, footwear and assistive devices;</li> <li>-Did not address hair care, facial hair care, and nail care.</li> </ul> <p>Review of the facility's policy titled Shampoo (Resident in Bed), undated, showed staff were directed to:</p> <ul style="list-style-type: none"> <li>-Shampoos are usually given with the scheduled shower or tub bath;</li> <li>-Directed staff on how to appropriately shampoo a resident that is bedfast.</li> </ul> <p>Review of the facility's policy titled Shaving the Resident, undated, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>-The purpose is to remove facial hair and improve the resident's appearance and morale;</li> <li>-Directed staff on how to appropriately shave residents with a disposable safety razor or personally owned electric razor;</li> <li>-Does not provide direction for frequency of shaving.</li> </ul> <p>Review of the facility's policy titled Nails, Care of (Fingers and Toes), undated, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>-The purpose is to provide cleanliness, comfort, prevent spread of infection;</li> <li>-Directed staff on how to appropriately provide finger and toenail care and grooming;</li> <li>-Does not provide direction for frequency of finger and toenail care.</li> </ul> <p>2. Review of Resident #14's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Did not reject care;</p> <p>-Dependent on staff for eating, bed mobility, transfers, toileting, hygiene, dressing, and bathing;</p> <p>Review of the resident's care plan, dated 09/24/23, showed staff were directed to:</p> <p>-Provide assistance with eating, bed mobility, transfers, grooming, toileting, hygiene, dressing, and bathing;</p> <p>-Did not contain direction for facial hair preference.</p> <p>Review of the facility's shower documentation showed the resident received showers on the following dates:</p> <p>-02/27/24 did not contain documentation of shave completed;</p> <p>-03/01/24 did not contain documentation of shave completed;</p> <p>-03/07/24 did not contain documentation of shave completed;</p> <p>-03/10/24 did not contain documentation of shave completed;</p> <p>-03/11/24 did not contain documentation of shave completed;</p> <p>-03/15/24 did not contain documentation of shave completed;</p> <p>Observation on 03/17/23 at 1:38 P.M., showed the resident with multiple chin hairs approximately one inch long.</p> <p>Observation on 03/18/24 at 7:58 A.M., showed Certified Nurse Assistant (CNA) A fed the resident breakfast in bed and the resident had multiple chin hairs approximately one inch long.</p> <p>Observation on 03/18/24 at 11:51 A.M., showed Nurse Assistant (NA) N provided care to the resident. Observation showed the resident had multiple chin hairs approximately one inch long.</p> <p>Observation on 03/18/24 at 1:45 P.M., showed the resident in bed with multiple chin hairs approximately one inch long.</p> <p>Observation on 03/18/24 at 2:46 P.M., showed the MDS Coordinator and Licensed Practical Nurse (LPN) I provided wound care to the resident. Observation showed the resident had multiple chin hairs approximately one inch long.</p> <p>During an interview on 03/18/24 at 3:03 P.M., the resident said he/she prefers to have his/her facial hair shaved. The resident said he/she has arthritis in his/her hands and is not able to shave himself/herself. Staff must assist him/her to shave.</p> <p>Observation on 03/19/24 at 7:50 A.M., showed the resident in bed with multiple chin hairs approximately one inch long.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/20/24 at 8:07 A.M., showed the resident in bed with multiple chin hairs approximately one inch long.</p> <p>During an interview on 03/20/24 at 9:08 A.M., CNA A said he/she noticed this morning the resident had long chin hairs. The CNA said the resident is not able to shave himself/herself and he/she planned to help the resident shave today.</p> <p>3. Review of Resident #24's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Severely cognitively impaired;</li> <li>-Did not reject care;</li> <li>-Lower extremity impairment on one side;</li> <li>-Dependent on staff for all ADL's (toileting, bathing, personal hygiene);</li> <li>-Required substantial/maximum assistance for upper and lower body dressing.</li> </ul> <p>Review of the resident's care plan, dated 03/13/24, showed staff were directed to:</p> <ul style="list-style-type: none"> <li>-Facial Hair Preference - clean shaved;</li> <li>-Have my wishes followed with facial hair;</li> <li>-Shaved and/or cleaned up as needed or whenever asked;</li> <li>-Appearance will remain clean and acceptable.</li> </ul> <p>Review of the facility's shower documentation showed the resident received showers on the following dates:</p> <ul style="list-style-type: none"> <li>-01/19/24 did not contain documentation of shave completed;</li> <li>-02/22/24 did not contain documentation of shave completed;</li> <li>-03/02/24 did not contain documentation of shave completed;</li> <li>-03/05/24 did not contain documentation of shave completed.</li> </ul> <p>Observation on 03/17/24 at 3:34 P.M. showed resident in bed with facial hair.</p> <p>Observation on 03/18/24 at 8:32 A.M., 10:36 A.M., and 4:0 showed resident in his/her room with facial hair.</p> <p>Observation on 03/18/24 at 10:36 A.M. showed resident in his/her room with facial hair.</p> <p>Observation on 03/18/24 at 4:05 P.M. showed resident in his/her room with facial hair.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/19/24 at 5:19 P.M. showed resident in dining room with facial hair.</p> <p>Observation on 03/20/24 at 8:03 A.M. showed resident with facial hair.</p> <p>During an interview on 03/18/24 at 8:32 A.M., the resident said he/she likes to be clean shaven and sometimes staff does it in the shower but not always.</p> <p>4. Review of Resident #33's Quarterly MDS, dated [DATE], showed staff assessed the resident as follows:</p> <ul style="list-style-type: none"> <li>-Severely cognitively impaired;</li> <li>-Did not reject care;</li> <li>-Required maximum assistance for personal hygiene;</li> <li>-Required minimum assistance for bathing.</li> </ul> <p>Review of the resident's care plan, dated 01/15/23, showed staff were directed to:</p> <ul style="list-style-type: none"> <li>-At risk for inadequately being able to meet own needs due to cognitive deficits;</li> <li>-Provide cues and assistance for tasks;</li> <li>-Provide assistance for shaving, hygiene, dressing, toileting, and bathing;</li> <li>-Facial hair preference - clean shaved.</li> </ul> <p>Review of the facility's shower documentation showed the resident received showers on the following dates:</p> <ul style="list-style-type: none"> <li>-02/27/24 did not contain documentation of shave completed;</li> <li>-02/29/24 did not contain documentation of shave completed;</li> <li>-03/05/24 did not contain documentation of shave completed;</li> <li>-03/07/24 did not contain documentation of shave completed;</li> <li>-03/11/24 did not contain documentation of shave completed;</li> <li>-03/15/24 did not contain documentation of shave completed;</li> </ul> <p>Observation on 03/17/24 at 1:20 P.M., showed the resident walked the halls and his/her hair unkept and facial hair approximately a half inch long.</p> <p>Observation on 03/18/24 at 8:00 A.M., showed the resident walked the halls and his/her hair unkept and facial hair approximately a half inch long.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/18/24 at 9:56 A.M., showed the resident in a chair near the nurse's station with his/her hair unkept and facial hair approximately a half inch long.</p> <p>Observation on 03/18/24 at 3:11 P.M., showed the resident stood at the nurse's station with his/her hair unkept and facial hair approximately a half inch long.</p> <p>Observation on 03/18/24 at 3:16 P.M., showed the resident's hair was unkept.</p> <p>Observation on 03/19/24 at 8:59 A.M., showed the resident sat in the dining room with unkempt hair.</p> <p>Observation on 03/19/24 at 2:29 P.M., showed the resident walked the hall with unkempt hair.</p> <p>Observation on 03/20/24 at 8:04 A.M., showed the resident hair was unkept.</p> <p>5. Review of Resident #50's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Unable to complete mental status evaluation;</li> <li>-Severely impaired cognitive skills for daily decision making;</li> <li>-Did not reject care;</li> <li>-Dependent for all ADLs, to include oral hygiene, toileting, shower/bathe self, upper/lower body dressing, and personal hygiene;</li> <li>-Lower extremity impairment on one side.</li> </ul> <p>Review of the resident's care plan, dated 03/04/24, showed staff were directed:</p> <ul style="list-style-type: none"> <li>-Facial Hair Preference: does not mind to be clean shaven or to have facial hair, preferences change;</li> <li>-Have wishes followed in regard to facial hair;</li> <li>-Be shaved and/or cleaned up as needed or when asked;</li> <li>-Appearance will remain clean and acceptable.</li> </ul> <p>Review of the facility's shower documentation showed the resident received showers on the following dates:</p> <ul style="list-style-type: none"> <li>-03/01/24 did not contain documentation of shave completed;</li> <li>-03/03/24 did not contain documentation of shave completed;</li> <li>-03/05/24 did not contain documentation of shave completed;</li> <li>-03/09/24 did not contain documentation of shave completed;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-03/11/24 did not contain documentation of shave completed;</p> <p>-03/13/24 did not contain documentation of shave completed;</p> <p>Observation on 03/17/24 at 2:29 P.M. showed the resident with greasy disheveled hair and unshaved facial hair.