

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  12/15/2025
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)
F 0684  Level of Harm - Actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  (continued on next page)

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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F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure one resident (Resident #1), in a review of six sampled residents, received treatment and care in accordance with professional standards of practice when staff failed to assess Resident #1 following the report of a fall, failed to obtain treatment for two days following the fall, and failed to implement and follow physician orders for treatment following identification of the fall with injury. The resident sustained a fractured left wrist. The facility census was 73. Review of the facility Fall policy dated May 2025 showed the following:-Each resident of the community who experiences a fall will be treated and assessed to adequately treat any current injuries, either physical or psychosocial and comprehensively assessed to determine causal effects of the fall to develop interventions to prevent further falls. After each fall, an occurrence report will be completed, root cause will be determined, and interventions will be implemented;-A fall is defined as unintentional change in position coming to rest on the ground, floor or onto the next lower surface, (such as onto a bed, chair, or beside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. Falls include any fall, no matter whether it occurred at home, while out in the community, in an acute hospital or a nursing home. During an interview on 12/11/25 at 3:00 P.M. the administrator said the facility did not have a policy regarding following physician orders. He expected staff to implement and follow physician orders. 1. Review Resident #1's Care Plan, dated 2/25/25, showed the following:-Diagnoses of heart disease, macular degeneration (deteriorating eye disease causing progressive blindness), muscle weakness, lack of coordination, and need for assistance with personal care;-The resident was at risk for falls. Staff should ensure the resident's call light was within reach and encourage the resident to use the call light. Provide a low bed and fall mats on the floor beside the bed when the resident was in bed. Provide a scoop mattress (mattress with raised edges providing support);-The resident had difficulty with Activities of Daily Living. Staff should provide assistance with bathing, bed mobility, dressing, personal hygiene, oral care, toileting and transfers. Review of the resident' quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 10/12/25, showed the following:-Moderately impaired cognition;-Required a wheelchair for mobility;-Required partial to moderate staff assistance (Staff does less than half the effort. Staff lifts, holds, or supports trunk or limbs, but provides less than half the effort) with dressing upper body;-Required substantial/maximal staff assistance (staff does more than half the effort and staff lifts or holds trunk or limbs and provides more than half the effort) with dressing lower body, putting on and taking off footwear, personal hygiene, toileting hygiene, bathing, transfers from sitting to lying in bed, lying to sitting on the side of the bed, transfers from chair to bed and transfers from sitting to standing;-Dependent on staff (helper does all the effort) with transfers to the toilet and to the shower;-No falls since the previous assessment. Review of the resident's progress note, dated 11/24/25 at 7:00 A.M., showed the Nurse Practitioner (NP) documented the resident self-reported a fall two days prior which was previously unreported to nursing staff. The resident now complained of pain, swelling, and bruising to the left arm. Given the mechanism and new symptoms, the immediate priority was to rule out a fracture. Therefore, the plan was to immediately obtain x-rays of the left arm to evaluate for any acute bony injury. The arm should be immobilized and managed with RICE (Rest, Ice, Compression, Elevation) pending radiographic results. Updated care team for follow up. Review of the resident's nurses' notes showed staff did not enter any documentation regarding the resident's fall, referenced in the 11/24/25 Nurse Practitioner's progress note Review of the resident's Physician Order Sheet (POS), dated 11/24/25, showed an order to obtain x-ray (images of the body's internal structures, bones, tissues and organs) of the left arm to evaluate for any acute bony injury. Immobilize the arm and manage with RICE pending x-ray results Review of the resident's left forearm x-ray report, dated 11/24/25, showed the following:-Examination date of 11/24/25 at 7:19 P.M. and reported on 11/25/25 at 5:00 A.M.;-Left upper extremity arm pain, bruising post unwitnessed fall, new fall;-Findings of acute distal radial metaphysis fracture with no evidence of displaced ends (fractured left forearm bone at the wrist). Review of the resident's nurses' notes showed staff did not enter any documentation regarding the resident's fall on 11/24/25, including provision of assessments or RICE treatments to the left arm. Review of the resident's Nurse Practitioner progress note, dated 11/25/25 at 7:00 A.M., showed the chief complaint was evaluation of the left arm pain, swelling and bruising after a self-reported fall. An x-ray obtained and revealed a fracture of the left arm. The resident presented with left</p>		

