

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265518	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Windsor Estates of St Charles		STREET ADDRESS, CITY, STATE, ZIP CODE  2150 West Randolph Street Saint Charles, MO 63301	

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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42594</b></p> <p>Based on interview and record review, the facility failed to develop an admission policy and implement an admission protocol to ensure residents and/or residents' representatives signed the admission agreement for one resident (Resident #10). The facility also failed to ensure at least a 30 day notice was provided to four residents (Resident #2, #5, #6, and #11) and/or the resident representatives in writing for an increase in charges for services provided to residents at the facility. The facility census was 59.</p> <p>During an interview on 7/22/24 at 2:45 P.M. the administrator said the facility did not have an admission policy.</p> <p>Review of the facility's Financial Responsibility Agreement, private method of payment section, dated October 2015, showed the following:</p> <ul style="list-style-type: none"> <li>-The agreement is for payment for the care and services that are provided to the resident by the facility;</li> <li>-The facility will provide the resident and his/her authorized representative with not less than 30 days prior written notice of any increase in the private pay rates to be charged by the facility.</li> </ul> <p>Review of the facility's Admission Agreement, dated October 2018, showed the following:</p> <ul style="list-style-type: none"> <li>-All notices required to be provided hereunder or under any applicable law shall be in writing and deemed delivered when mailed, first class, or hand delivered to the resident and his/her designee and resource person, if any, together with an appropriate acknowledgement form, at the address shown on the last page of this agreement;</li> <li>-The admission agreement did not show any documentation regarding the financial responsibility of the resident or his/her authorized representative.</li> </ul> <p>1. Review of Resident #10's durable power of attorney with general powers for all purposes, dated 9/3/19, showed the following:</p> <ul style="list-style-type: none"> <li>-The resident signed on 9/3/19 to appoint two family members (including his/her primary contact) as co-attorneys in fact, jointly or alone;</li> </ul> <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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Any person named as attorney in fact shall act for the resident in his/her name with general powers and authority in all matters allowed by Missouri law and for all purposes including to manage the resident's business, property, investments, financial and tax affairs and to arrange for his/her support, comfort, housing, and welfare.</p> <p>Review of the resident's admission Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 6/27/24 showed the following:</p> <p>-The resident admitted to the facility on [DATE];</p> <p>-The resident was cognitively impaired;</p> <p>-The resident had diagnoses that included cognitive communication deficit (a person with trouble participating in conversations, difficulty understanding what is said, or be unable to respond in a timely fashion and trouble speaking clearly, or conveying their thoughts efficiently and effectively), and dementia (a mental disorder in which a person loses the ability to think, remember, learn, make decisions, and solve problems).</p> <p>Review of the resident's face sheet, dated 7/17/24, showed the following:</p> <p>-The resident's primary payer source was private pay;</p> <p>-The resident's family member was his/her primary contact person.</p> <p>During an interview on 7/17/24 at 10:10 A.M. the resident's primary contact/attorney in fact said the following:</p> <p>-He/She did not get an admission packet when the resident admitted to the facility;</p> <p>-He/She did not sign any paperwork when the resident admitted to the facility;</p> <p>-The resident was originally admitted for rehabilitation but required a permanent stay;</p> <p>-He/She was told over the phone by the previous administrator that if the resident was to going to continue to live at the facility he/she would owe \$7,300.00 immediately;</p> <p>-He/She went to the facility and paid the \$7,300.00. At that time there was still no paperwork provided to him/her regarding the resident's admission to the facility;</p> <p>-He/She was also told over the phone by the previous administrator that there would be a rate increase in July 2024 but he/she did not receive anything in writing by mail.</p> <p>2. Review of Resident #2's, annual MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of a letter on facility letterhead, dated 5/31/24, showed the following:</p> <p>-The letter was addressed to the resident's family member;</p> <p>(continued on next page)</p>		

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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident's daily room rate would increase by \$10.00 per day;</p> <p>-The rate increase would be effective 7/1/24;</p> <p>-The letter was dated 5/31/24 by the administrator;</p> <p>-A copy of the letter was provided to the resident.</p> <p>Review of the resident's face sheet, dated 7/16/24, showed the following:</p> <p>-The resident's primary payer source was private pay;</p> <p>-The resident was his/her own responsible person.</p> <p>During an interview on 7/16/24 at 1:00 P.M. the resident said the following:</p> <p>-He/She did not get a letter from the facility about a rate increase;</p> <p>-This was the second time the facility had raised the room rate without providing notice to the resident or his/her representative;</p> <p>-His/Her family member took care of his/her financial needs.</p> <p>During an interview on 7/16/24 at 11:37 A.M. the resident's family member said the following:</p> <p>-He/She received a bill about two weeks ago from the facility;</p> <p>-There was an increase of over \$250.00 for July 2024;</p> <p>-He/She called the facility and left a message for the administrator but never got a call back about the increased rate.</p> <p>3. Review of a letter on facility letterhead, dated 5/31/24, showed the following:</p> <p>-The letter was addressed to Resident # 5 with no address;</p> <p>-The resident's daily room rate would increase by \$10.00 per day;</p> <p>-The rate increase would be effective 7/1/24;</p> <p>-The letter was dated 5/31/24 by the administrator.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's face sheet, dated 7/16/24, showed the following:</p> <p>-The resident's primary payer source was private pay;</p> <p>(continued on next page)</p>		

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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-The resident was his/her own responsible person.</p> <p>During an interview on 7/16/24 at 11:05 A.M. the resident said the following:</p> <p>-He/She did not know about a rate increase;</p> <p>-He/She did not receive a letter from the facility;</p> <p>-His/Her payments to the facility were paid directly from his/her bank account;</p> <p>-The resident was his/her own responsible person.</p> <p>4. Review of Resident #6's quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's face sheet, dated 7/16/24, showed the following:</p> <p>-The resident's primary payer source was private pay;</p> <p>-The resident's family member was his/her power of attorney for financial and health care.</p> <p>During an interview on 7/17/24 at 10:29 A.M., the resident's power of attorney said he/she did not get any mail from the facility in June or July that indicated a rate increase.</p> <p>Review of the rate increase letters provided by the facility that were sent to residents showed there was no letter sent to Resident #6 or his/her power of attorney.</p> <p>5. Review of a letter on facility letterhead, dated 5/31/24, showed the following:</p> <p>-The letter was addressed to Resident #11's responsible party;</p> <p>-The resident's daily room rate would increase by \$10.00 per day;</p> <p>-The rate increase would be effective 7/1/24;</p> <p>-The letter was dated 5/31/24 by the administrator.</p> <p>Review of the resident's quarterly MDS, dated [DATE], showed the resident was cognitively intact.</p> <p>Review of the resident's face sheet, dated 7/16/24, showed the following:</p> <p>-The resident's primary payer source was private pay;</p> <p>-The resident's family member was his/her responsible party.</p> <p>During an interview on 7/17/24 at 9:45 A.M., the resident's responsible party said the following:</p> <p>-He/She did not get a letter that indicated a rate increase;</p> <p>(continued on next page)</p>		

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