

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

PRINTED: 04/14/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER THE ARBOR			STREET ADDRESS, CITY, STATE, ZIP CODE 300 CLYNELISH CLOSE PITTSBORO, NC 27312		
(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	An unannounced recertification survey was conducted on 03/10/25 through 03/12/25. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #884T11.	F 000			
F 851 SS=F	INITIAL COMMENTS A recertification survey was conducted from 03/10/25 through 03/12/25. Event ID #884T11. Payroll Based Journal CFR(s): 483.70(p)(1)-(5) §483.70(p) 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(p)(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(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing	F 851			

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

TITLE

(X6) DATE

Electronically Signed

03/25/2025

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(p)(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(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p> <p>§483.70(p)(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 electronically submit direct care staffing information based on payroll data to the Centers for Medicare and Medicaid (CMS) as required for quarter 3 of federal fiscal year (FY)</p>	F 851	Past noncompliance: no plan of correction required.		

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F 851	<p>Continued From page 2</p> <p>2024 (April 1 through June 30, 2024). This failure occurred for 1 of 4 quarters reviewed.</p> <p>The findings included:</p> <p>Review of the Payroll Based Journal (PBJ) Staffing Data report from the Certification and Survey Provider Enhanced Reports (CASPER) database revealed the facility failed to submit the required PBJ Staffing Data for the third quarter of federal FY 2024. The PBJ Staffing Data for the third quarter of the federal FY 2024 was blank.</p> <p>An interview with the Administrator on 03/11/2025 at 4:04 PM revealed she was aware the PBJ data for the third quarter of federal FY 2024 had not been submitted. The Administrator stated she attempted to submit the PBJ data on 08/13/2024. The Administrator stated each time she attempted to submit the PBJ data she received an error reading. The PBJ data was rejected each time. As a result, an error notification was displayed with each PBJ data submission attempt. The Administrator was not able to submit the PBJ data before the deadline of 08/14/2024.</p> <p>A follow-up interview on 03/12/2025 at 9:28 AM revealed the Administrator contacted the Quality Improvement and Evaluation System (QIES) help desk 09/26/2024 and was able to resubmit the PBJ data without error the fourth quarter of the federal FY 2024 on 11/14/2024. The Administrator verbalized she was educated by CMS support on how to run a PBJ Finale File Validation Report (FFVR) to verify PBJ data submissions.</p> <p>The facility provided the following corrective action plan with a completion date of 11/14/24.</p>	F 851			

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F 851	<p>Continued From page 3</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The facility failed to submit the required Payroll Based Journal (PBJ) Staffing Data for the third quarter of the federal fiscal year 2024. The PBJ Staffing Data for the third quarter of federal FY 2024 was blank.</p> <p>No residents were affected by the 3rd quarter PBJ staffing submission rejection.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>The root cause of the error in submission was the format of the zip file. The file was created but did not contain the data.</p> <p>Upon review by the Administrator in facility quarterly QAPI star rating reviews, the PBJ Staffing Data for the 1st and 2nd quarter of federal fiscal year 2024 were submitted correctly.</p> <p>The 3rd quarter PBJ data was submitted by the Administrator on August 13, 2024, however rejected and not resubmitted because on 9/26/24, CMS support indicated it would not be used if submitted past the due date.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>CMS support educated Administrator on reports</p>	F 851			

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F 851	<p>Continued From page 4</p> <p>to run in QIES-CASPER to verify that submissions are accepted on 09/26/2024. The report is the PBJ Final File Validation Report (FFVR).</p> <p>Monthly reviews of PBJ report accuracy began in September 2024. PBJ preview reports are run in our scheduling/time clock system (OnShift) and reviewed for accuracy of the data and for file format by the Administrator. The goal is for these reviews to be completed by the 15th of the following month. PBJ staffing data is now reviewed monthly for completeness and accuracy by the Administrator and verified by the Staffing Coordinator. The file format review is an addition since this was a new problem with that submission and is completed by the Administrator. The Administrator is responsible for submitting the PBJ data.</p> <p>Moving forward, quarterly submissions of PBJ data will be completed 30 days after the completion of the fiscal quarter, which is 15 days prior to the deadline. This allows for correction of errors if the file is rejected. This will begin with the submission for the second quarter of fiscal year 2025.</p> <p>For 4th quarter PBJ data for federal fiscal year 2024, the data was submitted on 11/13/2024 initially and errors were found with the submission. The error notification was found by running the FFVR report in CASPER. The QIES help desk technician was able to assist on the afternoon of 11/13/2024 with the file submission and it was accepted on 11/14/2024 and verified accepted using the FFVR report in CASPER. The QIES help desk technician was able to help identify the file format issue and the Administrator</p>	F 851			

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F 851	<p>Continued From page 5</p> <p>was then able to make the correction. It was a compression issue which was corrected by creating the file and then converting it to a zip file outside of our staffing software (OnShift).</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Care Compare star rating data is routinely reviewed as part of our quarterly QAPI program and items identified as needing improvement addressed through an improvement process. The Staffing piece is reviewed and is directly related to the quarterly PBJ staffing submissions.</p> <p>This has been a part of our QAPI program since March of 2023.</p> <p>Beginning in September of 2024, the Administrator completes monthly reviews of the PBJ submission data for accuracy and correct file format along with the Staffing Coordinator by the 15th of the following month. It is recorded as complete on a spreadsheet once finished. This continues monthly indefinitely.</p> <p>There have been no issues identified with monthly reviews of staffing data or file format since the submission on November 14, 2024, and the submission of the PBJ data for the 4th quarter of federal fiscal year 2024 was successful, and the next submission is due May 1, 2025.</p> <p>The submission and accuracy audits will be done monthly, and audited records will be reviewed by the Risk Management/Quality Assurance Committee at our quarterly QAPI meeting. The first QAPI review that included the submission</p>	F 851			

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F 851	<p>Continued From page 6</p> <p>failure and subsequent corrections was 2/19/2025. The deadline for the next submission is May 15, 2025, but the facility plans to submit on May 1, 2025, so there is an opportunity to correct any errors. The audits by the Administrator and the Staffing Coordinator are completed monthly.</p> <p>PBJ submissions will be reviewed indefinitely at future QAPI meetings and presented by the Administrator.</p> <p>Corrective action completion date: 11/14/2024.</p> <p>The corrective action plan was validated on 3/12/2025 and concluded the facility implemented an acceptable corrective action plan. Interviews conducted with the Administrator revealed there had been no further noncompliance with the submission of PBJ data. Review of PBJ for the 4th fiscal quarter revealed compliance.</p> <p>The completion date of 11/14/2024 for the corrective action plan was validated.</p>	F 851			