STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	25A380	A. BUILDING _____ B. WING _____	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PONTOTOC NURSING HOME	176 SOUTH MAIN STREET PONTOTOC, MS 38863

(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 at the facility on 04/22/24 through 04/24/24. The SA determined that the facility was not in compliance with the requirements of participation for Medicare and Medicaid Services and cited F851. The census at the time of the survey was 44 with a license for 44 beds.	F 000		
F 851 SS=F	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		6/15/24

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

Electronically Signed | 05/15/2024

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 submit accurate staffing data into the Payroll-Based Journal (PBJ) system for one (1) of four (4) quarters reviewed. First Quarter 2024.	F 851	1. No residents were affected. The facility is unable to correct the submitted PBJ data for the first quarter in 2024 due to the data entry period ending date. The direct care nursing reported hours appear	

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F 851	Continued From page 2 Findings Include: Record review of a typed document on facility letterhead dated 4/24/24, and signed by the Administrative Assistant revealed "The facility does not have a written policy on accurate submission of staffing data into the Payroll Based Journal..." Record review of the "PBJ (Payroll Based Journal) Staffing Data Report CASPER Report 1705D FY (Fiscal Year) Quarter 1 2024 (October 1 - December 31)," revealed "No RN (Registered Nurse) Hours - Triggered. Triggered = Four or More Days Within the Quarter with no RN Hours." The CASPER Report also revealed "Failed to have Licensed Nursing Coverage 24 Hours/Day - Triggered. Triggered = Four or More Days Within the Quarter with < (less than) 24 Hours/Day Licensed Nursing Coverage." On 04/23/24 at 2:20 PM, an interview with Administrator (ADM) revealed the Administrative Assistant was responsible for inputting the staffing data into the payroll based journal system and she manually entered the hours. The ADM revealed that they could only review the current PBJ data and were unable to look back on past quarters already submitted. The ADM revealed that she printed a "trend tracker" and reviewed staffing at each Quality Assurance Performance and Improvement (QAPI) meeting and had not identified any staffing issues. She revealed the triggers for low nursing coverage had to be from an input error because they had more than enough coverage for that timeframe. On 04/24/24 at 9:15 AM, an interview with	F 851	lower than the actual staffed hours therefor are not in favor of the facility. The facility is unable to view data submissions for a closed quarter, specifically the first quarter of 2024, therefor an assumption of human error is identified as the cause for the inaccurate data reported. 2. The reporting of lower nursing hours than the actual worked nursing hours did not affect the residents of Pontotoc Nursing Home. The error does affect the accuracy of worked nursing hours reported to CMS and potentially a lower quality measure rating as scored by CMS. 3. The Administrator or Director of Business Services will audit Payroll Based Journal (PBJ) data entries for accuracy prior to each quarter ending date as defined by Centers for Medicare and Medicaid Services (CMS). 4. Monthly, beginning 5/2/2024 and ongoing, the Administrator or Director of Business will review the Certification and Survey Provider Enhanced Reports (CASPER) 1705D PBJ STAFFING DATA REPORT to identify areas of concern which may include: Excessively Low Weekend Staffing, One Star Staffing Rating, No RN Hours, failed to have Licensed and Nursing Coverage 24 Hours/Day. Monthly, 5/2/2024 and ongoing, the Administrator or Director of Business Services) will review the CASPER report,	

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F 851	Continued From page 3 Administrative Assistant, revealed that she was responsible for entering the staffing data. She revealed that she pulled the working schedules and timecards and went by the actual clock in and clock out times. The Administrative Assistant revealed that the triggers for low license nursing coverage were from an error with data entry because they always had more than the state required number of staff working there in the facility and it was entered incorrectly.	F 851	Individual Daily Staffing Report, and compare to the facility's time and attendance records. Payroll Based Journal (PBJ) data entry accuracy will be the focus of each audit presented to the QAPI committee starting initially on 5/11/2024, and monthly on 6/11/2024 then continuing the second Tuesday of each month for 3 months. Variances in accuracy is the measure to be reported to the QAPI committee.	