STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195625	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southeast Louisiana War Veterans Home	4080 W Airline Hwy Reserve, LA 70084

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. 47327 Based on record reviews and interview the facility failed to electronically submit accurate payroll information for direct care staffing as required for the 1st Quarter of 2024 Fiscal Year (October 1, 2023 through December 31, 2023). Findings: Review of the facility's Payroll Base Journal (PBJ) Staffing Data Report [NAME] Report 1705D Fiscal Year Quarter 1 2024 (October 1, 2023-December 31, 2023) revealed, in part, the facility triggered for having no Registered Nurse hours and failed to have Licensed Nursing Coverage 24 hours/day. Review of staffing patterns for the time period of October 1, 2023-December 31, 2023 revealed the facility had a Registered Nurse, Licensed Practical Nurse, and Certified Nursing Assistant working on the skilled unit on all of the days triggered: 10/01/2023; 10/07/2023; 10/08/2023; 10/13/2023; 10/14/2023; 10/15/2023; 10/21/2023; 10/26/2023; 10/27/2023; 10/28/2023; 10/29/2022; 11/04/2023; 11/10/2023; 11/11/2023; 11/12/2023; 11/18/2023; 11/19/2023; 11/20/2023; 11/23/2023; 11/24/2023; 11/25/2023; 11/26/2023; 12/01/2023; 12/02/2023; 12/03/2023; 12/08/2023; 12/09/2023; 12/10/2023; 12/11/2023; 12/16/2023; 12/17/2023; 12/18/2023; 12/22/2023; 12/23/2023; 12/24/2023; and 12/30/2023. In an interview on 05/21/2024 at 2:10 p.m., S1Administrator indicated the staffing reporting program used by the facility did not accurately code the direct care staff who worked the skilled nursing unit during the 1st Quarter of 2024 and he was aware the payroll base journal staffing information was not reported accurately as required.

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