

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245364	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/15/2024
NAME OF PROVIDER OR SUPPLIER  Annandale Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  500 Park Street East Annandale, MN 55302	

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>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, based on payroll and other verifiable and auditable data during (2023) 1 of 2 quarters reviewed (Quarter four) in Federal Fiscal Year (2023), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. This has the potential to affect all 34 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: (October 1, 2023 to December 31, 2023 - quarter one) for one star staffing rating.</p> <p>Review of staffing schedules identified the facility had met the requirement for staffing to meet resident needs including twenty-four-hour licensed nurse and eight hours continuous registered nurse coverage for quarter one.</p> <p>When interviewed on 5/15/24 at 1:42 p.m., the administrator stated there was an error in reporting for quarter four (July 1, 2023 to September 30, 2023) and when the facility missed reporting nursing staff hours for the last week in September and continued to show on the quarter one PBJ report therefore the data submitted in the PBJ to CMS was inaccurate. The administrator stated for the next reporting quarter (October 1, 2023 to December 3, 2023) the the PBJ system was frozen so was unable to submit a new report resulting in the inaccurate nursing staffing data carrying over to the next reporting quarter.</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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