

Quarterly PBJ Webinar

The latest answers on PBJ,
staffing, and more before the
Nov 14 deadline

Q4 2023 Edition

TUES, OCT 24 | 11:30 AM CT

SimplePBJ™

 **Netsmart**



Your Speakers



Nate Hoard

Senior PBJ Specialist
Simple



Jolene Johnson

VP, Clinical Reimbursement
The Springs of Arkansas



Josh Miller

Client Success Manager
Simple

Agenda

- Harsher Staffing Penalties Coming Soon
- Survey & PBJ
- CMS to Freeze HRD Measures
- Common PBJ Questions
- SimplePBJ Tools
- Live Q&A

Live Poll



Coming April 2024:

Harsher Penalties for not Submitting (Accurate) PBJ Data

- Providers will soon receive the **lowest possible score** on their staffing turnover measures if they fail to submit accurate PBJ data on time
- Effective April 2024
- The lowest possible score for all three turnover measures combined is 20 points out of 130
- This penalty will stain Five-Star and Care Compare reports for a year and a half, remaining on the staffing score until the quarter(s) of inaccurate PBJ data submission drop off from the 6-quarter look-back period.

Coming April 2024:

Harsher Penalties for not Submitting (Accurate) PBJ Data

- Penalty will be retro-active
- CMS uses 6 quarters of submitted data to calculate turnover measures
- Since July 2022, CMS has been excluding turnover measures if one or more of the 6 look-back quarters of PBJ data were not submitted
- The effected measures are:
 - Total Nurse Turnover
 - RN Turnover
 - Administrator Turnover

Survey & PBJ

Survey & PBJ

Nursing Services 483.35

F tag	Tag Subject	Key Change to Regulation or Interpretive Guidelines
F851	§ 483.70(q) Mandatory submission of staffing information based on payroll data in a uniform format	Guidance and Key Elements of Noncompliance

Nursing Services 483.70

F tag	Tag Subject	Key Change to Regulation or Interpretive Guidelines
F725	§483.35(a) Sufficient Staff	Added new guidance for the Procedure, Probes, and Deficiency Categorization Examples
F727	§483.35(b) Registered nurse.	Added new guidance for the Procedure, Probes, and Deficiency Categorization

PBJ Staffing Data Report

One star staffing rating

- Surveyors should be alert when interviewing residents about the availability of staff to determine if assistance is provided when needed without having to wait a long time.

No data submitted for the last quarter

- It will be assumed that the facility has low staffing - the survey team will investigate further.

Please note: The rule of 4 or more days is used for the purposes of the PBJ Staffing Data Report. The expectation of CMS is that the survey team would consider issuing a citation when a minimum of 1 day is identified to not meet the nurse staffing requirement for both a Registered Nurse and Licensed nursing staff.

PBJ Staffing Data Report

Excessively low weekend staffing:

- This can trigger a facility to receive an off-hour survey.
- F725 requires sufficient staff, so the team would investigate further

4 or more days with no RN:

- This means that the facility PBJ data shows that within the identified quarter, the facility has had four or more days without an RN.
- F727, facilities are required to have an RN onsite for 8 consecutive hours 7 days a week.
- The expectation of CMS is that the survey team would consider issuing a citation when a minimum of **one day** is identified to not meet the nurse staffing requirement for a Registered Nurse.

Four or more days with less than 24 hours of licensed nursing staff

- If there are four or more days with less than 24 hours of licensed nursing staff, the survey team will investigate further AND cite F725.
- The expectation of CMS is that the survey team would consider issuing a citation when a minimum of **one day** is identified to not meet the nurse staffing requirement for Licensed Nursing Staff.

Sufficient & Competent Nurse Staffing Review

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Sufficient and Competent Nurse Staffing Review

Surveyors should evaluate if the facility has sufficient and competent nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. States who have mandatory nurse-to-resident ratios are not exempt from this regulation. **Review this pathway when there is a pattern of resident or family concerns with or without associated quality of life and care concerns identified throughout the survey.**

Coordination:

- Part I is completed by all surveyors. Each surveyor is responsible for assessing the facility for compliance with the requirements for sufficient and competent nurse staffing throughout the survey and is to answer CEs of concern. The survey team should determine whether concerns with staffing can be linked to resident or resident representative complaints or any other regulatory requirements, such as but not limited to quality of life and care concerns.
- Part II is completed by the Team Coordinator or surveyor assigned primary responsibility of the task who is responsible for assessing the following areas: off-hour surveys, staffing waivers, nurse aide training/competency evaluation program.

