STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345166	A. Building B. Wing	08/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Stokes County Nursing Home	1570 NC 8 and 89 Highway Danbury, NC 27016

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. 50934 Based on staff interview and record review, the facility failed to electronically submit direct care staffing information based on payroll data to the Centers for Medicare and Medicaid Services (CMS) as required for quarter three of fiscal year (FY) 2023 (April 1- June 30, 2023). This failure occurred for 1 of 4 quarters reviewed. The findings included: A review of the Payroll Based Journal (PBJ) Staffing Data report from the Certification and Survey Provider Enhanced Reports (CASPER) database revealed the facility failed to submit the required PBJ Staffing Data for quarter three of FY 2023. According to CASPER the data was not submitted. On 8/12/24 at 11:03 AM an interview with the Administrator indicated she was responsible for submitting PBJ data to CMS and was aware the PBJ staffing submission was late for quarter three FY 2023. The Administrator further revealed the data was submitted one day late due to staff changes.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 50934 Based on record review and staff interviews, the facility failed to have a documented water management program for Legionella. Failure to have a water management program had the potential to affect 34 of 34 residents in the facility. The findings included: Review of the facility's Emergency Preparedness Plan last reviewed by the facility on 2/17/2024 and Infection Control policies revealed no evidence of a water management program for Legionella. Interview with the Infection Preventionist (IP) on 8/12/24 at 1:13 PM revealed the IP was unsure about any written water management program for Legionella. Interview with the Administrator on 8/12/24 at 1:24 PM revealed it was the IP that oversaw water management. Further interview revealed the Maintenance Director did not have any knowledge in water management. She further revealed there was not a specific Legionella water management program to follow. The Administrator indicated it should have been her overseeing the IP and water management programs. The Administrator explained there should have been a written Legionella water management program to follow.