STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366266	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Enniscourt Nursing Care	13315 Detroit Ave Lakewood, OH 44107

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 - Potential for minimal harm Residents Affected - Many Note: The nursing home is disputing this citation.	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 45442 Based on interviews, review of the Payroll Based Journal (PBJ) staffing report, review of facility staffing schedules and timecard punches revealed the facility failed to submit accurate staffing information to the Centers for Medicare and Medicaid Services (CMS). This had the potential to affect all 39 residents residing in the facility. Findings include: Review of the PBJ Staffing Data Report for Fiscal Year Quarter one for 2024 revealed the facility triggered for failing to have licensed Nursing Coverage 24 hours per day for 12/16/23 (Saturday), 12/17/23 (Sunday), 12/23/23 (Saturday), 12/24/23 (Sunday) and 12/31/23 (Sunday). Review of facility schedules and assignments sheets for the above listed dates revealed there was nursing staff present 24 hours for each day listed in the PBJ report. Review of the December 2023 timecard punch details report submitted for the PBJ report revealed inconsistencies between the actual time punches and the information on the submitted report. Interview on 04/23/24 at 10:30 A.M. with Financial Officer (FO) #47 and the Administrator revealed FO #47 ran a report from their timecard system and uploaded the report for submission to the PBJ quarterly report. FO #47 and the Administrator confirmed there were inconsistencies between the time punches report and review of the actual time punches for the scheduled nursing staff.

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