PART I – COMPLETED BY ALL TEAM MEMBERS

General Concepts When Considering Compliance:

- Quality of life and care concerns, Payroll-Based Journal (PBJ) Staffing Data Report, census, resident/representative complaints, and/or staff's ability to complete assignments are used to assess if the facility has sufficient staff to meet the residents' needs.
- Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident's needs.
- Turnover and QAA are used to assess if the facility is operating an effective QAA process.

OBSERVATIONS (During Initial Pool Process and/or Investigations): Make observations throughout the survey of staff over different shifts and units to determine their availability to meet the needs of residents. During team meetings, discuss whether any concerns (e.g., refer to the list below for examples) should alert the team of potential concerns with sufficient or competent staff. Note: The team meeting screen displays initial pool concerns (day 1) and investigation concerns (day 2) as a reminder for the team to discuss potential staffing concerns.

- Are there offensive odors? If so, what is the source?
- If mid-morning (e.g., 9-11 a.m.) or later, are residents still in bed and not dressed?
- Are residents care activities consistent with the time of day/night and their individual personal preferences?
- Are residents sitting around the nurse's station, in the hallways, or in front of the television without any interaction from staff?
- Are call devices and alarms responded to timely?

FORM CMS-20002 (6/2021) Page 1

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- Trainings are used to assess if staff retained the information provided by training to maintain the required competencies to meet each resident's needs
- Turnover and QAA are used to assess if the facility is operating an effective QAA process.

Live Poll



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

April 14, 2023



RE: Payroll-Based Journal (PBJ) Staffing Data – October 1, 2022 through December 31, 2022 Quarter

Dear Administrator,

CMS and their PBJ audit contractor (Conrad and Myers and Stauffer) have reviewed staffing data submitted on behalf of your long term care facility to determine compliance with the submission requirements (in accordance with 42 CFR 483.70(q)) and the PBJ policy manual.

Upon review of the data submitted by February 14, 2023 for the time frame of October 1 – December 31, 2022, we are conducting an assessment of the data for your facility that were submitted to the PBJ staffing hours system. This assessment may also include conducting phone interviews with selected staff in your facility.

Please submit the information identified on Attachments A, C and E of this letter by the 7th day following the delivery date of this certified letter, as indicated by the United States Postal Service delivery tracking service. The facility's certified mail tracking number is [REDACTED]. Instructions on how to submit data can be found on Attachments B, F and G of this letter.

If you do not comply with responding to this request for information supporting the accuracy of your data submission or the results of our review of the submitted PBJ staffing hours shows a significant variance in your Hours per Resident Day (HRD) based on the supporting documentation, your facility will receive a one-star staffing rating in the 5-star Quality Rating System, which may reduce the facility's overall (composite) rating by one star for three months.

For further questions regarding the documents that are requested, contact Carlo Pompei at Cpompei@mslc.com.

Sincerely,


A handwritten signature in blue ink, appearing to read 'E. Shulman'.

Evan Shulman
Director, Division of Nursing Homes

HOW TO PREPARE FOR CMS-PBJ AUDIT

Web Portal Access

ATTACHMENT G - WEB PORTAL REGISTRATION FORM



Instructions for Completing Web Portal Registration Form:

- Type facility's name and provider numbers in the boxes below. *Note: A form will need to be completed for each individual facility. If you physically work at multiple locations, the IP address from each location is needed to ensure continuous access.*
- Type each contact's information in the boxes below, indicating which contacts are permitted to have web portal access and which are permitted to access PHI (Protected Health Information).
- For those who are permitted to have web portal access, type the IP address (or range of IP addresses) as indicated in the IP address instructions. This is **required** for web portal access.
- Print the form, obtain Administrator, CEO or CFO signature, and submit PDF copy to Myers and Stauffer at CMSPBIAccess@mslc.com

Protected Information:

