STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245440	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Whispering Creek	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)
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 accurate and/or complete data for staffing information based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed (Quarter 1, 2026), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS.Findings include:CMS PBJ (payroll-based journal) Staffing Data Report dated Quarter 1, 2026 (October 1 - December 31) triggered for failure to have licensed nursing coverage 24 hours/day. The four infraction dates included: 10/4/25, 10/5/25, 11/15/25, and 11/16/25.During record review, reviewed nursing staff schedules and daily staffing postings for the infraction dates. On each of the four dates, licensed nurses had been scheduled 24 hours/day. During record review, timecard sheets and/or agency invoices for each of the five employed and one agency nurse covering the 12 shifts were reviewed and indicated the nurses who had been scheduled had been paid for working the shifts. During an interview on 5/27/26 at 9:03 a.m., licensed practical nurse (LPN)-A stated a nurse worked in the charge nurse capacity every shift - either an LPN or a registered nurse. During an interview on 5/27/26, at 9:57 a.m., the administrator was informed the facility PBJ report had triggered for failure to have licensed nursing coverage 24 hours/day on 10/5/25, 10/5/25, 11/15/25, and 11/16/25. The administrator was informed schedules, time sheets and agency invoices verified licensed nursing staff had worked the infraction dates. The administrator stated the facility scheduled one licensed nurse each shift; they checked and verified all shifts were covered. Data for employed nurses and data from staffing agencies were uploaded to the CMS database. The administrator couldn't explain the discrepancy.During an interview on 5/27/26 at 10:07 a.m., the administrator stated he realized the problem. The individual who uploaded the data had not been informed the facility had started utilizing a particular agency in 2025, and had not added those agency nurses to the database.During an interview on 5/27/26 at 2:26 p.m., the director of nursing (DON) stated she did scheduling for the nursing staff, and verified a licensed nurse was scheduled as the charge nurse for each shift. 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.

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