

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Pierz Villa Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 119 Faust Street Southeast Pierz, MN 56364	

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>49654</p> <p>Based on document review and interview, the facility failed to submit complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data, during 1 of 1 quarter reviewed (Quarter 1), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS.</p> <p>Findings include:</p> <p>Review of the Payroll Based Journal (PBJ) [NAME] Report 1705D identified the following dates triggered for review: 10/21/23, 10/22/23, 10/29/23, and 11/11/23 for failure to have licensed nurse coverage 24 hours per day.</p> <p>Review of applicable nursing staff's timecards on the above-mentioned dates identified licensed nursing staff had worked 24 hours each day, therefore the data submitted in the PBJ to CMS was inaccurate.</p> <p>Interview with the Executive Director (ED) on 3/19/24 identified due to nursing schedules of 12 hour shifts with a half hour break automatically removed from the employee shift it appeared the nurse only was working 11.5 hours, therefore data submitted through PBJ specifications established by CMS was inaccurate.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Pierz Villa Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 119 Faust Street Southeast Pierz, MN 56364	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46943</p> <p>Based on interview and document review, the facility failed to ensure 4 of 5 residents (R20, R25, R29, R34) were appropriately vaccinated against pneumococcal disease upon admission and/or offer updated vaccination per Centers for Disease Control (CDC) vaccination recommendations. This had the ability to affect all 43 residents.</p> <p>Findings include:</p> <p>Review of the current CDC pneumococcal vaccine guidelines located at https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumo-vaccine-timing.html, identified for: Adults [AGE] years of age or older, staff were to offer and/or provide based off previous vaccination status as shown below:</p> <p>a) If NO history of vaccination, offer and/or provide:</p> <p>aa) the PCV-20 OR</p> <p>bb) PCV-15 followed by PPSV-23 at least 1 year later.</p> <p>b) For PPSV-23 vaccine ONLY (at any age):</p> <p>aa) PCV-20 at least 1 year after prior PPSV-23 OR</p> <p>bb) PCV-15 at least 1 year after prior PPSV-23</p> <p>c) For PCV-13 vaccine ONLY (at any age):</p> <p>aa) PCV-20 at least 1 year after prior PCV13 OR</p> <p>bb) PPSV-23 at least 1 year after prior PCV13</p> <p>d) For PCV-13 vaccine (at any age) AND PPSV-23 BEFORE [AGE] years:</p> <p>aa) PCV-20 at least 5 years after last pneumococcal vaccine dose OR</p> <p>bb) PPSV-23 at least 5 years after last pneumococcal vaccine dose</p> <p>Review of 4 sampled residents for vaccinations identified:</p> <p>1) R20 was admitted [DATE]. R20 received the PCV-13 on 08/13/2020 and the PCV-23 on 09/04/2019 (age 82). There was no documentation to support R20 had been offered the PCV-15 or PCV-20 to ensure being updated with current CDC guidance for vaccines.</p> <p>2) R25 was admitted [DATE]. R25 received the PCV-13 on 02/12/2015 and the PCV-23 on 09/03/2002 (age 65). There was no documentation to support R25 had been offered the PCV-15 or PCV-20 to ensure being updated with current CDC guidance for vaccines.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245286	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Pierz Villa Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 119 Faust Street Southeast Pierz, MN 56364	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3) R29 was admitted [DATE]. R29 received the PCV-13 on 10/16/2018 and the PCV-23 on 04/11/2017 (age 74). There was no documentation to support R29 had been offered the PCV-15 or PCV-20 to ensure being updated with current CDC guidance for vaccines.</p> <p>4) R34 was admitted [DATE]. R34 received the PCV-13 on 11/19/2023 and the PCV-23 on 09/29/2011 (age 88). There was no documentation to support R34 had been offered the PCV-15 or PCV-20 to ensure being updated with current CDC guidance for vaccines.</p> <p>When interviewed on 3/19/24 at 9:42 a.m., registered nurse (RN)-A stated she normally relied on Walmart or Thrifty [NAME] Pharmacies to help determine eligibility for vaccines and had not initiated education, obtaining consent or declination or administered the pneumovax 20 for R20, R25, R29 or R34.</p> <p>The facility policy Pneumonia vaccinations dated 4/2023, identified pneumonia vaccinations will be offered to all residents per Centers for Disease control (CDC) recommendations.</p>		