A) IP Whitelisting Firewall Rules - prevents seeing the server from unauthorized IPs and confirms IP ties to the user

B) FIPS 140-2 Ciphers - all insecure browser ciphers are turned off for SSL/TLS connections

C) SSL certificates - the site uses SSL certificates to ensure a secure connection can be trusted and verified

D) One-way password hashing - prevents any attempt to reverse user supplied passwords

E) Facility access change notification - any change in access to facilities is communicated to all related parties to monitor and validate expected changes

F) Transfers from external entities are a one-way submission - files uploaded by other related parties cannot be downloaded, only the receipt of the file is available

Facility Name:

CCN:

List all facility contacts used for electronic correspondence. Complete web access, protected health information (PHI) access, and third party disclosure columns for each contact. Public IP addresses are only needed for contacts requiring access to the web portal.

First Name	Last Name	Job Title	Email Address (Must be unique for each contact)	Phone Number	Select Action From Dropdown in Cell	Provide Web Access (Y/N)	Can Access PHI (Y/N)	Third Party (Y/N)	Public IP Address or Range <small>[Range must be written as xxx.xxx.xxx.xxx - xxx.xxx.xxx.xxx, ex: 203.0.113.1 - 203.0.113.198]</small>

Web Portal Access Authorization

Administrator, CEO or CFO Signature

Title

Date

Complete the section below if any contacts above are defined as Third Party.

Third Party Disclosure Authorization

I hereby authorize Myers and Stauffer LC to disclose financial and other sensitive information, including protected health information, provided by me to Myers and Stauffer LC during the course of their work for the Centers for Medicare & Medicaid Services, to all persons indicated above as a Third Party with a "Y". In addition to identifying Third Party contacts, if granted PHI Access with a "Y", contact will have access to protected health information. Authorizations are for the following purpose:

CMS - Payroll-Based Journal Verifications

I understand that third parties include but are not limited to accountants, attorneys, or consultants that provide services to assist in the preparation or review of the purpose listed above.

authorization I have signed.

I understand that it is my responsibility to notify Myers and Stauffer LC immediately if the third party named above should no longer receive the information specified and that failure to do so could result in a breach, as defined within the Privacy Rule and 45 C.F.R. Parts 160 and 164, Subparts A and C, and that I will be responsible for any notifications associated with that breach.

I understand that I am responsible for ensuring my compliance with the provisions of the Privacy Rule and 45 C.F.R. Parts 160 and 164, Subparts A and C, including ensuring that appropriate business associate agreements are in place with the party to whom I am authorizing disclosure of protected health information.

I understand that information disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

Administrator, CEO or CFO Signature

Title

Date

Due Date:
3rd day after the
delivery date

<http://ip4.me> or <http://ipchicken.com>



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- F) Transfers from external entities are a one-way submission - files uploaded by other related parties cannot be downloaded, only the receipt of the file is available

Facility Name:

CCN:

Instructions for Obtaining Public IP Address:

To determine your public IP address, from each computer and location you plan to use to access the portal, connect to the internet and go to the website <http://ip4.me>. Your public IP address will be returned as a series of numbers with periods. If there are multiple IP addresses to list on a single line, separate IP addresses with a semicolon.

Note: For larger facilities, it's possible that your public IP address could be a range rather than a single address. Check with your local IT to determine the range and report the range in the form.

List all facility contacts used for electronic correspondence. Complete web access, protected health information (PHI) access, and third party disclosure columns for each contact. Public IP addresses are only needed for contacts requiring access to the web portal.

First Name	Last Name	Job Title	Email Address (Must be unique for each contact)	Phone Number	Select Action From Dropdown in Cell	Provide Web Access (Y/N)	Can Access PHI (Y/N)	Third Party (Y/N)	Public IP Address or Range [Range must be written as xxx.xxx.xxx.xxx - xxx.xxx.xxx.xxx, ex: 203.0.113.1 - 203.0.113.198]

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Administrator, CEO or CFO Signature

Title

Date

CMS-PBJ Audit

- Attachment A, sample list of employees being reviewed
- Attachment D, Provider Survey
- Payroll records (this will show PTO, holidays, sick pay, training pay etc)
- Timecards punch in and out
- Invoices for all contracted employees, timecards , and proof of payment
- Employee Handbook

