STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. BUILDING _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDENTON WINDSOR ESTATES	2042 N BUSINESS ROUTE 5 CAMDENTON, MO 65020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, facility staff failed to review and revise the comprehensive care plan for three residents (Resident #1, #2, and #3) out of three sampled residents care plans who sustained falls. The facility census was 49. 1. Review of the facility's Comprehensive Care	F 657		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Merril Richards	Administrator	2/13/25

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. BUILDING _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDENTON WINDSOR ESTATES	2042 N BUSINESS ROUTE 5 CAMDENTON, MO 65020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 1 Plan" policy, undated, showed staff are directed as follows: -An individualized comprehensive care plan that includes measurable goals and time frames will be developed to meet the resident's highest practicable physical, mental, and psychosocial well-being; -Assessment of each resident is ongoing process and the care plan will be revised as changes occur in the resident's condition; -The interdisciplinary care plan team is responsible for the periodic review and updating of care plans when changes occur that impact the resident's care (i.e., change in diet, discontinuation of therapy, changes in care areas that do not required significant change assessment). 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 01/09/25, showed staff assessed the resident with severe cognitive impairment, one injury fall, and one non-injury fall since admission. Review of the facility's event report, dated 12/22/24, showed staff documented the resident had an unwitnessed fall. Review of the resident's care plan, dated 01/18/25, showed the care plan did not contain documentation of a new fall intervention for the fall on 12/22/24. During an interview on 01/23/25 at 3:32 P.M., the MDS Coordinator said he/she did not have an opportunity to update the resident's care plans,	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265091	A. BUILDING _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDENTON WINDSOR ESTATES	2042 N BUSINESS ROUTE 5 CAMDENTON, MO 65020

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 2 since he/she had been assisting staff with resident care. During an interview on 01/23/25 at 3:47 P.M., the administrator said he/she would expect new interventions after each fall for the resident. During an interview on 01/23/25 at 3:48 P.M., the Director of Nursing (DON) said he/she would expect new interventions after each fall for the resident. 3. Review of Resident #2's Quarterly MDS, dated 12/16/24, showed staff assessed the resident with severe cognitive impairment and one non-injury fall since admission. Review of the facility's event report, dated 10/26/24, showed the resident had an unwitnessed fall. Review of the resident's care plan, dated 12/28/24, showed it did not contain documentation of a new fall intervention for the fall on 10/26/24. During an interview on 01/23/25 at 3:47 P.M., the administrator said he/she would expect new interventions after each fall for the resident. During an interview on 01/23/25 at 3:48 P.M., the Director of Nursing (DON) said he/she would expect new interventions after each fall for the resident. 4. Review of Resident #3's Quarterly MDS, dated 01/13/25, showed staff assessed the resident as	F 657		

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	265091	A. BUILDING _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 3 having a moderate cognitive impairment, had one non-injury fall and one injury fall since admission. Review of the facility's event report, dated 12/05/24, showed the resident had a witnessed fall. Review of the resident's care plan, dated 01/08/25, showed it did not contain documentation of a new fall intervention for the fall on 12/05/24. During an interview on 01/23/25 at 3:32 P.M., the MDS Coordinator said he/she did not know the resident had a fall. During an interview on 01/23/25 at 3:47 P.M., the administrator said he/she would not expect a new intervention after the resident's fall, since it was due to his/her coat being on the chair and he/she slid out of the wheelchair. During an interview on 01/23/25 at 3:48 P.M., the DON said he/she would not expect a new intervention after the resident's fall, since it was due to his/her coat being on the chair and he/she slid out of the wheelchair. He/She said staff educated the resident to not place items in his/her chair. 5. During an interview on 01/22/25 at 3:28 P.M., Certified Nurse Aide (CNA) B said the purpose of the care plan is to provide guidance to staff to the type of care the resident needed. He/She said the MDS Coordinator was responsible to update the care plan. He/She said he/she would ask another CNA or a nurse if he/she had questions in the type of care the resident required.	F 657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDENTON WINDSOR ESTATES	2042 N BUSINESS ROUTE 5 CAMDENTON, MO 65020