</p> <p>Observation on 03/18/24 at 8:37 A.M. showed the resident wore the same light tan hospital gown, with greasy, disheveled hair, unshaved facial hair, and dry, chapped lips.</p> <p>Observation on 03/19/24 at 9:11 A.M. showed the resident in his/her wheelchair in the therapy area with greasy hair and unshaved facial hair.</p> <p>Observation on 03/19/24 at 11:51 A.M. showed the resident in his/her bed with greasy, disheveled hair and unshaved facial hair.</p> <p>Observation on 03/20/24 08:07 AM showed the resident in his/her room with greasy, disheveled hair, and unshaved facial hair.</p> <p>During an interview on 03/17/24 at 2:29 P.M., the resident nodded his/her head and mouthed yes when asked if he/she preferred to be clean shaven.</p> <p>6. During an interview on 03/19/24 at 9:57 A.M., LPN I said the resident's do not have assigned shower days, but staff give them showers twice a week. The LPN said staff keep a log in the shower book.</p> <p>During an interview on 03/20/24 at 9:08 A.M., CNA A said the aides are responsible to give the resident's showers or baths. The CNA said when a resident gets a shower or bath, staff should wash the resident's hair, provide nail care, and shave the resident's facial hair. The CNA said staff should assist residents to comb their hair as needed. If a resident refuses care from one staff member, then another staff member should attempt to help the resident.</p> <p>During an interview on 03/20/24 at 9:46 A.M., the MDS Coordinator said the resident's care plan directs staff on how much assistance the resident needs for care. This includes resident's facial hair preference.</p> <p>During an interview on 03/20/24 at 10:15 A.M., LPN I said all staff are responsible to ensure resident's ADLs are taken care of. The LPN said if non-nursing staff notice any resident need assistance, then that staff member should notify a nursing staff member. The LPN said all residents are to get a shower or bath twice a week. The LPN said when staff give a resident a shower or bath, they are expected to wash the resident's hair, provide nail care, and shave the resident's facial hair. LPN I said a resident should have clean clothes on daily, and staff are expected to assist the resident to change them when needed. The LPN said staff should change a resident's clothes if they become soiled. The LPN said staff should ensure a resident has their teeth brushed, their hair is combed, and faces is washed.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 11:15 A.M., the Director of Nursing (DON) said all residents are to get a shower twice a week. The DON said if the resident refuses then he/she expects staff to document this in the resident's chart. The DON said he/she expects staff to wash a resident's body and hair, provide nail care, and shave or pluck a resident's facial hair per the resident's preference. The DON said he/she expects staff to assist a resident to change their clothes daily and as needed if they become soiled. The DON said staff should comb a resident's hair and not leave it unkept.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said residents are to get a shower twice a week. The Administrator said he/she expects staff to wash the resident's body, wash the resident's hair, provide any nail care needed, apply lotion, and shave the resident's facial hair. The Administrator said if a resident prefers a beard that it should be on the care plan. The Administrator said staff are expected to ensure a resident's clothing is changed daily and if they become soiled. The Administrator said staff are expected to comb a resident's hair and not leave it unkept. The Administrator said the aides, charge nurse, and DON are responsible to ensure the resident's receive ADL care.</p> <p>48982</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</b></p> <p>Based on observation, interview, and record review, facility staff failed to lock the medication and treatment carts, failed to store medications and chemicals in a safe manner. The facility census was 44 out of a capacity of 82 residents.</p> <p>1. Review of the facility's policy titled Storage of Medication, dated March 2012, showed staff were directed:</p> <ul style="list-style-type: none"> <li>-All medications for residents must be stored at or near the nurse's station in a locked cabinet, a locked medication room, or locked in a medication cart;</li> <li>-All medication carts must be under visual control of the staff at all times when not stored safely and securely;</li> <li>-The key to the medicine cabinet, medicine room, or medication cart is the responsibility of the person authorized to handle and administer medications;</li> <li>-An unattended medication cart must be locked at all times;</li> <li>-All poisonous substances and other hazardous compounds must be kept in a locked container away from medications and may not be accessible to the residents.</li> </ul> <p>Review of policies provided by the facility showed the policies did not contain a chemical storage policy.</p> <p>2. Observation on 03/17/24 at 12:10 P.M., showed Certified Medication Technician (CMT) G left his/her medication cart unattended in the dining room with multiple residents nearby. Observation showed seven pills of Famotidine (a medication used to treat heartburn and stomach ulcers) 10 milligram (mg) on top of the medication cart.</p> <p>Observation on 03/17/24 at 12:19 P.M. and 1:12 P.M., showed the treatment cart unlocked and unattended at the nurse's station. Observation showed residents sat across the hall from the cart.</p> <p>During an interview on 03/20/24 at 10:15 A.M., Licensed Practical Nurse (LPN) I said medication carts, and treatment carts should be locked when not attended by staff. LPN I said staff should never leave medications laying on top of a cart for resident safety.</p> <p>During an interview on 03/20/24 at 10:51 A.M., CMT G said all medication and treatment carts should be locked when left unattended, and he/she was not sure why he/she left the Famotidine laying on top of the cart. CMT G said he/she probably got busy serving meal trays and forgot it was there. CMT G said medications should not be left on top of the medication cart because the facility has residents who wander and get into things. It is a potential danger for the residents.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 11:15 A.M., the Director of Nursing (DON) said all medication carts, treatment carts should be locked when not attended. The DON said medications should never be left on top of the medication cart. The staff assigned to those carts are responsible for the cart and keeping it locked.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said all medication and treatment carts should never be left unlocked and unattended. Medications should not be left on top of the medication cart. The administrator said a resident could take the medication and be harmed.</p> <p>3. Observation on 03/18/24 at 8:10 A.M., showed the housekeeping cart sat near room four unlocked and unattended with a bottle of toilet bowl cleaner on it.</p> <p>Observation on 03/18/24 at 8:29 A.M., showed a different housekeeping cart sat in the hallway near the Minimum Data Set (MDS) office unlocked and unattended with a bottle of toilet bowl cleaner on it. The Housekeeping Supervisor opened the unlocked door of the cart, shut it and left it unlocked and unattended. Resident #48 wandered in the hall nearby.</p> <p>Observation on 03/18/24 at 1:54 P.M., showed the Housekeeping Supervisor left his/her cart sitting next to room [ROOM NUMBER] unlocked and unattended with a bottle of toilet bowl cleaner on it.</p> <p>Observation on 03/19/24 at 8:59 A.M., showed a housekeeping cart sat in the dining room unlocked and unattended with Resident #33 nearby, and had two bottles of toilet bowl cleaner on it.</p> <p>Observation on 03/19/24 at 10:02 A.M., showed the housekeeping cart sat in the hall unlocked and unattended with two bottles of toilet bowl cleaner on it.</p> <p>Observation on 03/20/24 at 8:00 A.M., showed Housekeeper L left his/her cart unlocked and unattended with two bottles of toilet bowl cleaner on it near room [ROOM NUMBER].</p> <p>Observation on 03/20/24 at 8:00 A.M., showed the Housekeeping Supervisor left his/her cart unlocked and unattended with a bottle of toilet bowl cleaner on it in the hall near the MDS office.</p> <p>Observation at 03/20/24 at 9:00 A.M., showed the Housekeeping Supervisor left his/her cart unlocked and unattended with a bottle of toilet bowl cleaner on it in the hall near the MDS office with residents nearby.</p> <p>During an interview on 03/20/24 at 9:37 A.M., Housekeeper L said all chemicals should be locked up so residents can't get them. Housekeeper L said housekeeping carts should be locked when staff are not near them. Housekeeper L said the toilet bowl cleaner should be locked up when staff are not near it. The lock on his/her cart does not work and he/she reported this to the Housekeeping Supervisor last week. He/She is not sure what is being done about that.