

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2025
NAME OF PROVIDER OR SUPPLIER The Villas at New Brighton		STREET ADDRESS, CITY, STATE, ZIP CODE 825 First Avenue Northwest New Brighton, MN 55112	

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)
<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<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 interview and document review, the facility failed to submit accurate and/or complete data for staffing information based on payroll during 1 of 1 quarter (Quarter 2) reviewed, to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. This had the potential to affect all 78 residents at the facility.</p> <p>Findings include:</p> <p>Payroll Based Journal (PBJ), [NAME] Report 1705D indicated the facility had excessively low weekend staffing during quarter 2 of fiscal year 2025, which included dates between January 1 to March 31st.</p> <p>Daily staff schedules during quarter 2 indicated adequate staff on weekends.</p> <p>During interview on 6/12/25 at 2:36 p.m. the regional director of operations stated she was just found out about the report indicating the 2nd quarter weekend staffing levels were low. She was going to analyze the cause. She believed it could have been if bonuses were offered, if on-call nurse managers were brought into the cover shift or the use of pool staff. She was not certain why the staffing levels were triggered.</p> <p>The Administrator was not available during the survey.</p> <p>Facility policy requested and not provided.</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
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