

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245440	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Whispering Creek		STREET ADDRESS, CITY, STATE, ZIP CODE 102 East North Street Janesville, MN 56048	

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>42073</p> <p>Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed (Quarter 2, 2024), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS.</p> <p>Findings include:</p> <p>CMS PBJ (payroll-based journal) Staffing Data Report dated Quarter 2, 2024 (January 1 - March 31) triggered for failure to have licensed nursing coverage 24 hours/day. The infraction dates included: 1/28/24, 2/4/24, 2/25/24, 3/10/24, 3/24/24, and 3/31/24.</p> <p>During an interview on 7/16/24 at 10:39 a.m., with nursing staff scheduler (NSS)-C reviewed nursing staff schedules for the infraction dates. On each of the six dates, there had been licensed nurses scheduled 24 hours/day.</p> <p>During record review, timecard sheets for each of the 10 nurses covering the 18 shifts were reviewed and indicated the nurses who had been scheduled had been paid for working each of the 18 shifts.</p> <p>During an interview on 7/16/24 at 1:34 p.m., the director of nursing (DON) verified the facility always had a licensed nurse working 24 hours/day.</p> <p>During an interview on 7/16/24 at 1:55 p.m., the administrator was informed of the results of the PBJ Staffing Data Report and given a copy. The administrator stated the staffing file was automatically uploaded to CMS, and due to the formatting, was not able to see where a potential problem could have occurred. The administrator stated the facility did not use agency nurses for staffing, and if nursing leadership worked a shift, their hours were reflected in the data. The administrator was not sure why there had been inaccurate reporting and would investigate it.</p> <p>The facility Reporting Direct Care Staffing Information (Payroll-Based Journal) policy with revised date of August 2022, indicated direct care staffing information was reported electronically to CMS through the Payroll-Based Journal system. Complete and accurate direct care staffing information was reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS. For auditing purposes, reported staffing information was based on payroll records, invoices, tied back to a contract, or other verifiable information.</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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