

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2024
NAME OF PROVIDER OR SUPPLIER Lasata Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE W76 N677 Wauwatosa Rd Cedarburg, WI 53012	
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 - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>45942</p> <p>Based on staff interview and record review, the facility did not ensure the accurate submission of mandatory staffing information based on payroll data in a uniformed electronic format to the Centers for Medicare & Medicaid Services (CMS). This had the potential to affect all 77 residents residing in the facility.</p> <p>Staffing data for fiscal Quarter 3 (date range: 4/1/24-6/31/24) of the Payroll Based Journal (PBJ) was not submitted accurately to CMS.</p> <p>Findings include:</p> <p>The Centers for Medicare & Medicaid Services (CMS) Electronic Staffing Data Submission Payroll-Based Journal, Long-Term Care Facility Policy Manual, dated June 2022, indicates: Chapter 1: .(U) Mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS 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 .1.2 Submission Timelines and Accuracy: Direct care staffing and census data will be collected quarterly and is required to be timely and accurately .Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows: Fiscal quarter, date range: (Quarter 1) October 1-December 31, (Quarter 2) January 1-March 31, (Quarter 3) April 1-June 30, (Quarter 4) July 1-September 30.</p> <p>On 9/10/24, Surveyor reviewed the PBJ Staffing Data Report/CASPER Report 1705 D for fiscal year 2024 which indicated Quarter 3 (April 1-June 30) triggered for excessively low weekend staffing, no registered nurse (RN) hours, and failed to have licensed nursing coverage 24 hours/day.</p> <p>On 9/10/24, Surveyor reviewed staff schedules for Quarter 3 and noted staff ratios were appropriate per the Facility Assessment, including multiple RNs on the AM/PM shift and one RN on night (NOC) shift, including weekends.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 525537
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<p>F 0851</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 9/10/24 at 4:17 PM, Surveyor interviewed Nursing Home Administration (NHA)-A and Director of Nursing (DON)-B who indicated there was always an RN on staff from April to June of 2024. NHA-A indicated Business Office Manager (BOM)-F informed NHA-A that nursing hours were not submitted correctly. NHA-A and DON-B denied low nurse staffing.</p> <p>On 9/11/24 at 8:08 AM, Surveyor interviewed BOM-F regarding the PBJ staffing report for April through June of 2024. BOM-F indicated BOM-F sent nursing employees' identification numbers and hours worked; however, Information Technology (IT)-G was new to IT-G's position and did not submit nursing staff hours which resulted in zero RN hours. Surveyor requested nursing staff hours for the above dates. Surveyor reviewed the facility's nursing hour spread sheets for Quarter 3 and noted the hours were inputted daily.</p> <p>On 9/11/24 at 10:14 AM, Surveyor interviewed IT-G who was not aware of the missing nursing hours for Quarter 3. IT-G stated IT-G was made aware of the missing hours on 9/10/24 when BOM-F contacted IT-G. IT-G indicated IT-G discovered the submitted data contained employee IDs but not hours. IT-G confirmed IT-G was not educated regarding the issue and yesterday was the first IT-G heard about missing hours on the PBJ report. IT-G confirmed all hours should be inputted correctly.</p> <p>On 9/11/24 at 10:26 AM, Surveyor interviewed NHA-A who stated BOM-F was new to BOM-F's position. NHA-A indicated payroll used to submit data to CMS, but IT-G currently completed PBJ submissions. NHA-A confirmed nursing hours were missed and indicated all nursing hours should be entered and submitted correctly. NHA-A was unsure if IT-G had submitted PBJ information before. NHA-A read an email sent from BOM-F which indicated Excel data was completed correctly with all nursing hours; however, when IT-G uploaded the information to be sent, the hours did not go through. NHA-A confirmed the facility became aware of the missing hours on 9/10/24 when Surveyor informed NHA-A. NHA-A indicated NHA-A did not see the payroll and IT-G did not work at the facility. NHA-A indicated NHA-A did not educate IT-G because NHA-A was not involved in the PBJ report.</p> <p>During the course of the survey, Surveyors observed sufficient staffing to complete resident cares. Residents and their representatives had no concerns regarding staffing or the provision of care. Surveyors interviewed multiple staff who stated there were enough staff to meet residents' needs and there was always an RN in the facility.</p>		