

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/28/2024
NAME OF PROVIDER OR SUPPLIER  Birch Creek Post Acute & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  5601 S Orchard Street Tacoma, WA 98409	

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>46472</p> <p>Based on interview and record review, the facility failed to ensure that direct care staffing information was accurate and submitted timely to the Centers for Medicare and Medicaid Services (CMS), for 1 of 1 annual quarters (Quarter 4- October 1, 2023, through December 31, 2023) reviewed for Payroll-Based Journal (PBJ- mandatory reporting of staffing information based on payroll data) submission. This failure effected the accuracy of staffing level data collected by CMS 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) PBJ Data Report showed the facility reported data for Quarter 4, 2023 (October 1, 2023, through December 31, 2023), at a level lower than required by mandated staffing levels.</p> <p>In an interview on 10/28/2024 at 4:10 PM, Staff A, Administrator, acknowledged the data submitted for Quarter 4, 2023 was not accurate or timely and additional hours were submitted to State Agency for recalculation of total direct care staffing hours. Staff A stated after recalculation, the facility still did not meet the State minimum mandatory requirements for staffing levels in addition to delayed accurate reporting to the PBJ.</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
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