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F 657	Continued From page 4 During an interview on 01/23/25 at 3:32 P.M., the MDS Coordinator said he/she was responsible to update the care plans when there was a change in condition, including falls. He/She said the care plans should be updated with new interventions after each fall, however he/she had been working the floor and had not had a chance to update the care plans. During an interview on 01/23/25 at 3:47 P.M., the administrator said the MDS Coordinator was responsible to update the care plans on an annual, quarterly and when a resident had a change. The Administrator said he/she would expect new interventions after each fall, depending on how the resident fell or the resident's needs. He/She said the MDS Coordinator had been assisting residents with care, so he/she had not had an opportunity to update all of the new interventions. During an interview on 01/23/25 at 3:48 P.M., the DON said the MDS Coordinator was responsible to update the care plans on an annual, quarterly and when a resident had a change. He/She said depending on how the resident fell or his/her needs, would determine if staff implemented a new interventions after each fall. He/She said the MDS Coordinator had been assisting residents with care, so he/she had not had an opportunity to update all of the new interventions.	F 657		
F 658 SS=D	MO00248346 Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 658	Continued From page 5 The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to ensure services provided met professional standards of practice when staff did not complete and document neurological checks for two (Resident #1 and #2) of two sampled residents who had unwitnessed falls, as directed by the facility policy. The facility's census was 49. 1. Review of the facility's Neurological assessment form instructions, dated 01/01/25, showed staff are required to complete neurological checks for seventy-two hours post an unwitnessed fall or head injury. Staff are directed to perform neurological checks as follows: -First hour check every fifteen minutes; -Second hour check every thirty minutes; -Next two hours check every hour; -Next 72 hours check every shift. 2. Review of Resident #1's Quarterly Minimum Data Set (MDS), a federally mandated assessment instrument required to be completed by facility staff, dated 01/09/25, showed staff assessed the resident with severe cognitive impairment, one injury fall, and one non-injury fall since admission. Review of the facility's event report, dated 12/05/24, showed the resident had an unwitnessed fall. The report did not contain documentation staff completed neurological	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 658	Continued From page 6 checks. Review of the resident's progress notes, dated 12/05/24, showed staff documented the resident fell. Review showed staff did not document neurological checks were completed. 3. Review of Resident #2's Quarterly MDS, dated 12/16/24, showed staff assessed the resident with a severe cognitive impairment, and one non-injury fall since admission. Review of the facility's event report, dated 10/26/24, showed the resident had an unwitnessed fall. The report did not contain documentation staff completed neurological checks. Review of the resident's progress notes, dated 10/26/24, showed staff documented the resident fell. Review showed staff did not document neurological checks were completed. 4. During an interview on 01/22/25 at 11:57 A.M., Licensed Practical Nurse (LPN) A said staff are directed to complete neurological checks if a resident had an unwitnessed fall or a witnessed fall with head injury. He/She said the neurological checks should be completed and documented in the resident's medical records for seventy-two hours. He/She said the neurological checks are documented in the resident's medical records. During an interview on 01/23/25 at 3:32 P.M., MDS Coordinator said staff are directed to perform neurological checks on a resident who had witnessed fall with head injury or an unwitnessed fall. He/She said the neurological checks should be completed for seventy-two	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 658	Continued From page 7 hours by the nurse and documented in the resident's medical record. He/She said he/she staff documented the neurological assessments in the resident's medical records. The MDS Coordinator said he/she did not know who was responsible to complete the neurological assessments and he/she did not know about the missing assessments. During an interview on 01/23/25 at 3:47 P.M., administrator said staff are directed to conduct a neurological assessment on a resident who had either a witnessed fall with head injury or an unwitnessed fall. He/She said the nurse completes the assessment for up to seventy-two hours and document the findings in the resident's medical records. He/She said staff could not locate the completed neurological checks for Resident #1's fall on 12/22/24 or Resident #2's fall on 10/26/24. He/She said the Director of Nursing (DON) was responsible to ensure the neurological assessment were completed. He/She did not know about the missing neurological assessments. During an interview on 01/23/25 at 3:48 P.M., the Director of Nursing (DON) said staff are directed to conduct a neurological assessment on a resident who had either a witnessed fall with head injury or an unwitnessed fall. He/She said the nurse completes the assessment for up to seventy-two hours and document the findings in the resident's medical records. He/She said he/she did audit to ensure the neurological assessment were completed and did notice a missed completed assessment, so he/she did educate the staff on completing the assessment. He/She thought all the other assessment's were completed. The DON said he/she did not notice	F 658		

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CAMDENTON WINDSOR ESTATES	2042 N BUSINESS ROUTE 5 CAMDENTON, MO 65020

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F 658	Continued From page 8 the other two assessment were not completed. The DON said he/she only knew about the one assessment that was not completed and in-serviced the staff member who did not complete that assessment, but not all the staff. MO00248346	F 658		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08688	A. BUILDING: _____ B. WING _____	C 01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMDENTON WINDSOR ESTATES	2042 N BUSINESS ROUTE 5 CAMDENTON, MO 65020

