

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435127	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Dow Rummel Village		STREET ADDRESS, CITY, STATE, ZIP CODE 1321 W Dow Rummel St Sioux Falls, SD 57104	

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>50015</p> <p>Based on Certification and Survey Provider Enhanced Reports (CASPER) reporting data review, interview, and job description review, the provider failed to ensure their Payroll Based Journal (PBJ), (information of the provider's daily staffing hours for the appropriate care of the residents) had been complete and the data had been submitted to the Center for Medicare and Medicaid Services (CMS) for one of two quarters in 2024. Findings include:</p> <p>1. Review of the provider's CASPER reporting data revealed no PBJ data had been submitted for the time period of January 1, 2024 through March 31, 2024.</p> <p>Interview on 8/15/24 at 12:07 p.m. with executive director (ED) A, ED of support services B, and ED of human resources C regarding submission of PBJ data to CMS revealed:</p> <p>*They submitted the PBJ data on 5/15/24 at 11:23 p.m. central time.</p> <p>*It was due on 5/15/24 by 11:59 p.m. eastern time.</p> <p>*They agreed it was submitted late.</p> <p>Review of provider's undated ED of Human Resources Job Description revealed:</p> <p>*Responsibilities include:</p> <p>-Oversee the payroll department and ensure accurate, compliant, and timely payroll is processed.</p> <p>-Gather data and process Payroll Based Journaling (PBJ) Quarterly Report submission to CMS.</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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