CMS to Freeze HRD Measures

- To calculate the 3 Adjusted Hours per Resident Day (HRD) staffing measures, CMS has relied on clinical data from Section G of the MDS assessment.
- On Oct. 1 2023, Section G was replaced by Section GG
- Starting in July 2024, CMS will update their methodology to calculate the HRD measures to a model based on PDPM
- **The 3 effected measures are:**
 - Adjusted Total Nurse Staffing
 - Adjusted RN Staffing
 - Adjusted Weekend Total Nurse Staffing

CMS to Freeze HRD Measures

- CMS will use the existing methodology once more to calculate the HRD measures for the January 2023 Five-Star and Care Compare refresh.
- The January refresh will be comprised of staffing and Case-Mix data from July 2023 – September 2023.
- In April 2024, the January measures will be held constant (frozen) until the new methodology is released in July 2024.

Note: PBJ data for October 2023 – December 2023 is still required and submitting it accurately and timely will be critical for future Five-Star calculations.

CMS to Freeze HRD Measures

Five-Star Refresh	October 2023	January 2024	April 2024	July 2024
PBJ Data	Apr 2023 – Jun 2023	Jul 2023 – Sep 2023	Jul 2023 – Sep 2023	Jan 2024 – Mar 2024
Case-Mix Data	Apr 2023 – Jun 2023	Jul 2023 – Sep 2023	Jul 2023 – Sep 2023	Jan 2024 – Mar 2024



Turnover – Current Calculation Timeline

Lookback Timeline: Total Nursing and RN Turnover (September 2023 – November 2023 Five-Star Reports)

Q0	Q1	Q2	Q3	Q4	Q5
Jan – Mar 2022	Apr – Jun 2022	Jul – Sep 2022	Oct – Dec 2022	Jan – Mar 2023	Apr – Jun 2023
Denominator					
	Numerator				

12-Month Reporting Period: Administrator Turnover

Apr 2022 – Mar 2023

Common PBJ Questions

How can I improve my turnover rating?

Answer:

There is a lot that goes into turnover calculations, but here is some general advice:

- Make sure EmployeeIDs are accurate and unique to each staff member
- Submit EmployeeID Linking files if needed
- Monitor Contract nursing staff for anyone working enough hours to qualify for turnover calculation
- If possible, make staff retention a priority



Common PBJ Questions

Why is my CMS census showing higher than it should?

Answer:

CMS calculates the provider census directly from submitted MDS assessments.

If your CMS census is too high, work with your MDS team to modify or submit any needed MDS assessments.



PBJ CMS Census

Steps to take:

- Run MDS 3.0 MDS Roster (under MDS 3.0 Provider Reports Header) and Review to assess if residents are present on the listing who are no longer in house.
- For those residents who are no longer in house, ensure the Entry and Discharge MDS assessments match on MDS: Full Name, Birth date, Gender and social security number AND have been accepted into the state database. If there are discrepancies reach out to your MDS consultant or State RAI automation coordinator.
- Also, ensure your Casper MDS missing assessment report is clear.

Common PBJ Questions

What advice do you have for successfully submitting my PBJ file accurately?

Answer:

- Compile needed data from all sources as early as possible
- Confirm that meal breaks are deducted properly (30 min/8-hour shift)
- Make sure your overnight shifts are split at midnight
- Make sure all weekend nursing shifts are included in your file
- Double check that hours are included for your administrator's shifts
- Only use job title 1 Administrator for licensed SNF Administrators or Assistant Administrators
- Always analyze your data to ensure accuracy
- Don't wait until the last day!



Turnover Data



Actual CMS data



Historical look-back



Live pre-submission predictions

SimplePBJ

Predict Five-Star | Previous Five-Star Results | Predict Five-Star (All Facilities) | Previous Five-Star Results (All Facilities)

Latest Five Star Provider Rating Report

SimplePBJ's Five-Star Staffing Prediction

Date Range: 07/01/2022 - 09/30/2022 (92 days)
(First and Last Dates within Quarter with Work Shifts/hours)

Average Census: 158.9239 | Weekend Census: 158.2308
(from MDG/CMS CASPER via SimplePBJ Sender, updated daily)

Overall Staffing Rating Prediction: **240** / 380 ★★★★☆

Overall Staffing Rating Cut Points:

320 - 380	★★★★★
255 - 319	★★★★☆
205 - 254	★★★★☆
155 - 204	★★★☆☆
0 - 154	★★☆☆☆

Looking for your turnover data? Check out the Employee Turnover section below or click on any of the Turnover Measure cards to see more information.

