

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/15/2024
NAME OF PROVIDER OR SUPPLIER Colville of Cascadia, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 East Elep Street Colville, WA 99114	

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>27590</p> <p>Based on interview and record review, the facility failed to ensure that direct care staffing information was correctly electronically submitted to the Centers for Medicare and Medicaid Services (CMS), for Quarter 3 of 2023, reviewed for Payroll Based Journal (PBJ mandatory reporting of staffing information based on payroll data) submission. This failure caused the CMS to have inaccurate data related to nursing home staffing levels and had the potential to impact resident care and services.</p> <p>Findings included .</p> <p>Review of the Certification and Survey Provider Enhanced Reports (CASPER) Payroll-Based Journal Staffing Data Report showed the facility reported data for Quarter 3, 2023 (July 1, 2023, through September 31, 2023), at a level lower than required by mandated staffing levels.</p> <p>During an interview on 03/20/2024 at 11:05 AM, Staff A, Administrator, stated the Human Resource (HR) Manager was responsible for submitting the PBJ information. The HR Manager confirmed the numbers submitted for Quarter 3, 2023 as those in the CASPER. Staff A stated the facility had not added Registered Dietician hours to the numbers, so submitted them for recalculation of the total hours.</p> <p>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
---	-------	-----------