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A4075	19 CSR 30-85.042(66) Nursing Care per Res Condition Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II This regulation is not met as evidenced by: Class II Refer to F657 and F658.	A4075		

PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265091

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
	This plan of correction is being submitted as required under State and Federal law. The submission under this plan of correction does not constitute admission on the part of Camdenton Windsor Estates, as to the accuracy of the surveyor's findings or the conclusion drawn from there. The Facility's submission of this plan of correction does not constitute any admission on the part of the Facility that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.	
	The Facility submits the plan of correction with the intention that it be inadmissible by any third party and any civil or criminal action against the Facility or any employee, agent, officer, director, or shareholder of the Facility.	
	Any changes to Facility policies and procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and should be inadmissible in any proceedings on that basis.	
	Please accept this plan as the Facility's Credible Letter of Allegation that all deficiencies have been corrected by the last day noted in this plan of correction.	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.

Brandi Richards, Admin

PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265091

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F657	The facility does and will continue to review and revise the comprehensive care plan for residents who sustain falls.	3/04/2025
1.	**Corrective action will be accomplished for the resident(s) found to be affected by the alleged deficient practice by:**	
	1) Resident #1's care plan will be reviewed and revised no later than March 4th, 2025, related to a fall sustained December 22nd, 2024.	
	2) Resident #2's care plan will be reviewed and revised no later than March 4th, 2025, related to a fall sustained October 26th, 2024.	
	3) Resident #3's care plan will be reviewed and revised no later than March 4th, 2025, related to a fall sustained December 5th, 2024.	
2.	**The facility recognizes all residents who sustain falls may potentially be affected by this alleged deficient practice.**	
3.	**The corrective action will be accomplished by:**	
	1) All current and future admitted residents who sustain falls will have Minimum Data Set Coordinator (MDSC)/Designee review and revise care plans related to the fall (within 3 days of the fall) beginning March 4th, 2025.	
	2) Inservice education for MDSC was conducted by the Director of Nursing (DON) February 12th, 2025, on the following:1) All current and future admitted residents who sustain falls will have Minimum Data Set Coordinator (MDSC)/Designee review and revise care plans related to the fall (within 3 days of the fall) beginning March 4th, 2025. 2) MDSC will identify all residents who sustain falls beginning March 4th, 2025,	

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PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265091

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F657	by running an "All Falls For Facility" report in Matrix (facility electronic charting platform) 3-5 times weekly.	3/04/2025
4.	**The measures put in place and the systemic changes made to ensure the alleged deficient practice does not recur were:**	
	1) The above documented inservice education will be reviewed annually and with the orientation process of newly MDSCs.	
	2) MDSC/Designee will monitor for the following 3-5 times weekly beginning March 4th, 2025, x 30 days or as determined by monthly QAPI committee meeting if substantial compliance is achieved prior: 1) All current and future admitted residents who sustain falls will have Minimum Data Set Coordinator (MDSC)/Designee review and revise care plans related to the fall (within 3 days of the fall) beginning March 4th, 2025. 2) MDSC will identify all residents who sustain falls beginning March 4th, 2025, by running an "All Falls For Facility" report in Matrix (facility electronic charting platform) 3-5 times weekly.	
	3) DON/Designee will monitor for the following weekly beginning March 4th, 2025, x 30 days or as determined by monthly QAPI committee meeting if substantial compliance is achieved prior: 1) All current and future admitted residents who sustain falls will have Minimum Data Set Coordinator (MDSC)/Designee review and revise care plans related to the fall (within 3 days of the fall) beginning March 4th, 2025. 2) MDSC will identify all residents who sustain falls beginning March 4th, 2025, by running an "All Falls For Facility" report in Matrix (facility electronic charting platform) 3-5 times weekly.	

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PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025
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ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F657	4) Administrator will monitor for the following quarterly beginning March 4th, 2025, with review of QAPI Committee reports: 1) All current and future admitted residents who sustain falls will have Minimum Data Set Coordinator (MDSC)/Designee review and revise care plans related to the fall (within 3 days of the fall) beginning March 4th, 2025. 2) MDSC will identify all residents who sustain falls beginning March 4th, 2025, by running an "All Falls For Facility" report in Matrix (facility electronic charting platform) 3-5 times weekly.	3/04/2025
5.	**The facility plans to monitor its performance to ensure that solutions are sustained. This plan will be implemented and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated into the Quality Assurance System.**	
	All negative findings of the Quality Assurance checks as related to compliance to the following will be documented and submitted to the monthly Facility Quality Improvement Committee for review and additional interventions will be made as needed: 1) All current and future admitted residents who sustain falls will have Minimum Data Set Coordinator (MDSC)/Designee review and revise care plans related to the fall (within 3 days of the fall) beginning March 4th, 2025. 2) MDSC will identify all residents who sustain falls beginning March 4th, 2025, by running an "All Falls For Facility" report in Matrix (facility electronic charting platform) 3-5 times weekly.	

