STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165349	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belle Plaine Specialty Care	1505 Sunset Drive Belle Plaine, IA 52208

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on The Centers for Medicare and Medicaid Services (CMS) Payroll Based Journal Staffing (PBJ) Data Report (January 1, 2025 -March31, 2025), schedule review, time card review and staff interviews the facility failed to submit accurate staff reports for the PBJ Staffing Data Report. The facility reported a census of 34 residents.Findings Include:The PBJ Staffing Data Report with a run date of 8/21/25 triggered for excessively low weekend staffing and for failing to have licensed nursing coverage 24 hours/day (4 or more days within the quarter with less than 24 hours per day licensed nursing coverage.) The report reflected 10 days with a failure to provide 24/day licensed nurse coverage during January, February and March 2025.A review of the schedules for the days listed in the PBJ Staffing Data Report revealed licensed nursing shifts had been covered by the Director of Nursing (DON) and outside staffing agencies. A review of the Pay summary Reports revealed the DON's actual worked hours hadn't been reflected when the PBJ Staffing Data had been submitted. In an interview on 8/27/25 at 7:04 AM, the DON verbalized she worked on the floor as the license nurse 1-3 days per week. In an interview on 8/28/25 at 11:17 AM, the Administrator reported someone at the corporate office had the responsibility to submit the data for the PBJ Staffing Data Report. The Administrator stated the DON hours had not been accurately reflected for the hours she worked when filled shifts as the licensed nurse. The Administrator verbalized he hadn't received a report to review for accuracy prior to the PBJ Staffing Data report deadline. The Administrator acknowledged the PBJ Data Report (January 1, 2025 -March31, 2025) reflected inaccurate data. The facility lacked a policy for accurate submission of PBJ Staffing Data.Per the CMS Staffing Data Submission Payroll Based Journal website (https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission), the webpage provided information on how data was collected and who to contact for questions. Users are strongly encouraged to take additional steps after uploading their data to ensure a successful submission. Therefore, the following verbiage appears upon uploading data to reflect the recommended next steps:1. Check the My Submissions page. This feature will show the status of the zip file.2. Check CASPER for a system generated PBJ Final File Validation Report (FFVR) within 24 hours. If no FFVR appears, run a PBJ Submitter Final File Validation Report to check your file for errors.3. Run the PBJ 1702D (by Employer) or 1703D (by Job Type) Reports to verify the quarterly PBJ data reflects your records.4. For additional assistance contact the Internet Quality Improvement and Evaluation System (iQIES) Help desk at iqies@cms.hhs.gov.

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