</p> <p>During an interview on 03/20/24 at 10:15 A.M., LPN I said all chemicals should be locked up to prevent residents from getting to them. LPN I said if a resident got a hold of a chemical, he/she could drink it, or get hurt by a chemical burn if spilled. LPN I said all housekeeping carts should be locked when not attended by staff.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 10:57 A.M., the Housekeeping Supervisor said all chemicals should be locked up and kept away from the residents for their safety. The housekeeping supervisor said if a resident got a hold of a chemical that they could spill it or ingest it. The toilet bowl cleaner should be kept locked up and not left unattended. The housekeeping supervisor was aware that staff were having trouble locking their carts and he/she reported it to maintenance but was not sure if they had ordered new locks or not.</p> <p>During an interview on 03/20/24 at 11:07 A.M., the Maintenance Director said all chemicals should be locked up for resident safety. The housekeeping carts needed new locks last week, but he had not looked at them yet. He/She said he/she will look at them now.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the DON said all housekeeping carts should be locked when not attended. All chemicals should be locked up, and toilet bowl cleaner should be locked up as it is a chemical. The staff assigned to those carts are responsible for the cart and keeping it locked.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said all chemicals should be locked up for resident safety. Toilet bowl cleaner should be locked up and not left unattended.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37131</p> <p>Based on observation, interview and record review, facility staff failed to store oxygen/nebulizer masks and tubing in a manner to prevent infection-causing contaminants for six (Resident #8, #33, #38, #6, #25, and #105) out of 14 sampled residents. Staff failed to ensure two resident (Residents #25 and #105) out of a sampled residents had orders for oxygen therapy. The facility census was 44.</p> <p>1. Review of the facility's policy titled Oxygen Administration, dated March 2012, showed staff were directed to check and clean oxygen equipment, masks, tubing and cannulas at regular intervals. Place oxygen tubing in plastic bag attached to concentrator when tubing is not in use.</p> <p>Review of the facility's policy titled Bi-level Positive Airway Pressure (BiPAP), a non-invasive ventilation device used to keep airways open during sleep, Administration, dated March 2012, showed staff were directed to use tap water, distilled water is optional for humidifier. Refer to Continuous Positive Airway Pressure (CPAP), a non-invasive ventilation device used to keep airways open during sleep, policy for additional information.</p> <p>Review of the facility's policy titled CPAP Administration, dated March 2012, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>-Use wet cloth, or cleaning wipe to clean outside surface of machine;</li> <li>-Remove filter from machine and clean weekly by running under warm water;</li> <li>-Tubing should be cleaned weekly;</li> <li>-Mask and nasal pillows can be wiped down daily with a damp cloth and a mild soap, rinse and allow to air dry;</li> <li>-Clean the humidifier holding tank with a damp cloth and mild soap weekly.</li> </ul> <p>2. Review of Resident #8's Admission Minimum Data Set (MDS), a federally mandated assessment tool, dated 09/03/23, showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Did not receive oxygen;</li> <li>-Did not receive BiPAP.</li> </ul> <p>Review of the resident's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Received oxygen;</li> </ul> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Did not receive BiPAP.</p> <p>Review of the resident's care plan, dated 11/13/23, showed staff documented:</p> <ul style="list-style-type: none"> <li>-Required oxygen therapy;</li> <li>-Required BiPAP at night;</li> <li>-Administer oxygen by nasal cannula;</li> <li>-Keep tubing off floor and replace weekly labeled with dates.</li> </ul> <p>Review of the resident's Physician Order Sheet (POS), dated 03/17/24, showed:</p> <ul style="list-style-type: none"> <li>-Change oxygen tubing monthly on the first;</li> <li>-Check oxygen saturation as needed and notify the physician less than 90 percent (%);</li> <li>-Oxygen at 3 liters per nasal cannula continuously;</li> <li>-May use BiPAP with 16 pressure in and 16 pressure out at HS;</li> <li>-Ipratropium-Albuterol (medication used to prevent wheezing and difficulty breathing) solution 0.5 milligrams (mg)-3 mg/3 milliliters (ml), inhale one tube four times a day</li> <li>-BiPAP cleaning once a week on Mondays, clean mask with normal saline and let dry.</li> </ul> <p>Observation on 03/17/24 at 1:18 P.M., showed the resident wore oxygen from a concentrator. Observation showed the oxygen tubing did not have a date. Observation showed a BiPAP machine and mask sat on the nightstand without a bag for tubing.</p> <p>Observation on 03/18/24 at 8:10 A.M., showed the resident wore oxygen from a concentrator. Observation showed the oxygen tubing did not have a date. Observation showed a BiPAP machine and mask sat on the nightstand without a bag for tubing.</p> <p>Observation on 03/18/24 at 9:34 A.M., showed a nebulizer machine on the resident's dresser, the tubing and mask laid in the drawer. The tubing did not have a date or a bag for storage.</p> <p>3. Review of Resident #33's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Severe cognitive impairment;</li> <li>-Did not receive oxygen.</li> </ul> <p>Review of the resident's care plan, dated 10/19/22, showed staff documented:</p> <ul style="list-style-type: none"> <li>-At risk for inadequately being able to meet own needs due to cognitive deficit;</li> </ul> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-At risk for respiratory insufficiency due to Chronic Obstructive Pulmonary Disorder (COPD), a group of diseases that cause airflow blockage and breathing related problems;</p> <p>-Administer medications for COPD as ordered.</p> <p>Review of the resident's POS, dated 03/17/24, showed the POS did not contain orders for nebulizer treatments.</p> <p>Observation on 03/17/24 at 1:20 P.M., showed a nebulizer mask and tubing in the resident's room not dated and not stored in a bag.</p> <p>Observation on 03/18/24 at 8:00 A.M., showed a nebulizer mask and tubing in the resident's room not dated and not stored in a bag.</p> <p>4. Review of Resident #38's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Severe cognitive impairment;</p> <p>-Did not receive CPAP.</p> <p>Review of the resident's care plan, revised 03/11/24, showed:</p> <p>-Has memory loss, staff to ensure safety of the resident;</p> <p>-Required the use of oxygen as needed;</p> <p>-Required the use of CPAP at bedtime and staff will ensure my device is on at HS.</p> <p>Review of the resident's transfer orders, dated 06/30/23, showed:</p> <p>-CPAP, fill humidifier with purified water every night;</p> <p>-CPAP, clean reservoir with warm soapy water, rinse, and let dry every week;</p> <p>-Oxygen with CPAP pressure setting two every night.</p> <p>Review of the resident's POS, dated 03/17/24, showed:</p> <p>-03/09/24: Ipratropium-Albuterol solution 0.5 mg-3 mg/3 ml amount, inhale one tube three times a day;</p> <p>-Did not contain orders for CPAP or settings for the CPAP;</p> <p>-Did not contain orders for cleaning the CPAP;</p> <p>-Did not contain orders for tubing change of the nebulizer.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/17/24 at 1:26 P.M., showed a nebulizer machine, tubing, and mask on the bedside table not dated or in a bag. Observation showed a CPAP machine and mask sat on the bedside table not in a bag.</p> <p>Observation on 03/18/24 at 8:00 A.M., showed a nebulizer machine, tubing, and mask on the bedside table not dated or in a bag. Observation showed a CPAP machine and mask sat on the bedside table not in a bag.</p> <p>Observation on 03/18/24 at 11.00 A.M., showed a CPAP machine and mask sat on the bedside table not in a bag.</p> <p>Observation on 03/19/24 at 7:45 A.M., showed a CPAP machine and mask sat on the bedside table not in a bag. Observation showed a nebulizer mask and tubing in the resident's chair not dated and not in a bag.</p> <p>5. Review of Resident #6's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Did not receive oxygen.</li> </ul> <p>Observation on 03/17/24 at 1:55 P.M., showed the resident in his/her room with an oxygen concentrator next to his/her bed. The oxygen tubing and nasal cannula were laying on the floor.</p> <p>During an interview on 03/17/24 at 1:55 P.M., the resident said he/she uses oxygen at night now.</p> <p>Review of the resident's care plan, dated 2/28/24, showed it did not contain direction for staff in regard to the resident's oxygen use.</p> <p>Review of the resident's POS, dated March 2024, showed it did not contain an order for oxygen.</p> <p>During an interview on 3/22/24 at 10:08 A.M., the Director of Nursing (DON) said the resident did not have a current order for oxygen.</p> <p>During an interview with the charge nurse on 3/25/24 at 9:45 A.M., Licensed Practical Nurse (LPN) I said the POS did not contain a current oxygen order.