

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 25A380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Pontotoc Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 176 South Main Street Pontotoc, MS 38863	

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>45598</p> <p>Based on staff interview and record review, the facility failed to submit accurate staffing data into the Payroll-Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. First Quarter 2024.</p> <p>Findings Include:</p> <p>Record review of a typed document on facility letterhead dated 4/24/24, and signed by the Administrative Assistant revealed The facility does not have a written policy on accurate submission of staffing data into the Payroll Based Journal .</p> <p>Record review of the PBJ (Payroll Based Journal) Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 1 2024 (October 1 - December 31), revealed No RN (Registered Nurse) Hours - Triggered. Triggered = Four or More Days Within the Quarter with no RN Hours. The CASPER Report also revealed Failed to have Licensed Nursing Coverage 24 Hours/Day - Triggered. Triggered = Four or More Days Within the Quarter with < (less than) 24 Hours/Day Licensed Nursing Coverage.</p> <p>On 04/23/24 at 2:20 PM, an interview with Administrator (ADM) revealed the Administrative Assistant was responsible for inputting the staffing data into the payroll based journal system and she manually entered the hours. The ADM revealed that they could only review the current PBJ data and were unable to look back on past quarters already submitted. The ADM revealed that she printed a trend tracker and reviewed staffing at each Quality Assurance Performance and Improvement (QAPI) meeting and had not identified any staffing issues. She revealed the triggers for low nursing coverage had to be from an input error because they had more than enough coverage for that timeframe.</p> <p>On 04/24/24 at 9:15 AM, an interview with Administrative Assistant, revealed that she was responsible for entering the staffing data. She revealed that she pulled the working schedules and timecards and went by the actual clock in and clock out times. The Administrative Assistant revealed that the triggers for low license nursing coverage were from an error with data entry because they always had more than the state required number of staff working there in the facility and it was entered incorrectly.</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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