

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Whitewater Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 525 Bluff Avenue St Charles, MN 55972	

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>49009</p> <p>Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information at least quarterly or more often, including information for agency and contract staff, for 1 of 1 quarter reviewed (Quarter 2) in Federal Fiscal Year 2024, to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS.</p> <p>Findings include:</p> <p>CMS Payroll Based Journal (PBJ) Staffing Report for Fiscal Year 2024 Quarter 2 (January 1-March 31) results listed Excessively Low Weekend Staffing as triggered due to data submitted by the facility to CMS. Review of daily staff postings for this time period, which listed the number of staff and total hours worked was not found to be drastically different on the weekends versus the weekdays. Census for this time period was also compared and not found to fluctuate significantly.</p> <p>Review of staffing schedules and staff timecards identified the facility had 1 or more licensed nursing staff present on the days during the referenced time period.</p> <p>During interview on 4/11/24 at 10:48 a.m., Corporate [NAME] President of Customer Success, stated staffing needs were determined based on resident acuity and census. These needs were determined on a daily basis Monday through Friday. Level of staffing on the weekends was the same as the weekdays. Further stated that past interim administrators were incorrectly not adding in the agency pool staff hours to the required staffing reports, thus causing it to look like the facility had low weekend staff. That has been corrected, both on the direct facility level, with training and our new permanent administrator knowing to count those hours if needed, but also by the corporate office going back to correct the reporting/filing mistakes and submit new, corrected reporting forms. As a proactive plan of correction.</p> <p>A facility policy was requested and was not received.</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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