</p> <p>6. Review of Resident #25's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for transfers;</li> <li>-Required moderate assist from staff for bed mobility;</li> <li>-Received oxygen;</li> <li>-Did not require BiPAP;</li> </ul> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Wheelchair;</p> <p>-Diagnoses of obesity (having too much body fat), Sleep Apnea and Acute Bronchospasm (contraction in the airways that can make it hard to catch your breath).</p> <p>Review of the resident's care plan, dated 12/22/23, showed staff documented:</p> <p>-Administer oxygen two liters per minute (LPM) by nasal cannulas, as needed continuously;</p> <p>-Keep tubing off floor and replace tubing weekly labeled with dates</p> <p>-Did not contain the resident's use of BiPAP, setting or cleaning instructions.</p> <p>Review of the resident's POS, dated 03/01/2024, showed:</p> <p>-May use BiPAP at bedtime;</p> <p>-Did not contain settings, or cleaning instructions for BiPAP;</p> <p>-Did not contain oxygen.</p> <p>Review of the resident's TAR, dated 03/01/24, showed it did not contain orders for BiPAP or oxygen.</p> <p>Observation on 03/17/24 at 2:09 P.M., showed the resident on side of his/her bed. Resident's oxygen concentrator on, tubing not dated. Oxygen tubing on the tile floor. Resident's BiPAP machine on bedside table. The water reservoir to the BiPAP has a thick layer of white powdery substance on the bottom of it.</p> <p>Observation on 03/18/24 at 11:11 A.M., showed the resident on side of his/her bed. Resident's oxygen concentrator on, tubing not dated. Oxygen tubing on the tile floor. Resident's BiPAP machine on bedside table. The water reservoir to the BiPAP has a thick layer of white powdery substance on the bottom of it.</p> <p>Observation on 03/19/24 at 8:38 A.M., showed the resident's oxygen concentrator on and oxygen tubing not bagged or covered. Oxygen tubing lay directly on the floor. The tubing is not dated.</p> <p>Observation on 03/19/24 at 2:10 P.M., showed resident on side of his/her bed, electric wheelchair on other side of room, out of reach of the resident. Observation showed the back of the resident's wheelchair with his/her oxygen tank with oxygen tubing and nasal cannula wrapped around the tank, not bagged, covered, or dated.</p> <p>Observation on 03/20/24 at 8:44 A.M., showed Nurse Aide (NA) K assisted the resident in his/her room. Observation showed the resident's oxygen tank and oxygen tubing on the back of the wheelchair, not bagged or covered and not in use. Observation showed the resident's oxygen tubing not dated and coils of tubing on tile floor. Observation showed NA K left the room and did not bag, or cover the oxygen tubing on the back of the wheelchair. The resident's BiPAP water reservoir to have a thick layer of white powdery substance in the bottom of it.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 8:46 A.M., NA K said he/she does not know what he/she is supposed to do with oxygen tubing when it is not in use.</p> <p>During an interview on 03/20/24 at 8:48 A.M., NA F said If oxygen tubing is on the floor staff should throw it away. The NA said he/she had been in Resident #25's room three times this morning. The NA said he/she had not noticed the oxygen tubing on back of wheelchair. The NA said he/she is pretty sure it is supposed to be in a bag. The NA said he/she does not know when staff clean Resident #25's BiPAP, and he/she has not cleaned it. The NA said he/she doesn't know if there is a set day for changing oxygen tubing, and he/she only changes it when he/she notices it on the floor.</p> <p>7. Review of Resident #105's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Dependent on staff for transfers;</li> <li>-Required maximal assist from staff for bed mobility;</li> <li>-Continuous oxygen;</li> <li>-Wheelchair;</li> <li>-Diagnosis of Chronic Obstructive Pulmonary Disease (COPD), constriction of the airways and difficulty, or discomfort in breathing.</li> </ul> <p>Review of the resident's care plan, dated 02/13/24, showed staff documented:</p> <ul style="list-style-type: none"> <li>-Required assistance with bed mobility and transfers;</li> <li>-Continuous oxygen at two LPM by nasal cannulas;</li> <li>-Tubing will be intact and in good working condition.</li> </ul> <p>Review of the resident's Physician Order Sheet (POS), dated 03/01/2024, showed it did not contain an order for oxygen.</p> <p>Review of the resident's TAR, dated 03/01/24, showed it did not contain oxygen.</p> <p>Observation on 03/17/24 at 3:36 P.M., showed the resident's oxygen tubing and nasal cannula, not dated and under the resident's covers on a bare air mattress. Observation showed the bed made.</p> <p>During an interview on 03/17/24 at 3:36 P.M., The resident said he/she is on two liters of oxygen right now. Resident said staff made his/her bed.</p> <p>Observation on 03/18/24 at 8:19 A.M., Observation showed the sheets on the residents bed stripped to foot of bed and oxygen nasal cannula directly on sheets. Observation showed oxygen tubing undated.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 03/18/24 at 5:23 P.M. showed the resident wore oxygen and the oxgeb tubing not dated.</p> <p>Observation on 03/19/24 at 8:36 A.M., observation showed the resident's oxygen concentrator on and oxygen tubing hung over the headboard of the bed, not covered, dated or bagged.</p> <p>During an interview on 03/20/24 at 8:48 A.M., NA F said some residents have bags staff put the oxygen tubing in or it is put in a dresser drawer. The NA said he/she does not date oxygen tubing. The NA said he/she does not know what the oxygen policy says. The NA said he/she has been in Resident #105's room this morning. The NA said he/she made the resident's bed. The NA said he/she did not bag the resident's oxygen tubing, he/she doesn't know why. The NA said he/she did not know the resident's oxygen tubing is on the floor.</p> <p>During an interview on 03/20/24 at 9:34 A.M., LPN I said he/she does not know why Resident #105 doesn't have an oxygen order, because he/she uses it every night.</p> <p>8. During an interview on 03/20/24 at 9:08 A.M., Certified Nurse Assistant (CNA) A said oxygen tubing, nebulizer tubing and masks, CPAP or BiPAP masks should all be stored in a bag when not in use, and never stored on the floor, dresser, or uncovered. CNA A said this is to prevent the spread of germs that lead to infections. CNA A said if tubing is on the floor, staff should change and replace it. CNA A said tubing should be dated as well. Distilled water should be used in a CPAP or BiPAP machines, not regular tap water to prevent calcium build up.</p> <p>During an interview on 03/20/24 at 9:46 A.M., the MDS Coordinator said he/she is responsible for completing the MDS and care plan on all the residents. The MDS Coordinator said if a resident receives oxygen, BiPAP, or CPAP then it should be coded on the MDS in the resident's care plan.</p> <p>During an interview on 03/20/24 at 10:05 A.M., CNA O said when oxygen, nebulizer, BiPAP, or CPAP are not in use they should be stored in a bag. CNA O said the tubing or mask should not be on the floor or dresser. CNA O said if staff find tubing on the floor, they should sanitize it before allowing the resident to use it.</p> <p>During an interview on 03/20/24 at 10:15 A.M., LPN I said he/she would expect the care plan to address oxygen, CPAP, or BiPAP if a resident uses those things. The LPN said if a resident uses oxygen, nebulizer, BiPAP, or CPAP they should have a physician's order to direct staff on the settings. The LPN said there should be orders of when to change the tubing, and the type of water to use in the machine. LPN I said the charge nurse is responsible to obtain the orders, and the DON is responsible to oversee the charge nurses to ensure the orders are carried out. LPN I said staff should use distilled water only in the machines to prevent calcium build up. The LPN said when a nebulizer, CPAP, BiPAP, or oxygen is not in use they should be stored in a bag and dated. The LPN said tubing or masks should not be stored on the floor, on top of the dresser, or in a drawer. The LPN said if found stored not in a bag staff are expected to change the tubing, and masks. LPN I said if a CPAP or BiPAP mask is not stored in a bag staff should sanitize the mask prior to a resident using it. The LPN said this could lead to potential infections for the resident if not cleaned or stored properly.</p> <p>(continued on next page)</p>		

