STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255352	A. BUILDING _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORT CARE NURSING CENTER	1100 WEST DRIVE LAUREL, MS 39440

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey at the facility from 05/13/2024 through 05/16/2024. During the survey, the SA determined the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F851. The facility had a census of 113 and was licensed for 126 beds.	F 000		
F 851 SS=D	Payroll Based Journal CFR(s): 483.70(q)(1)-(5) §483.70(q) 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. §483.70(q)(1) Direct Care Staff. Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the long term care facility (for example, housekeeping). §483.70(q)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing	F 851		6/21/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/31/2024

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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F 851	Continued From page 1 information, including the following: (i) The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS); (ii) Resident census data; and (iii) Information on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual). §483.70(q)(3) Distinguishing employee from agency and contract staff. When reporting information about direct care staff, the facility must specify whether the individual is an employee of the facility, or is engaged by the facility under contract or through an agency. §483.70(q)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS. §483.70(q)(5) Submission schedule. The facility must submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to electronically submit accurate direct care staffing information based on payroll data to the Centers for Medicare and Medicaid (CMS) as required for one (1) of three (3) months	F 851	On 5/30/24, an attempt was made by the Business Office Coordinator to resubmit accurate Payroll Based Journal (PBJ) staffing data to the Centers for Medicare and Medicaid Services (CMS) for	

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F 851	Continued From page 2 reviewed. December 2023 Findings include: A review of the Payroll Based Journal (PBJ) Staffing Data report from the Certification and Survey Provider Enhanced Reports (CASPER) database revealed the facility had triggered for "Four or More Days Within the Quarter with no RN (Registered Nurse) Hours" and "Four or More Days Within the Quarter with <24 Hours/Day Licensed Nursing Coverage" from 12/2/23 to 12/31/23. Record review of facility policy "Nurse Staffing Information", revised 11/14/23, revealed it did not address the accurate submission of PBJ data. On 5/13/24 at 12:48 PM, the Business Office Coordinator stated she was unaware the facility failed to electronically submit PBJ staffing data to CMS accurately in the first quarter of FY (Fiscal Year) 2024. She explained she was responsible for entering the PBJ data for the facility and kept the receipts which indicated the data was sent. She stated she did not receive any type of error message, warning, or email after the information was submitted that would have indicated the information was not accurate. During an interview on 5/14/24 at 10:48 AM, with the Director of Nursing (DON), she stated she was not aware there was an error with the data that was submitted to PBJ for the first quarter of FY 2024. The DON explained she was responsible for creating the nursing schedules and confirmed the facility always had adequate nursing staff and had 24-hour RN coverage. She stated she had not received any type of email or	F 851	December 2023 without success. The Facility Coordinator contacted PBJ Technical Support on 5/30/24, and was informed that facilities are unable to submit data for previous quarters once the CMS established submission deadline has passed. The facility has determined that all residents have the potential to be affected by failure to electronically submit accurate direct care staffing information based on payroll data. On 5/31/24, the Quality Assurance (QA) Committee met and recommended development of a policy for accurate Payroll Based Journal (PBJ) data submission. The Payroll Based Journal Policy was developed and approved by the QA Committee at that time. On 5/31/24, a one on one in-service was conducted by the Administrator with the Business Office Coordinator who is responsible for PBJ submission. The in-service included review of the new policy for PBJ submission, as well as, ensuring the correct dates and are entered when staffing data is obtained via the interface. Beginning 5/31/24, for a period of 6 months, the Administrator will audit all PBJ submissions for accuracy using the Casper 1702D and 1702S reports. Corrective action will be taken at the time for any issues identified. Audit reports will be reviewed by the QA Committee	

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F 851	Continued From page 3 had any indication staffing data for December 2023 had not been submitted accurately. On 5/14/24 at 1:51 PM, the Administrator stated she was unaware there was an issue related to the accuracy of the PBJ data that was submitted to CMS for the first quarter of FY 2024. The Administrator confirmed the Business Office Coordinator was responsible for entering and submitting the PBJ staffing data for the facility. The Administrator said there was an interface error that occurred, and the staffing data was not collected from 12/2/23 through 12/31/23. She confirmed there was no shortage of nursing staff or RN coverage for December 2023. The Administrator reported that she would not have known the data was entered incorrectly because she did not receive any feedback by email or otherwise that would have alerted her than an error had been made, but ultimately it was the responsibility of the facility to ensure the information submitted was accurate.	F 851	quarterly beginning on 6/19/24, and will continue until such time substantial compliance has been achieved as determined by the QA Committee. The committee will make any recommendations or changes to ensure compliance.	