

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 02/21/2025
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34003</p> <p>Based on observation, interview and record review, the facility failed to maintain a call system that was adequately equipped to ensure staff received alerts through a communication system which relayed the call directly to a staff member or to a centralized staff work area with an audible sound. This affected the entire facility. The facility census was 66.</p> <p>1. Review of the facility's daily census sheet provided by the facility on 2/21/25 showed the following:</p> <ul style="list-style-type: none"> -100 hall with 19 residents; -200 hall with 29 residents; -300 hall with 18 residents. <p>2. Review of Resident #1's comprehensive Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 12/19/24 showed the following:</p> <ul style="list-style-type: none"> -Able to make self understood and able to understand others; -Alert and oriented and able to make decision; -Requires supervision with transfers from bed to chair or toilet and from chair or toilet to bed. <p>Observation on 2/21/25 at 11:03 A.M. showed the resident lay in bed with a call light cord next to him/her and attached to the wall.</p> <p>During an interview on 2/21/25 at 11:03 A.M. the resident said the following:</p> <ul style="list-style-type: none"> -He/She used the call light at night for help when he/she needed to go to the bathroom; -There were times when staff did not respond to the call light for over 30 minutes; -He/She sees staff walk past his/her door and do not acknowledge he/she had the call light activated. <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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>3. Review of Resident #2's quarterly MDS dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -Able to make self understood and able to understand others; -Alert and oriented and able to make decisions; -Requires assistance with coming to a sitting position when in bed. <p>Observation on 2/21/25 at 11:17 A.M. showed the resident lay in bed with a call light cord next to him/her and attached to the wall.</p> <p>During an interview on 2/21/25 at 11:17 A.M. the resident said the following:</p> <ul style="list-style-type: none"> -He/She has activated the call light for him/herself and roommate who needed a lot of help with cares; -There have been times when the staff walked past the room and do not answer the call light; either they did not care or did not know the call light was on. <p>4. Review of Resident #3's quarterly MDS dated [DATE] showed the following:</p> <ul style="list-style-type: none"> -Able to make self understood and able to understand others; -Alert and oriented and has some difficulty making decisions in new situations; -Dependent upon staff for transferring in and out of bed and the wheelchair and toileting. <p>Observation on 2/21/25 at 12:33 P.M. showed the resident lay in the bed with the call light cord on the floor behind the bed.</p> <p>During an interview on 2/21/25 at 12:33 P.M. the resident said the following:</p> <ul style="list-style-type: none"> -He/She has had to wait for over 30 minutes for his/her call light to be answered; -He/She has had to yell when he/she needed help because no one has answered the call light. <p>5. Observation on 2/21/25 from 10:00 A.M. to 1:30 P.M., at the 100/300 hall nurses station showed a monitor attached to the wall that showed when a call light was activated. When a call light was activated there was no audible sound to alert staff. The only way staff were aware a call light was activated was by looking at the monitor or seeing the light over the door of the resident's room was illuminated;</p> <ul style="list-style-type: none"> -The monitor attached to the wall by the nurses station for the 200 hall had no audible sound to alert staff when a call light was activated. <p>During an interview on 2/21/25 at 11:13 A.M. Certified Nurse Aide (CNA) A said the following:</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-There was a monitor at both nurses stations that will show the room number when a call light was turned on;</p> <p>-There was no sound at the monitor or at the resident's room when the call light was activated to let staff know a call was on;</p> <p>-A light will come on outside the resident's room, but there was no sound;</p> <p>-He/She did not carry a pager or phone for the call light system;</p> <p>-He/She would have to look at the computer screen or see the light on the outside the resident's room door to know when a call light was on.</p> <p>During an interview on 2/21/25 at 11:15 A.M. CNA B said the following:</p> <p>-He/She did not have a pager or a phone for the call lights;</p> <p>-He/She would have to look at the monitor at the nurses station or above the resident's door to see if a call light was on;</p> <p>-If staff are in the dining room or in a resident's room, you would not know if a resident had their call light on because the call lights do not sound when they are turned on</p> <p>During an interview on 2/21/25 at 12:20 P.M. Licensed Practical Nurse (LPN) C said the following:</p> <p>-Staff do not carry a pagers or a phone to alert them when a call light was activated;</p> <p>-Staff are alerted by looking at the monitors at the nurses station or by visualizing the light above the resident's room door;</p> <p>-There was nothing that sounded when a call light was activated.</p> <p>During an interview on 2/21/25 at 1:00 P.M. the Administrator said the following:</p> <p>-The call light system for the entire facility did not have an audible sound when activated. There was a monitor at both nurses stations and lights above resident room doors that alert staff;</p> <p>-He was not aware of the exception granted by the state agency where staff were to carry pagers at all times to alert them when a call light was activated;</p> <p>-His corporate office had been working with the state agency on the updates to the call light system; he did not know why the system did not have an audible function.</p> <p>MO248211 and MO248383</p>		