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  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 03/20/24 at 10:51 A.M., Certified Medication Technician (CMT) G said when a CPAP, BiPAP, nebulizer, or oxygen are not in use they should be stored in a bag with a date on it. The CMT said if not stored properly then it should be replaced. CMT G said tubing or masks should not be stored in a dresser, in a drawer, or on the floor. The CMT said this can lead to a resident getting an infection.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the DON said oxygen, nebulizer, CPAP, or BiPAP tubing and masks should be stored in a bag when not in use. The DON said they should not be on the floor, laying on top of a dresser, or in a dresser drawer. The DON said if staff find them not in a bag they should change out the tubing and mask on oxygen or nebulizer, and sanitize a CPAP or BiPAP mask before the resident uses it. The DON said the tubing should be changed out monthly and should be dated when it is changed. The DON said the BiPAP or CPAP machines should have distilled water used in them only. The DON said if a machine has calcium build up then staff are expected to clean the machine. The DON said if a mask or tubing are not stored properly it can lead to resident infections. The DON said there should be orders on the resident's chart if they use oxygen, nebulizer, BiPAP, or CPAP and those orders should state the pressure setting or amount of OXYGEN needed, cleaning orders, and orders for changing out the tubing and mask. The DON said if a resident uses oxygen, CPAP, or BiPAP it should be on the resident's care plan. The DON said the care plan should also state to use distilled water in the machines, and when to clean the machine. The DON said the MDS should be coded correctly if a resident uses oxygen, BiPAP, or CPAP. He/She said if a MDS is not coded correctly, or the care plan is not accurate then staff don't know how to take care of the resident. The DON said the charge nurse is responsible to ensure the resident has the proper orders on his/her chart. The DON said the MDS Coordinator is responsible for accurately coding the MDS's and care plans.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said oxygen and nebulizer tubing should be changed out weekly and dated. He/She said when oxygen, nebulizer, CPAP, or BiPAP are not in use they should be stored in a bag. The Administrator said the tubing or masks should never be on the floor, the dresser, or in a drawer. The Administrator said if the tubing or mask are not stored in a bag the staff are expected to replace or clean it prior to a resident using it. The Administrator said the DON is responsible to oversee the nursing staff and ensure all orders are followed. The Administrator said residents should have orders, be coded on the MDS, and on the care plan for oxygen, nebulizer, CPAP or BiPAP if the resident uses them. The Administrator said there should be orders for tubing and mask changes, for the oxygen setting, for the CPAP or BiPAP pressure settings, and cleaning. The Administrator said staff should date the tubing when it is changed. The Administrator said the CPAP and BiPAP reservoirs should be cleaned weekly, and staff should only use distilled water in the machines to prevent calcium build up.</p> <p>During an interview on 03/28/24 at 8:30 A.M., the Medical Director said he/she is the only physician who covers the facility, and he/she sees all the residents in it. The Medical Director said he/she tubing should not be on the floor, a soiled bed, or in a bin. The Medical Director said staff are expected to change nebulizer mask and tubing, and oxygen tubing out and clean a CPAP or BiPAP mask if they were stored on a dirty surface such as the floor prior to a resident using them. The Medical Director said if staff don't it could lead to a potential infection. The Medical Director said staff should use distilled water in a CPAP or BiPAP machine to prevent calcium build up. The Medical Director said calcium build up could clog up the machine and cause it to not work properly resulting in the resident not getting the proper pressure settings as ordered. The Medical Director said if a resident uses oxygen, BiPAP, CPAP, or nebulizer he/she would expect them to have orders on their chart for those along with the settings or oxygen flow amount.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	

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F 0695  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	48982  50432

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  03/21/2024
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>37131</p> <p>Based on observation, interview, and record review, facility staff failed to accurately count controlled medications for two residents (Residents #13 and #16). Facility staff failed to remove and destroy expired medications and medical supplies. The facility census was 44.</p> <p>1. Review of the facility's policy titled Medications, Scheduled II-V, dated March 2012, showed staff shall have disposition records for controlled medications. All scheduled medications must be counted, comparing number of pills to disposition record at every change of shift by two Certified Medication Technicians (CMT), or one CMT and one licensed nursing staff. Both personnel must sign verification of correct count. Any time the count is incorrect, licensed nursing staff will call the Director of Nursing (DON).</p> <p>Review of the facility's policy titled Narcotic Count, dated March 2012, showed staff shall reconcile by physical count the remaining narcotic supply at each shift change by the incoming and outgoing licensed nurse. After the supply is counted, the nurse records the date and his/her signature, verifying the count is correct. If the count is not accurate, the nurse going off duty is to remain on duty until the count is reconciled and the DON must be notified for further instruction.</p> <p>2. Review of Resident #13's controlled medication record, dated 03/18/24 showed Licensed Practical Nurse (LPN) I documented the resident had 27 Hydrocodone APAP 5-325 (controlled medication used to relieve pain) milligrams (mg) tablets left at 6:00 A.M.</p> <p>Observation on 03/18/24 at 8:34 A.M., showed 28 Hydrocodone APAP 5-325 mg tablets in the resident's bubble pack.</p> <p>3. Review of Resident #16's controlled medication record, dated 03/18/24 showed LPN I documented the resident had five Hydrocodone APAP 5-325 mg tablets left at 6 A.M.</p> <p>Observation on 03/18/24 at 8:34 A.M., showed six Hydrocodone APAP 5-325 mg tablets in the resident's bubble pack.</p> <p>During an interview on 03/18/24 at 8:47 A.M., LPN I said he/she came on shift at 6:00 A.M. The LPN said he/she counted the cards of controlled medications but not the actual pills. The LPN he/she is supposed to count the pills in each card but he/she did not because he/she was taking short cuts due to being in a hurry.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the DON said staff should count controlled medications when they come on shift with the nurse going off shift. The DON said staff are supposed to count the cards and the number of pills in each card. Staff are supposed to notify him/her immediately, if the count is wrong. The DON said staff had not notified him/her of the wrong count.</p> <p>During an interview on 03/20/24 at 2:09 P.M., the administrator said the on oncoming staff and the off going staff count controlled medications at shift change. Staff should count cards and pills.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Review the facility's policy titled Storage of Medications , dated March 2012, showed staff may not retain outdated drugs or biologicals for use. All such drugs must be returned to issuing pharmacy, or destroyed in accordance with established guidelines.</p> <p>5. Observation 03/18/24 at 8:55 A.M., showed the following expired medications and supplies in the medication storage room:</p> <ul style="list-style-type: none"> <li>-Clearlax Polyethylene Glycol 3350 Powder (laxative), 17.9 ounces (oz) with an expiration date of 01/24;</li> <li>-Clearlax Polyethylene Glycol 3350 Powder with an expiration date of 02/23;</li> <li>-51-25 gauge safety needles with an expiration date of 12/25/22.</li> </ul> <p>During an interview on 03/18/24 at 8:55 A.M., LPN I said he/she did not know needles expired. The LPN said staff monitors the medication room and carts for expired medications weekly. The LPN said he/she did not know how the items were missed.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the DON said staff should check medication rooms and medication carts for expired medication. The staff are not checking the medication room.</p> <p>During an interview on 03/20/24 at 2:09 P.M., the administrator said staff should check storage room for expired medications weekly.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37131</p> <p>Based on observation, interview and record review facility staff failed to ensure pureed food items were reheated to proper temperatures. Facility staff failed to follow puree recipes. Facility staff failed to ensure hot foods were held at 140 degrees Fahrenheit F or greater during meal service. Facility staff failed to ensure hot food on room trays for three residents (Residents #27, #25, and #105) of three sampled residents were maintained at 120 F at the time the food was delivered and to ensure employees who delivered food to the residents in the rooms knew what the appropriate temperature should be at the time of service. The facility census was 44.</p> <p>1. Review of the facility's policy titled Food Temperatures, dated April 2011, showed staff shall ensure food is at least 120 F. A test meal should be sent with the hall trays when there are food temperature complaints until the temperatures are at the appropriate levels. Record on Temperature Record of Test Trays form.</p> <p>2. Review of Resident #27's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, dated 01/04/24, showed staff assessed the resident as follows:</p> <p>-Moderately impaired cognition;</p> <p>-Required set up assistance from staff for eating.</p> <p>Observation on 03/17/24 at 12:24 P.M., showed Nurse Aide (NA) F served the resident his/her hall tray. At time of service the resident's stuffing covered in turkey gravy temped at 118 F, the turkey and gravy temped at 114 F, and the green beans temped at 111 F. The NA left the room and did not offer to reheat the resident's food or get a new tray.</p> <p>During an interview on 03/17/24 at 12:29 P.M., the resident said the food could be warmer but he/she gets hall trays.</p> <p>3. Review of Resident #25's Quarterly MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Required set up assistance from staff for eating.</p> <p>Observation 03/18/24 at 5:17 P.M., showed NA J served the resident his/her dinner tray in the resident's room. At the time of service the ham temped at 113 F. The NA did not take the tray to reheat, or get the resident a new tray.</p> <p>During and interview on 03/18/24 at 5:24 P.M., the NA said food is supposed to be 120 degrees when served to the resident. The NA said if the resident's food is under 120 degrees staff are supposed to ask resident if he/she wants a different tray. The NA said since it is just little under 120 degrees he/she leaves it up to the resident. The NA said the resident's food is probably cold because it is the last hall tray.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Camdenton Windsor Estates		STREET ADDRESS, CITY, STATE, ZIP CODE  2042 N Business Route 5 Camdenton, MO 65020	
