STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245367	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Manor	210 East Grand Avenue Grand Meadow, MN 55936

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)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on interview and document review, the facility failed to submit completed and accurate direct care staffing information for 1 of 1 quarters reviewed (Quarter 4), July 1-September 30 2025, to the Centers for Medicare and Medicaid Services (CMS) according to specifications established by CMS. This deficient practice had the potential to affect all 18 residents residing in the facility. Findings include: Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705 D for quarter 4 identified excessively low weekend staffing, one star staffing rating, no RN hours for 11 days in quarter 4 and failed to have licensed nursing coverage 24 Hours/Day for 65 days in quarter 4. During an interview with the administrator and Corporate Regional Director (CRD), on 2/18/26 at 9:03 a.m., the administrator stated the previous administrator was submitting the PBJ information until they ended their employment October 2025. The CRD stated the previous administrator had access to the PBJ submission program however she and the current administrator do not. The CRD stated there is a ticket created to gain access to the PBJ program. The CRD stated they have had issues with contract staff being entered correctly however during submission of the PBJ information to the Centers for Medicare and Medicaid (CMS), contract nursing staff have consistently been changed to nursing assistants. On 2/18/26 at 10:05 a.m., a request was made via email to receive a copy of the tickets and communication submitted to CMS regarding the reported PBJ issues, a report indicating what was submitted to CMS, and a confirmation report of what CMS received. This information was not received. An undated policy titled Payroll Based Journal indicated It is the policy of this facility to electronically submit timely to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to the specifications established by CMS. A section titled Policy Explanation and Compliance Guidelines indicated the facility will electronically submit timely to CMS complete and accurate direct care staffing information including the following: A. the category of work for each person on direct care staff, resident census data, and information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day. The policy also indicated when reporting information about direct care staff, the facility will specify whether the individual is an employee of the facility or is engaged by the facility under contract or through an agency. the facility will ensure all staffing data entered in the PBJ system is auditable and able to be verified through either payroll, invoices, and or tied back to a contract. The administrator, human resources director, and the Director of Nursing are responsible for verifying accurate of the staffing data that is submitted to CMS using various facility audit forms and/or payroll vendor reports. The [corporate name] CFO is responsible for submitting data and obtaining validation reports. the administrator is responsible for reviewing validation reports and ensuring that any needed corrections are made before the quarterly deadline.

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