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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505339 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 11/07/2024 |
| NAME OF PROVIDER OR SUPPLIER North Bend Post Acute | | STREET ADDRESS, CITY, STATE, ZIP CODE 219 Cedar Avenue South North Bend, WA 98045 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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>44295</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 provisions of resident care and services.</p> <p>Findings included .</p> <p><CMS- Electronic Staffing Data Submission PBJ></p> <p>Review of the June 2022, CMS Long-Term Care Facility PBJ Policy Manual, showed long term care facilities were required to electronically submit direct care staffing information based on payroll and auditable data. The data, when combined with census information can be used to not only report on the level of staff in each nursing home, but reports staff turnover and tenure, that can impact the quality of care delivered at the facility. The policy manual showed the facility must electronically submit complete and accurate information by the required deadline to include; direct care staff, the category of work for each direct care staff member, resident census data, and direct care staff turnover and tenure.</p> <p>Review of the PBJ Data submitted by the facility for Q1, dated 01/01/2024 through 03/31/2024 showed a reported census total of 5235. Review of the CASPER Report 1704S- Daily Minimum Data Set (MDS-an assessment tool) Census Summary from 01/01/2024 through 03/31/2024, showed a total census sum of 5065, a discrepancy of 170 census days. Review of the submitted facility PBJ Data for Q1 and the MDS census summary showed the facility census reported did not match the MDS census summary on 5 out of 31 days in January 2024, on 24 out of 29 days in February 2024, and on 14 out of 31 days in March 2024.</p> <p>During an interview on 11/14/2024 at 4:23 PM, Staff A (Administrator) stated PBJ submission was completed on a corporate level. Staff A stated there were inaccuracies with the census numbers, and the facility census report pulled from their electronic health records was more accurate for the total census when compared to the MDS reported numbers. Staff A suspected a clerical error had occurred with MDS census submission. Staff A stated they would expect complete and accurate PBJ information to be submitted as required.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | REFERENCE: WAC 388-97-1090(1)(2)(3) | | |