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/17/24 at 4:23 P.M., the resident said the food isn't great. The resident said he/she eats in his/her room and the food is sometimes cold. Cold eggs are not good.</p> <p>4. Review of Resident #105's Admission MDS, dated [DATE], showed staff assessed the resident as:</p> <ul style="list-style-type: none"> <li>-Cognitively intact;</li> <li>-Required set up assistance from staff for eating.</li> </ul> <p>Observation on 03/19/24 at 5:16 P.M., showed Certified Nurse Aide (CNA) D served the resident his/her dinner tray in the resident's room. At time of service, the Tamale Pie with hamburger temped at 117 F. The NA left the room and did not reheat the resident's food.</p> <p>During an interview on 03/17/24 at 3:23 P.M., the resident said sometimes the food is good and sometime it is bad. The resident said the other day he/she got his/her baked potato and it was ice cold. The resident said another time he/she got cold turkey.</p> <p>During an interview on 03/20/24 at 9:14 A.M., Certified Nursing Assistant (CNA) A said he/she has never temped the meal trays. The CNA said the food should be 120 F for hall trays. The CNA said he/she has seen food served on the hall at less than 120 F but still over 100 F. The CNA said residents have complained about food temperatures in resident council meetings.</p> <p>During an interview on 03/20/24 at 9:34 A.M., Licensed Practical Nurse (LPN) I said he/she has no idea what the temperature of food should be when served to residents. The LPN said if the food is cold staff should take it back to the kitchen and get a new plate.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the Director of Nursing (DON) said he/she does not know what the food temperature is supposed to be when served to residents. The DON said nursing staff deliver hall trays and they don't have thermometer. The DON said he/she is aware residents have complaints about cold food. The DON said if a resident's food is cold staff should take the tray back to the kitchen and reheat the food.</p> <p>5. Review of the facility's policy titled Food Temperatures, dated April 2011, showed the Dietary Services manager or designee is responsible for seeing that all food is the proper serving temperature(s) before trays are assembled. Review showed staff were directed to keep the temperature of hot foods no less than 140 F during meal service.</p> <p>Review of facility Food Preparation and Distribution policy, dated May 2015 showed:</p> <ul style="list-style-type: none"> <li>-Foods are prepared by methods that conserve nutritive value, flavor and appearance;</li> <li>-Recipes should be followed on each item prepared.</li> </ul> <p>Review of meatloaf and scalloped potatoes puree recipes showed cooks were directed to reheat both items to a minimum temperature of 165 F or higher for 15 seconds and hold at minimum temperature or higher for service.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of pureed meatloaf, potatoes and corn recipes showed cooks were directed to follow hot holding temperature of 135 F or 140 F based on facility policy.</p> <p>Observation on 03/18/24 from 11:00 A.M. through 11:45 A.M., during lunch meal preparation, showed:</p> <p>-Cook P prepared pureed corn in a food processor and placed the pureed corn on the steam table for service. Observation showed Cook P did not check the temperature of the corn before placing it on the steam table.</p> <p>-Cook P used a spoon to remove meatloaf from the steam table and placed the meatloaf in a bowl. Cook P transferred the meatloaf from the bowl to a food processor and pureed the meatloaf. Cook P then transferred the pureed meatloaf to a pan on the steam table. Observation showed Cook P did not check the temperature of the meatloaf before it was placed on the steam table for service.</p> <p>-Cook P removed scalloped potatoes from the steam and place the potatoes in a bowl. Cook P transferred the potatoes from the bowl to a food processor. Cook P pureed the potatoes in the food processor and transferred the potatoes to a pan on the steam table. Observation showed Cook P did not check the temperature of the potaotes before they were placed on the steam table for service.</p> <p>Observation on 03/18/24 at 11:52 A.M., showed:</p> <p>-The temperature of the pureed meatloaf on the steam table was 124 F.</p> <p>-The temperature of the pureed scalloped potatoes was 130 F on the steamtable.</p> <p>-The temperature of the pureed bread was 112 F on the steam table.</p> <p>6. Review of the pureed dinner roll recipe showed cooks were directed to prepare a slurry using bread product and water or milk. Cooks were also directed to process until smooth.</p> <p>Observation on 03/18/24 at 11:54 A.M., showed the pureed corn was runny in consistency and the pureed bread was thick in consistency.</p> <p>During an interview at on 03/18/24 at 12:08 P.M., Cook P said he/she pureed food items and placed the items on the steam table. Cook P said he/she checked food temperatures about 10 minutes after placing the food on the steam table and the temperature should be greater than140 degrees F. Cook P said he/she never reheated pureed items to 165 F and was not aware that pureed items should be reheated. Cook P said he/she never looked at the puree recipe instructions that indicated reheating to 165 F. Cook P said he/she did not follow recipes when preparing pureed food items. Cook P said a pureed item should be moist, soft and pudding like. Cook P said the corn was too runny and the bread was kind of thick.</p> <p>During an interview on 03/18/24 at 11:52 A.M., the Dietary Manager said the cook was responsible for ensuring all foods were prepared according to the recipes and at the correct consistencies. The dietary manger said the cook was responsible for ensuring proper food temperatures were met with cooking and holding food. The dietary manager said the corn was too runny and the pureed bread looked too thick.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/20/24 at 2:09 P.M., the administrator said food should be 140 F when served to residents.</p> <p>45564</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45564</b></p> <p>Based on observation, interview and record review facility staff failed to develop and implement complete policies and procedures for the inspection, testing, and maintenance of the facility's water system to inhibit the growth of waterborne pathogens and reduce the risk of outbreak of Legionnaire's Disease (a serious type of lung disease caused by Legionella bacteria) (LD). Facility staff failed to perform proper hand hygiene for two (Resident #14, and #25) of two sampled residents. The facility census was 44.</p> <p>1. Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification (S&amp;C) letter 17-30, dated 06/02/17 and revised on 06/09/17; showed:</p> <p>-The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least [AGE] years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as shower heads, cooking towers, hot tubs, and decorative fountains;</p> <p>-Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other opportunistic pathogens in water;</p> <p>-CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. An industry standard calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the CDC and its partners developed a toolkit to facilitate implementation of this ASHRAE Standard(<a href="https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html">https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html</a>). Environmental, clinical, and epidemiological considerations for healthcare facilities are described in this toolkit;</p> <p>-Surveyors will review policies, procedures, and reports documenting water management implementation results to verify that facilities:</p> <p>-Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system;</p> <p>-Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens;</p> <p>-Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility's water management program records, provided by the maintenance director on 03/21/24, showed the records contained documentation of Developing A Legionella Water Management Program to Reduce Legionella Growth and Spread in Buildings toolkit published by the Centers for Disease Control and Prevention (CDC) which directed the staff to:</p> <ul style="list-style-type: none"> <li>-Form a water management team;</li> <li>-Describe the building water systems using text and flow diagrams;</li> <li>-Identify areas where Legionella could grow and spread;</li> <li>-Decide where control measures should be applied and how to monitor them;</li> <li>-Establish ways to intervene when control limits are not met;</li> <li>-Make sure the program is running as designed and is effective;</li> <li>-Document and communicate all the activities of the water management program;</li> <li>-Utilize tools provided by the CDC and the ASHRAE industry standard as guidance in development, implementation, and ongoing evaluation of program;</li> <li>-Review the elements of the program at least once per year and whenever: <ul style="list-style-type: none"> <li>*Data review shows control measures are persistently outside of control limits;</li> <li>*A major maintenance or water service change occurs;</li> <li>*One or more cases of disease are thought to be associated with your system(s);</li> <li>*Changes occur in applicable laws, regulations, standards, or guidelines.