

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2025
NAME OF PROVIDER OR SUPPLIER Shuksan Rehabilitation and Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 James Street Bellingham, WA 98225	

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 - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and record review, the facility failed to ensure an accurate submission of the Payroll Based Journal (PBJ) per the Centers of Medicare and Medicaid (CMS) requirement for 1 of 1 Fiscal Year (FY) Quarter (Q4 2024 [October 1 through December 31, 2024]), reviewed for PBJ submission. This failed practice resulted in CMS having inaccurate data related to nursing home staffing levels which had the potential to impact on the care and services provided to all the residents in the facility. Findings included . Review of the Q4 2024 HPRD (Hours Per Resident Day) Reporting Results FY Quarter 4 2024 (October 1 - December 31) showed the facility did not meet the minimum 3.4 HPRD and was short 920 hours. During an interview on 07/10/2025 at 1:30 PM Staff B, Business Office Manager, stated the corporate office completes the report for PBJ and HPRD, sends it to the administrator for review and approval, then corporate office submits the report. In a review of the facility PBJ report for FY Quarter 4 2024 showed reported hours for facility employed staff only and did not include agency staff. In a review of agency/contracted staff hours provided by the facility showed combined hours of 28907.80 unaccounted for in the PBJ report for the FY Quarter 4 2024. In an email correspondence on 07/11/2025 at 11:10 AM Staff, A, Chief Operating Officer (COO), stated the facility failed to submit contracted/agency staff hours for the FY Quarter 4 2024 which led to an inaccurate report and data to CMS. Reference WAC 388-97-1090(1)(2)(3)</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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