

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Eastmont		STREET ADDRESS, CITY, STATE, ZIP CODE 6315 O Street Lincoln, NE 68510	

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 - Potential for minimal 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>49380</p> <p>Based on record review and interview: the facility failed to submit their Payroll Based Journal (PBJ) data for quarter 2 of 2024 as required. This had the potential to affect all resident residing within the facility. The facility identified a census of 17.</p> <p>Findings are:</p> <p>A record review of the PBJ report from Centers for Medicare and Medicaid services (CMS) revealed the facility had failed to submit data for the second quarter (January 1, to March 31) in 2024. The PBJ report is a collection of staffing information and is a requirement of all long-term facilities to promote accountability and consistency.</p> <p>An interview on July 31, 2024, at 3:45 PM, the Staffing Coordinator (SC) revealed the facility did not get the PBJ report turned in within the allotted time frame placed by CMS. The SC stated the facility was one week late. The SC confirmed the PBJ report was not turned in on time.</p> <p>An interview on July 31, 2024, at 3:55 PM, the Administrator (ADM) revealed the facility had recently switched to a new payroll vendor. The new payroll vendor was placing all facility hours into the PBJ system (Paid time off, sick leave, education hours) as worked hours on the floor. Due to this discrepancy with the new payroll system the facility was not able to correct and turn in the report within the allotted time.</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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