</li> </ul> </li> </ul> <p>Review of the facility's policy titled Water Management Program to Reduce Legionella Growth, undated, showed staff were directed as follows:</p> <ul style="list-style-type: none"> <li>-The water management committee will implement a water management program that includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections and environmental testing for pathogens;</li> <li>-The water management committee will specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.</li> </ul> <p>Review of the Water Management Program showed areas of concern included sinks, showers, bathrooms, whirlpool tub, laundry and the dietary booster heater.</p> <p>Review of the Water Management Program showed control measures included checking disinfectant levels in sinks, showers, bathrooms, whirlpool tub, laundry and the dietary booster heater.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the water management program showed the program did not include policies or procedures related to control measures or disinfectant levels.</p> <p>During an interview on 03/21/24 at 8:55 A.M., the maintenance director said he/she did not know if the public water supply was treated or if the facility had any disinfectants as part of the water system. The maintenance director said he/she never checked the water for disinfectant or chlorine levels.</p> <p>During an interview on 03/21/24 at 8:30 the administrator said the maintenance director was responsible for maintaining the facility's water systems. The administrator said the maintenance director checks water temperatures and periodically drains boilers and water heaters. The administrator said he/she was not aware of any disinfectant or chlorine levels being checked. The administrator said the water management program had been in place for some time and he/she was not aware of any issues so he/she never thought about it.</p> <p>2. Review of the facility's policy titled Handwashing, dated March 2012, showed staff were directed to do the following:</p> <ul style="list-style-type: none"> <li>-The purpose of hand washing is to reduce the transmission of organisms;</li> <li>-Use disposable hand towel to dry hands well and turn off the faucet.</li> </ul> <p>3. Observation on 03/18/24 at 11:51 A.M., showed Nurse Assistant (NA) N performed catheter care on Resident #14. The NA washed his/her hands, scratched his/her nose with his/her right hand, pulled gloves from his/her pants pocket and put them on. The NA then opened the residents nightstand drawer, grabbed supplies, put a trash bag in the trash can, and provided care. The NA removed his/her gloves, washed his/her hands and put on a pair of gloves from his/her pants pocket. The NA cleaned the resident's perineal area again, removed his/her gloves, washed his/her hands, pulled gloves from his/her pants pocket and put them on. Observation showed the NA touched the resident's blanket.</p> <p>During an interview on 03/18/24 at 1:50 P.M., NA N said he/she did not know he/she touched his/her nose, the drawer, got gloves from his/her pant pocket, and then provided care. NA N said he/she doesn't know why he/she did those things. NA N said he/she should have removed those gloves, washed his/her hands, and got new gloves prior to providing care to the resident.</p> <p>4. Observation on 03/18/24 at 2:46 P.M., showed Licensed Practical Nurse (LPN) I performed wound care on Resident #14. LPN I washed his/her hands, turned the faucet off with his/her elbow, and dried his/her hands with a paper towel. LPN I put gloves on, adjusted the resident in the bed, removed the soiled dressing, removed his/her gloves, washed his/her hands, turned the water off with a paper towel, and dried his/her hands with the same paper towel. LPN I put gloves on, provided wound care, removed his/her gloves, repositioned the resident, washed his/her hands, and turned the water off with his/her elbows.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/20/24 at 10:15 A.M., LPN I said staff should wash their hands before and after cares, when they change their gloves, and if their hands become soiled. The LPN said the proper way to wash hands is to turn the water on, apply soap and lather, scrub all surfaces of the hands, then rinse. LPN I said staff should get a paper towel and dry their hands, then turn the water faucet off with a paper towel. LPN I said that he/she realizes that he/she turns the water off with his/her elbow and should not do that. LPN I said proper hand hygiene is important so that infection is not spread. The LPN said staff do hand washing competencies upon hire and at least annually.</p> <p>5. Observation on 03/19/24 at 10:50 A.M., showed Certified Nurse Assistant (CNA) O performed perineal care on Resident #25. CNA O washed his/her hands, put gloves on and removed wipes from a package, removed his/her gloves, did not wash his/her hands and applied a new pair of gloves. CNA O removed the resident's brief, provided perineal care, and repositioned the resident with the same soiled gloves on. CNA O removed the soiled sheets from the bed, wiped the resident's buttocks, changed his/her gloves, without performing hand hygiene and bagged the dirty linens. The CNA removed his/her gloves, picked trash up off the floor, washed his/her hands, applied clean gloves, put a clean brief on the resident, removed his/her gloves, picked up the bagged linens and left the resident's room without washing his/her hands.</p> <p>During an interview on 03/20/24 at 10:05 A.M., CNA O said staff should wash their hands before and after providing resident care, and if their hands are soiled. The CNA said staff should use hand sanitizer or wash their hands with glove changes. CNA O said he/she realized he/she forgot to wash his/her hands with glove changes. CNA O said there is a potential of infection and germs spread if staff don't do proper hand hygiene.</p> <p>6. During an interview on 03/20/24 at 9:08 A.M., CNA A said staff should wash their hands before and after providing resident care, before they leave a room, when their hands are soiled, and between glove changes. The CNA said staff should turn the hot water on, scrub with soap on all surfaces of their hands and arms up to the elbow, then rinse their arms and hands from the elbow down. CNA A said staff should then get paper towels and dry their hands, then use a different paper towel to turn the water off. CNA A said if staff don't wash their hands properly it can lead to the spread of infections to other residents and cross contamination.</p> <p>During an interview on 03/20/24 at 11:15 A.M., the Director of Nursing (DON) said staff are expected to wash their hands prior to providing resident care, with glove changes, after providing resident care, and if they become soiled. The DON said he/she does competency checks with staff upon hire, with in-services, and also does random spot checks. The DON said the proper way to perform hand hygiene is to turn the water on, lather and scrub hands up to the elbows with soap for at least 20 seconds, rinse from the elbows to the hands, dry with a paper towel, then get a new paper towel and turn off the water. The DON said staff should not turn the water off with their elbow. The DON said proper hand hygiene is essential to not spreading germs that cause infections.</p> <p>During an interview on 03/20/24 at 2:08 P.M. the Quality Assurance (QA) nurse The QA nurse said staff should also wash their hands after providing any care to a resident before they leave the room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 03/20/24 at 2:08 P.M., the Administrator said staff are expected to wash their hands before providing resident care, with any glove change, if they become soiled, and after providing resident care. The Administrator said the proper way to wash your hands is to turn the hot water on, apply soap and lather, scrub the hands, rinse with clean water, then use a paper towel to dry their hands. The Administrator said once they dry their hand then they should get another paper towel and turn off the water. The Administrator said staff should not turn the water off with their elbow. The Administrator said all staff are trained upon hire for proper hand hygiene. The Administrator said proper hand hygiene prevents the spread of germs that lead to infections.</p> <p>48982</p>

