

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2025
NAME OF PROVIDER OR SUPPLIER Palo Alto County Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 First Street Emmetsburg, IA 50536	

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	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on the Center of Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (January 1- March 31), facility time card records and staff interviews, the facility failed to submit accurate staff data for the PBJ Staffing Data Report. The facility reported a census of 21 residents. Findings include: The PBJ Staffing Data Report run date 7/10/2025 triggered for failure to have licensed nurse coverage 24 hours/day on the following infraction dates: 1/18, 1/24, 1/25, 1/26, 2/6, 2/16, 2/20, 2/23, 3/1, 3/2, 3/9, 3/22 and 3/23. Review of the facility report titled Detailed Hours for the infraction dates reflected the Unit Coordinator/Registered Nurse (RN) covered the nursing shifts on 1/18, 1/24, 1/26, 2/6, 2/16, 2/20, 2/23, 3/1, 3/2, and 3/22. Review of facility form titled Employee Timesheet for Staff A, RN revealed Staff A covered a nursing shift on the evening/overnight of 1/24/25. On 7/16/25 at 9:50 AM, the Director of Nursing (DON) reported Staff A's nursing hours were not coded correctly and not reported to PBJ on 1/24/25. She said Staff A normally worked in the 100 hall in the hospital and the job classification was not changed when she picked up the shift. On 7/16/25 at 10:45 AM, the DON verified the Unit Coordinator/RN worked as a charge nurse on 1/18, 1/24, 1/26, 2/6, 2/16, 2/20, 2/23, 3/1, 3/2, and 3/22. She reported the nursing hours were not reported to PBJ. On 7/16/25 at 11:13, the DON reported the facility does not have a PBJ policy.</p>

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
---	-------	-----------