

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  04/01/2026
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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to provide a final accounting of resident fund balances within thirty days to the individual or probate jurisdiction administering the resident's estate for six of six sampled residents (Residents #1, #2, #3, #4, #5 and #6). The facility withdrew back room and board without the resident and/or financial guardian's written authorization or after the resident expired. The facility census was 72.1. Review of the facility maintained Resident Trust Ledger for the period [DATE] through [DATE], showed Resident #3 expired on [DATE]. Review of Resident #3's Ledger showed \$8,119.01 held in the Resident Trust Account on [DATE]. Funds in the amount of \$3,904.41 were reported to the Department of Social Services Third Party Liability (TPL) Unit on [DATE] and did not include the full balance of the resident's funds. The remaining funds in the amount of \$3,311.00 was withdrawn for 09/2025's room and board in the amount of \$1,051.00 and back room and board in the amount of \$2,260.00 on [DATE] and an additional withdrawal for \$51.60 on [DATE]. The remaining \$2,311.60 funds were not reported to the Department of Social Services TPL Unit as of [DATE], 206 days after he/she expired. Review showed the facility continued to receive and hold interest in the amount of \$2.22 as of [DATE] and did not submit a Personal Funds Account Balance Report until [DATE], 64 days after the initial interest deposit date of [DATE]. 2. Review of the facility maintained Resident Trust Ledger for the period [DATE] through [DATE], showed Resident #6 expired on [DATE]. Review of Resident #6's Ledger showed \$1,073.37 was deposited into the Resident Trust Account on [DATE]. Review of the resident trust account documentation provided by the previous facility where Resident #6 resided showed \$1,073.37 was money from the resident trust account and not room and board money. Review of Resident #6's Ledger showed an unauthorized \$690.00 was withdrawn for room and board on [DATE]. Review also showed cremation services due in the amount of \$837.00 and \$383.48 was paid on [DATE] from the resident's funds. The unauthorized funds withdrawn for room and board held in the resident trust account in the amount of \$690.00 were not submitted for cremation services or to the Department of Social Services TPL Unit as of [DATE], 38 days after he/she expired. During an interview on [DATE] at 3:06 P.M., the previous facility's Business Office Manager said the funds sent for Resident #6 was personal spending money from the resident trust account and not for room and board. 3. Review of the facility maintained Resident Trust Ledger for the period [DATE] through [DATE], showed Resident #4 expired on [DATE]. Review of Resident #4's Ledger showed \$2,792.85 held in the Resident Trust Account on [DATE] and a direct deposit credited to the account in the amount of \$2,064.00 on [DATE]. Funds in the amount of \$2,618.55 were reported to the Department of Social Services TPL Unit on [DATE], 41 days after he/she expired. The \$2,618.55 did not include the full balance of the resident's funds. The remaining funds in the amount of \$2,058.60 were withdrawn for 03/2026 room and board on [DATE] and were not reported to the Department of Social Services TPL Unit as of [DATE], 41 days after he/she expired. 4. Review of the facility maintained Resident Trust Ledger for the period [DATE] through [DATE], showed Resident #2 expired on [DATE]. Review of Resident #2's Ledger showed \$51.30 held in the Resident Trust Account was withdrawn on [DATE] for back room and board and was not reported to the Department of Social Services TPL Unit as of [DATE], 337 (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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>days after he/she expired. Review showed the facility continued to receive and hold interest in the amount of \$0.04 as of [DATE] and did not submit a Personal Funds Account Balance Report as of [DATE], 305 days after the initial interest deposit date of [DATE].5. Review of the facility maintained Resident Trust Ledger for the period [DATE] through [DATE], showed Resident #1 expired on [DATE].Review of Resident #1's Ledger showed \$1,295.84 held in the Resident Trust Account on [DATE] was not reported to the Department of Social Services TPL Unit until [DATE], 81 days after he/she expired. Review showed the facility continued to receive and hold interest in the amount of \$1.15 as of [DATE] and did not submit a Personal Funds Account Balance Report until [DATE], 248 days after the initial interest deposit date of [DATE].6. Review of the facility maintained Resident Trust Ledger for the period [DATE] through [DATE], showed Resident #5 expired on [DATE].Review showed the facility continued to receive and hold interest in the amount of \$3.46 as of [DATE] and did not submit a Personal Funds Account Balance Report until [DATE], 217 days after the initial interest deposit date of [DATE].7. During an interview on [DATE] at 10:15 A.M., the Administrator said the facility had some turnover in the Business Office Manager (BOM) position last year. The BOM said he/she started the position in 11/2025, was trying to catch up paperwork and was not sure why the refunds/paperwork were not submitted within 30 days prior to him/her starting the position. The BOM also said the following:-he/she was still looking over Resident #2's account;-he/she was trying to clean up Resident #4 and #5's account; -he/she will need to check with the supervisor on what to do about the remaining interest in the accounts;-he/she did not know Resident #6's money from the previous facility was from the resident's trust account; -thought he/she had 60 days to complete the Personal Funds Balance Report and/or submit refunds.</p>		