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PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265091

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F658	The facility does and will continue to ensure services provided meet professional standards of practice by completing and documenting neurological checks after residents sustain unwitnessed falls or witnessed falls with obvious head injury.	3/04/2025
1.	**Corrective action will be accomplished for the resident(s) found to be affected by the alleged deficient practice by:**	
	1) Resident # 1 had licensed nurses assess and document findings for 3 days post December 22nd, 2024, fall. Confusion was noted at baseline (no significant change noted in neuro checks for 3 days post fall).	
	2) Resident #2 was seen by physician at facility on rounds October 29th, 2024 (post fall October 26th, 2024. Per documented progress notes, the physician assessed resident, meds, and labs and orders were received to decrease Norco 5/325 mg to BID.	
2.	**The facility recognizes all residents who sustain unwitnessed falls or witnessed falls with obvious head injury may potentially be affected by this alleged deficient practice.**	
3.	**The corrective action will be accomplished by:**	
	1) All current and future admitted residents who sustain unwitnessed falls or witnessed falls with obvious head injury will have licensed nurse complete and document neurological checks post fall according to the schedule listed on the Matrix observation "Neurological Checks 72 Hour Monitoring".	
	2) Inservice education for licensed nurses will be conducted by the DON/Designee beginning, February 17th, 2025, on the following: 1) All current and future admitted residents who sustain unwitnessed falls or witnessed falls with obvious head injury will have	

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PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265091

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F658	licensed nurse complete and document neurological checks post fall according to the schedule listed on the Matrix observation "Neurological Checks 72 Hour Monitoring".	3/04/2025
4.	**The measures put in place and the systemic changes made to ensure the alleged deficient practice does not recur were:**	
	1) The above documented inservice education will be reviewed annually and with the orientation process of newly hired licensed nurses.	
	2) Charge nurses will monitor for the following every shift beginning March 4th, 2025, x 30 days or as determined by monthly QAPI committee meeting if substantial compliance is achieved prior: 1) All current and future admitted residents who sustain unwitnessed falls or witnessed falls with obvious head injury will have licensed nurse complete and document neurological checks post fall according to the schedule listed on the Matrix observation "Neurological Checks 72 Hour Monitoring".	
	3) DON/Designee will monitor for the following weekly beginning March 4th, 2025, x 30 days or as determined by monthly QAPI committee meeting if substantial compliance is achieved prior: 1) All current and future admitted residents who sustain unwitnessed falls or witnessed falls with obvious head injury will have licensed nurse complete and document neurological checks post fall according to the schedule listed on the Matrix observation "Neurological Checks 72 Hour Monitoring".	
	4) Administrator will monitor for the following quarterly	

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PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		265091
ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
F658	beginning March 4th, 2025, with review of QAPI Committee reports: 1) All current and future admitted residents who sustain unwitnessed falls or witnessed falls with obvious head injury will have licensed nurse complete and document neurological checks post fall according to the schedule listed on the Matrix observation "Neurological Checks 72 Hour Monitoring".	3/04/2025
5.	**The facility plans to monitor its performance to ensure that solutions are sustained. This plan will be implemented and the corrective action will be evaluated for its effectiveness. The plan of correction will be integrated into the Quality Assurance System.**	
	All negative findings of the Quality Assurance checks as related to compliance to the following will be documented and submitted to the monthly Facility Quality Improvement Committee for review and additional interventions will be made as needed: 1) All current and future admitted residents who sustain unwitnessed falls or witnessed falls with obvious head injury will have licensed nurse complete and document neurological checks post fall according to the schedule listed on the Matrix observation "Neurological Checks 72 Hour Monitoring".	

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PLAN OF CORRECTION

Provider/Supplier Name:	Camdenton Windsor Estates
Street Address, City, Zip:	2042 N Business Route 5, Camdenton, MO 65020
Date of Survey:	1/23/2025
PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	265091

ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A4075	Refer to F657 and F658	3/04/2025

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