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<p>F 0883</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48982</b></p> <p>Based on interview and record review, facility staff failed to document the administration of the pneumococcal (lung inflammation caused by bacteria or viral infection) vaccine for six out of eight sampled residents (Resident #8, #14, #21, #25, #33, and #38). The facility census was 44.</p> <p>1. Review of the Center for Disease Control (CDC) guidelines, dated 03/15/23, showed the following:</p> <ul style="list-style-type: none"> <li>-People age 65 or older who have no pneumococcal vaccines should receive 20 valent pneumococcal conjugate vaccine (PCV20) or 15 valent pneumococcal conjugate vaccine (PCV15), and then one year later pneumococcal polysaccharide vaccine (PPSV23);</li> <li>-People age 19 through 64 who have no pneumococcal vaccines should receive PCV20 or PCV1, and then one year later PPSV23.</li> </ul> <p>Review of the facility's Immunization policy, not dated, showed staff are directed to as follows:</p> <ul style="list-style-type: none"> <li>-Adults [AGE] years or older who have not already received a pneumococcal conjugate vaccine should receive either: <ul style="list-style-type: none"> <li>-A single dose of PVC15 followed by a dose of PPSV23 one year later;</li> <li>-A single dose of PVC20, if a PCV20 is administered a dose of PPSV23 is not required;</li> </ul> </li> <li>-Adults 19 through [AGE] years old who have not received a pneumococcal conjugate vaccine should receive either: <ul style="list-style-type: none"> <li>-A single dose of PVC15 followed by a dose of PPSV23;</li> <li>-A single dose of PCV20, if PCV20 is administered a dose of PPSV23 is not indicated.</li> </ul> </li> </ul> <p>2. Review of Resident #8's medical record showed:</p> <ul style="list-style-type: none"> <li>-Resident age 85;</li> <li>-admitted to the facility on [DATE];</li> <li>-Signed consent, dated 10/02/23, for all vaccines to be administered;</li> <li>-The record did not contain documentation staff offered or administered a pneumococcal vaccine.</li> </ul> <p>3. Review of Resident #14's medical record showed:</p> <ul style="list-style-type: none"> <li>-Resident age 76;</li> <li>-admitted to the facility on [DATE];</li> </ul> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Signed consent, dated 10/02/23, for all vaccines to be administered;</p> <p>-The record did not contain documentation staff offered or administered a pneumococcal vaccine.</p> <p>4. Review of Resident #21's medical record showed:</p> <p>-Resident age 81;</p> <p>-admitted to the facility on [DATE];</p> <p>-Signed consent, dated 10/02/23, for all vaccines to be administered except the Covid (an infectious disease caused by a virus) vaccine;</p> <p>-The record did not contain documentation staff offered or administered a pneumococcal vaccine.</p> <p>5. Review of Resident #25's medical record showed:</p> <p>-Resident age 62;</p> <p>-admitted to the facility on [DATE];</p> <p>-Signed consent, dated 10/02/23 for all vaccines to be administered except the Covid vaccine;</p> <p>-The record did not contain documentation staff offered or administered a pneumococcal vaccine.</p> <p>Event History showed staff documented:</p> <p>-diagnosed with chest congestion on 12/13/23;</p> <p>-diagnosed with pneumonia on 12/23/23;</p> <p>Review of the Physician Order Sheet (POS) showed:</p> <p>-12/13/23: Levaquin (antibiotic) 500 milligrams (mg) daily for 10 days;</p> <p>-12/23/23: Doxycycline (antibiotic) 100 mg twice a day (BID) for 10 days.</p> <p>6. Review of Resident #33's medical record showed:</p> <p>-Resident age 81;</p> <p>-admitted to the facility on [DATE];</p> <p>-Signed consent, dated 09/26/23, for all vaccines to be administered;</p> <p>-The record did not contain documentation staff offered or administered a pneumococcal vaccine.</p> <p>7. Review of Resident #38's medical record showed:</p> <p>(continued on next page)</p>

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<p>F 0883</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident age 79;</p> <p>-admitted to the facility on [DATE];</p> <p>-Signed consent, dated 10/02/23, for all vaccines to be administered except the Covid vaccine;</p> <p>-The record did not contain documentation staff offered or administered a pneumococcal vaccine.</p> <p>Event History showed staff documented the resident had been diagnosed with a Upper Respiratory Infection (URI) on 03/09/24.</p> <p>Review of the POS showed:</p> <p>-03/09/24: Levaquin 500 mg daily for URI with stop date of 03/20/24;</p> <p>-03/09/24: Prednisone (steroid) 20 mg BID for URI with stop date of 3/20/24.</p> <p>8. During an interview on 03/18/24 at 9:35 A.M., the Director of Nursing (DON) said he/she is the Infection Preventionist (IP) for the facility. The DON said any vaccines that have been given to the residents are recorded in the resident's chart. The DON said he/she ordered the pneumonia vaccines on 03/17/24 and they should arrive on 03/18/24. The DON said if a vaccine is not logged in the resident's chart, then it has not been given.</p> <p>During an interview on 03/19/24 at 9:10 A.M., the DON said the pneumonia vaccines had not arrived to the facility. The DON said he/she called the pharmacy to find out when the vaccines would be delivered and the pharmacy said it should be 03/19/24 or 03/20/24.</p> <p>During an interview on 03/20/24 at 8:00 A.M., the DON said the pharmacy emailed him/her and the pneumvaccines should be delivered on 03/21/24. The DON said there is a resident who is allergic to the vaccine, so he/she emailed the pharmacy to have them not send that dose. The DON said the pharmacy said they had just received the vaccine orders on 03/20/24 when the DON emailed about the allergy. The DON said he/she did not know why the pneumonia vaccines had not been ordered or given prior to 03/17/24.</p> <p>During an interview on 03/20/24 at 10:15 A.M., Licensed Practical Nurse (LPN) I said if something is not documented then it was not done. The LPN said the Business Office Manager (BOM) is responsible for obtaining vaccine consents or declination upon admission with the admission paperwork. LPN I said vaccines are given once they arrive from the pharmacy. The LPN said he/she or the DON would give the vaccines once they arrived from the pharmacy.</p> <p>During an interview on 03/20/24 at 11:05 A.M., the BOM said he/she completes the admission paperwork and obtains the vaccine consents or declinations upon admission with each resident. The BOM said he/she uploads the documents into the resident's chart.</p> <p>(continued on next page)</p>		

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<p>F 0883</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/20/24 at 11:15 A.M., the DON said if something is not documented then it is not done. The DON said the BOM is responsible for obtaining the vaccine consent or declination up a resident's admission with the admission paperwork. Once the consent is obtained then the DON said he/she orders the appropriate vaccine from either the pharmacy or medical supplier. The DON said that either the charge nurse or him/her give the vaccines once they arrive to the facility. The DON said any vaccine that is given should be documented in the resident's chart. The DON said all consents should be followed. The DON said if vaccines are not given then the resident could have a potential outcome of an infection such as pneumonia, URI, influenza, or Covid.</p> <p>During an interview on 03/20/24 at 2:08 P.M., the administrator said that BOM is responsible for obtaining the vaccine consents or declinations with the resident's admission paperwork. The administrator said any vaccine not on hand is ordered from the pharmacy or medical supply company and once they arrive the charge nurse or DON is responsible for administration of the vaccine. The administrator said any vaccine given should be documented in the resident's chart and if something isn't documented then it is not done. documented in the resident's chart. The administrator said if something isn't documented then it was not done.</p> <p>During an interview on 03/28/24 at 8:30 A.M., the Medical Director (MD) said he/she is the only physician who covers the facility, and he/she sees all the residents in it. The Medical Director said he/she expects staff to give any vaccine the resident or responsible party signs consent for. The MD said he/she does not have an exact timeline for when the vaccine should be given once the consent is signed as the vaccines are not always easy to get from the supply company, however he/she said within a month of the consent being signed would be adequate. The MD said if a resident is admitted for short term rehab, for a couple of weeks for example, then he/she does not expect staff to administer the vaccine. The MD said any long-term care resident should get their vaccines given timely. Residents could have a potential outcome of URI or pneumonia if the pneumoccal vaccine is not given.</p>		