

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2024
NAME OF PROVIDER OR SUPPLIER The Estates at Delano LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 433 County Road 30 Delano, MN 55328	

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>46943</p> <p>F851</p> <p>Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information at least quarterly based on payroll and other verifiable and auditable data during (2024) 1 of 1 quarter reviewed (Quarter three) in Federal Fiscal Year (2024), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. This has the potential to affect all 33 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705 D identified the following dates triggered for review: 4/6/24, 4/20/24, 4/21/24, 5/19/24 and 6/15/24 for failure to have registered nurse (RN) coverage eight hours per day.</p> <p>Review of staffing schedules identified the facility had RN staff identified to have worked on 4/6/24, 4/20/24, 5/19/24 and 6/15/24 for at least 8 hours therefore the data submitted in the PBJ to CMS was inaccurate.</p> <p>When interviewed on 10/16/24 at 11:56 a.m., the administrator identified an RN was working for at least 8 hours on 4/6/24, 4/20/24, 5/19/24 and 6/15/24 and agreed RN staff had worked the above-mentioned days, therefore data submitted through PBJ per specifications established by CMS was inaccurate.</p> <p>There was no policy related to PBJ entries provided by the end of the survey.</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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