Total Nurse HRD

40 / 100

Case-Mix Adjusted Total Nurse HRD

3.328
3 hours 20 minutes

Registered Nurse HRD

90 / 100

Case-Mix Adjusted Registered Nurse HRD

0.999
60 minutes

Weekend Nurse HRD

20 / 50

Case-Mix Adjusted Weekend Nurse HRD

2.951
2 hours 57 minutes

Total Nurse Turnover

35 / 50 Exclude

Total Nurse Turnover

48.1% Turnover
51 / 106 Turned Over

Registered Nurse Turnover

25 / 50 Exclude

Registered Nurse Turnover

53.1% Turnover
17 / 32 Turned Over

Administrator Turnover

30 / 30 Exclude

Administrator Turnover

0 Admin(s) Turned Over
0 / 2 Admins Turned Over

Total Nurse Hours Per Resident Day
 Weekend Nurse Hours Per Resident Day
 Employee turnover

Employee Turnover

	Numerator	Denominator	Turnover
Total Nursing Turnover	51	106	48.1%
Registered Nurse Turnover	17	32	53.1%
Administrator Turnover	0 Turned Over	2 In Measure	

25 ■ Turnover Before Current Quarter ■ Turnover During Current Quarter
Export Show / Hide columns

Measure	Employeeid	Pay Code	Job Code	Eligibility Date	Turnover Date
Administrator Turnover	2970129804	3 - Contract	1 - Administrator	07/01/2021	-
Administrator Turnover	2970129873	3 - Contract	1 - Administrator	07/01/2021	-
Total Nursing Turnover	2970118790	3 - Contract	10 - Certified Nurse Aide	07/04/2021	-
Total Nursing Turnover	2970118278	3 - Contract	10 - Certified Nurse Aide	07/01/2021	-

Five-Star Interactive Tool

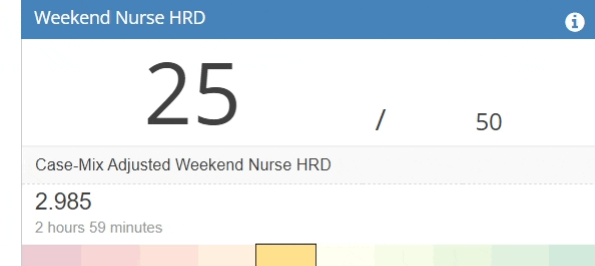
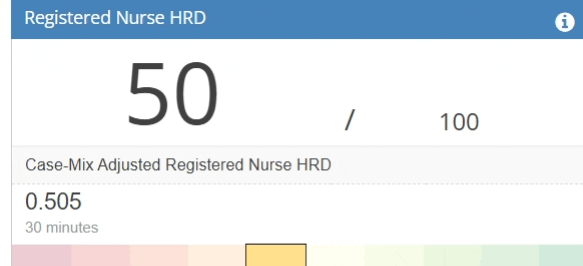
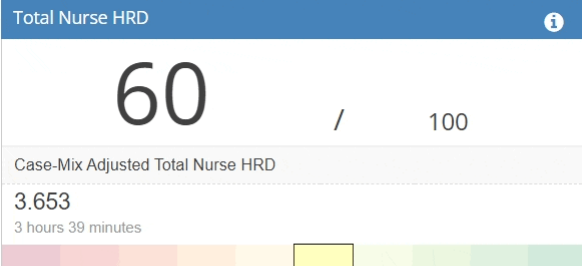
Date Range
10/01/2022 - 12/31/2022 (92 days)
(First and Last Dates within Quarter with Work Shifts/Hours)

Average Census
43.9130
(from MDS/CMS CASPER via SimplePBJ Sender, updated daily)

