STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265874	A. Building B. Wing	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Winchester Nursing Center, Inc	400 Winchester Dr Bernie, MO 63822

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify the resident and/or the resident's representative in writing of a transfer to a hospital which included the reason for the transfer for two residents (Residents #30 and #52) out of nine sampled residents. The facility census was 52. Review of the facility policy titled, Transfer or Discharge Notices, revised March 2025, showed:- When a resident is sent emergently to an acute care setting, this is considered a transfer, not discharge, because the resident's return is generally expected;- Notice of Transfer is provided to the resident and representative as soon as practicable before the transfer and to the long- term care (LTC) ombudsman (an advocate for residents of nursing homes) when practicable;- Notices are provided in a form and manner the resident can understand, taking into account the resident's educational level, language, communication barriers, and physical or mental impairments.1.Review of Resident #30's medical record showed:- Transferred to the hospital on [DATE], and readmitted to the facility on [DATE];- Transferred to the hospital on [DATE], and readmitted to the facility on [DATE];- No documentation the resident and/or the resident representative was informed in writing of the transfer to a hospital at the time of the transfers on 06/11/25 and 06/21/25.2.Review of Resident #52's medical record showed:-Transferred to the hospital on [DATE], and readmitted to the facility on [DATE];- No documentation the resident and/or the resident representative was informed in writing of the transfer to a hospital at the time of the transfer.During an interview on 07/25/25 at 8:48 A.M., Licensed Practical Nurse (LPN) A said the nurses talked to the resident about the transfer and bed hold policy and the Social Service Designee (SSD) filled out the forms. The forms were then given to the resident for when they left the facility.During an interview on 07/25/25 at 9:35 A.M., the SSD said he/she filled out the forms that were then given to the resident before they left the facility. If he/she was not working at the time, then the nurse was responsible for the whole process. The transfer and bed hold process should be done with every transfer.During an interview on 07/25/25 at 10:50 A.M., the Administrator said when the resident was being sent out for any reason, the resident sometimes did not want the family or responsible party to be notified and the facility would do what the resident wished.

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