

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/01/2024
NAME OF PROVIDER OR SUPPLIER Valley View Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4430 Talbot Road South Renton, WA 98055	

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>46471</p> <p>Based on interview and record review, the facility failed to submit complete and accurate direct care staffing information to the Centers for Medicare and Medicaid Services (CMS - a federal agency managing health care programs and health insurance standards) for Quarter 1 (January 1, 2024 through March 31, 2024) reviewed for Payroll Based Journal (PBJ - mandatory reporting of staffing information based on payroll data) submission. This failure effected the accuracy of Nursing Home (NH) staffing level data collected by CMS and had the potential to impact provision of resident care and services.</p> <p>Findings included .</p> <p><CMS - PBJ Public Use Employee Detail File: Technical Specifications></p> <p>According to the July 2023 PBJ guideline, Long-Term Care facilities must electronically submit to CMS through the PBJ system complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. The guideline showed Employee Data File included the hours worked by all employees and contract workers in any of the job categories (nurse and non-nurse) for which PBJ data submission was mandatory.</p> <p>Review of the facility's 05/12/2024 CMS Submission Report - PBJ Submitter Final File Validation Report showed the direct care staffing report submitted by the facility was incomplete and the Total Employee Link Records were not submitted as required.</p> <p>In an interview on 11/01/2024 at 10:21 AM, Staff B (Director of Nursing) stated they were responsible for ensuring the facility met direct care staffing levels as required on a daily basis for safe resident care. Staff B stated PBJ data submission was done at their corporate level.</p> <p>In a phone interview with Staff C (Chief Executive Officer - owner) and Staff D (Regional Operations Manager) on 11/01/2024 at 11:56 AM, Staff D stated the facility's PBJ validation report showed incomplete employee data submission. Staff D stated they speculated a technical issue from payroll. At 12:01 PM, Staff D stated PBJ data submission needed more oversight to ensure compliance with the regulation.</p> <p>(continued on next page)</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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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 11/01/2024 at 1:56 PM, Staff A (Administrator) stated they follow the PBJ guideline for NH staffing level data submission. Staff A stated the facility should have submitted complete and accurate direct care staffing information as required, but did not.</p> <p>REFERENCE: WAC 388-97-1090 (1)(2)(3).</p>