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F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (continued on next page)		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, interview and record review, the facility failed to provide protective oversight and prevent falls for one resident (Resident #2) in a review of six residents when staff failed to ensure the resident's bed was always in the lowest position while the resident was in bed. The facility also failed to ensure the resident's low air loss mattress (a specialized, medical, mattress with inflatable air cells that continuously circulate air and provides pressure redistribution) was at the appropriate weight setting to prevent falls from bed. The facility census was 73. Review of the facility Fall Policy, dated May 2025, showed the following:-The purpose of the fall program was to develop, implement, observe and evaluate an interdisciplinary approach and manage strategies and interventions that foster resident independence and quality of life. The fall program promotes safety, prevention and education of both staff and residents;-The community shall ensure the fall program is maintained to reduce the occurrence of falls, reduce risk of injury and promote independence and safety. Each resident residing at the facility will be provided services and care that ensure the resident's environment remains as free from accident hazards as is possible and each resident receives adequate supervision and assistive devices to prevent accidents. Every resident will be assessed for the causal risk factors for falling at the time of admission/readmission, change of condition, quarterly and after every fall. Each resident of the community who experiences a fall will be treated and assessed to adequately treat any current injuries, either physical or psychosocial and comprehensively assessed to determine causal effects of the fall to develop interventions to prevent further falls. After each fall, an occurrence report will be completed, root cause will be determined, and interventions will be implemented;-A fall is defined as unintentional change in position coming to rest on the ground, floor or onto the next lower surface, (such as onto a bed, chair, or beside mat). The fall may be witnessed, reported by the resident or an observer or identified when a resident is found on the floor or ground. During an interview on 12/15/25 at 10:35 A.M. Registered Nurse (RN)/Corporate Nurse H said the facility should follow the low air loss mattress manufacturer's instructions for use. Review of the ProActive Protekt Aire 4000 DX/5000DX Low Air Loss Mattress (the mattress in place for Resident #2) operation manual showed the following:-The mattress system was designed for prevention, treatment and management of pressure ulcers (a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction);-Individual customized setting capability;-Select the correct resident weight (weight settings of 80, 120, 160, 200, 240,280,340 and 400 pounds);-Weight/pressure set up, adjust air mattress to a desired firmness according to the resident's weight.</p> <p>1. Review of Resident #2's Care Plan, dated 10/25/25, showed the following:-Diagnoses of end stage renal disease (end of life kidney disease), heart failure, muscle weakness, need for assistance with personal care and right, above the knee amputation (loss of right leg above the knee);-The resident was at risk for falls. Staff should ensure the resident's call light was in reach and encourage the resident to use it for assistance as needed. Place fall mats on the floor on each side of the bed when in bed. Ensure personal items are within reach. Anticipate if resident wanted to get out of bed or transfer to avoid resident attempts at getting up on his/her own. Provide low to the floor bed;-The resident had inability to complete Activities of Daily Living. Staff should assist the resident with bathing, bed mobility, dressing, eating, personal hygiene, toileting, transfers to and from the bed with a mechanical lift (a mechanical device used to safely transfer resident's with limited mobility between surfaces such bed, chair or toilet by using a sling and a hydraulic pump) to a wheelchair. Review of the resident's Fall Risk Assessment, dated 10/25/25, showed staff documented the following:-Resident had a history of falls;-Received medication that increased the risk of falls;-Incontinent;-Unable to come to a standing position;-Score of 28, which indicated a high fall risk (score above 10 indicated high fall risk). Review of the resident's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument, completed by facility staff, dated 11/7/25, showed the following:-Cognitively intact;-Required staff supervision or touching assistance (staff provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for eating, oral hygiene, personal hygiene and rolling left and right in the bed;-Required partial/moderate staff assistance (staff did less than half the effort. Staff lifts, holds, or supports trunk or limbs, but provides less than half the effort) with mobility from sitting to lying and lying to sitting on the side of the bed;-Required substantial/maximal staff assistance (staff does more than half the effort. Staff lifts or holds trunk or limbs and provides more than half the effort) with showers and upper</p>		