

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345437	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/28/2023
NAME OF PROVIDER OR SUPPLIER ECKERD LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 HOSPITAL DRIVE HIGHLANDS, NC 28741		
(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	
E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(q)(1)-(5) §483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing	F 851		10/19/23	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

10/19/2023

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.

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F 851	<p>Continued From page 1</p> <p>information, including the following:</p> <p>(i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);</p> <p>(ii) Resident census data; and</p> <p>(iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).</p> <p>§483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency.</p> <p>§483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p> <p>§483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to submit the Payroll Based Journal (PBJ) for the 3rd quarter in the fiscal year (FY) 2023.</p>	F 851	<p>Accuracy of Assessments</p> <p>During the recent survey the facility failed to electronically submit to CMS complete and accurate direct care staffing for April 1</p>		

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F 851	<p>Continued From page 2</p> <p>The findings included:</p> <p>Review of the Centers for Medicare and Medicaid Services (CMS) PBJ Staffing data report Certification and Survey Provider Enhanced Reports (CASPER Report 1705D) dated 9/21/23 revealed no data was submitted for:</p> <p>April 1 - June 30 (FY Quarter 3 2023)</p> <p>An interview with the Administrator on 9/28/23 at 11:55 AM revealed she was aware that the data had not been submitted. She stated that she was the only staff member submitting this data and currently did not have another staff person to assist with the process. The Administrator explained the cut-off for PBJ data submission was the 15th of the month. The Administrator communicated once she was aware she had not submitted the PBJ data she contacted CMS but was unable to submit the PBJ data after the cut-off date of the 15th.</p>	F 851	<p>– June 30 (FY quarter 3 2023). An oversight in timing of the submission led to the deficiency.</p> <ul style="list-style-type: none"> On 10/4/2023, the Administrator reviewed standard CFR: 483.70(q) (1)-(5) and the finding from the recent survey. On 10/4/2023 the Director of Nursing was trained as a back up to Payroll Based Journal (PBJ) submissions. On 10/4/2023, submissions for the previous 6 quarters were reviewed and no other deficient in reporting was found. The submission cut off dates for future PBJ submissions we reviewed and scheduled on a shared calendar with the Administrator, Director of Nursing, Medical Director, and QAPI Team Members To ensure improvements have been made, beginning 11/1/2023, the PBJ submission data will be submitted 15 days prior to the cutoff date and reviewed for accuracy by the Director of Nursing. PBJ Submission Validation Reports associated with this standard will be reported to the Eckerd Living Center Patient Safety & Quality Committee for 4 consecutive quarters for 100% compliance. Any delinquent submissions will be reported to the members of the Board of Ethics and Compliance, who will be responsible for any actions taken including additional education for the Nursing Home Administrator and Director of Nursing . The Nursing Home Administrator is responsible for implementing and overseeing the actions taken with this 		

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