Weekend Census
44.1111

Overall Staffing Rating Prediction

170 / 380



⊖ Total Nurse Hours Per Resident Day



Set a goal for each staffing measure



See the staffing impact



Estimate the staffing cost

Latest SimplePBJ Updates

The screenshot displays the 'Send to CMS' interface in SimplePBJ. A dark sidebar on the left contains navigation options: Home, 1 Assemble Staffing Data, 2 Validate PBJ Data, 3 Predict Five-Star, 4 Submit Report, Create PBJ File, Send to CMS, View CMS Reports, Reporting Status, Benchmark PBJ, Utilities, Settings, Help, and Admin. The main content area is titled 'Send to CMS' and includes a blue informational banner: 'When ready to download and save, click the Download button next to the desired PBJ Zipped XML File. Once saved to your computer, the zipped XML file is ready for uploading to CMS. For tracking purposes, you can return to this page after your CMS upload and record that CMS accepted the file.' Below this is a 'Previously Created PBJ Reports' table with a search bar and a '25' dropdown. A green callout box highlights the 'Send multiple facilities to CMS' button. A blue callout box highlights the 'Show Reports for All Facilities?' toggle. The table lists three reports for Sunny Acres, Sunnyview, and Sunnyside, each with a 'Send to CMS' button.

Facility	PBJ Report Information	PBJ Created	Download PBJ File for CMS	CMS Submission Status
<input checked="" type="checkbox"/>	Sunny Acres Standard PBJ XML Report Report Status: Created Successfully Report Date Range: Entire Quarter Staffing Hours Process Type: Replace	04/24/2023 01:44 PM	PBJ-1234_04-24-2023_18.04.32.zip	Send to CMS
<input checked="" type="checkbox"/>	Sunnyview Standard PBJ XML Report Report Status: Created Successfully Report Date Range: Entire Quarter Staffing Hours Process Type: Replace	04/24/2023 01:37 PM	PBJ-54321_04-24-2023_18.04.52.zip	Send to CMS
<input checked="" type="checkbox"/>	Sunnyside Standard PBJ XML Report Report Status: Created Successfully Report Date Range: Entire Quarter Staffing Hours Process Type: Replace	04/24/2023 01:34 PM	PBJ-12345_04-24-2023_18.04.56.zip	Send to CMS

Send multiple files to CMS with one click.



THE SPRINGS
ARKANSAS

PBJ Consulting

Analyze data for errors

Full service PBJ review and CMS data submission

PBJ compliance audits

Support Myers and Stauffer audits

Education on new PBJ focus areas for state surveys

Education/orientation for PBJ staff (facility or corporate)



Jolene Johnson

VP, Clinical Reimbursement

jolene@thespringsar.com

OUR COMMITMENT.

OUR PASSION.

YOUR PEACE OF MIND.

SimplePBJ™

Your one-stop shop for PBJ success

Assemble, validate and submit your PBJ

Predict Staffing Five-Star ratings

Submit PBJ reports with one click

Benchmark results against other facilities

[REQUEST DEMO](#)



Questions?



SimplePBJ™

Thank you for attending!

[Webinar recording and slides are available here](#)



SimplePBJTM



Netsmart

Audit and Survey Appendix

F851

Revised Guidance at F851 includes that:

The surveyors can obtain PBJ data from the CASPER report to determine if the facility submitted the required staffing information based on payroll data in a uniform format.

The facility's failure to submit PBJ data as required will be reflected on their CASPER report and result in a deficiency citation.

F851 - Key Elements of Noncompliance

To cite deficient practice at F851, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- Complete data for the entire reporting period, such as hours paid for all required staff, each day; or
- Provide accurate data; or
- Provide data by the required deadline.

F725 – Sufficient Staff

§483.35 Nursing Services

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

§483.35(a) Sufficient Staff.

§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- Except when waived under paragraph (e) of this section, licensed nurses; and
 - Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

F725 – Sufficient Staff

Some Investigative Probes in the interpretive guidance have been revised and include but are not limited to:

- Are the numbers of licensed staff sufficient such that those staff members have enough time to provide direct services to residents as well as to assist and monitor all of the aides they are responsible for supervising?
- Does the facility have adequate staff to monitor residents at risk for wandering?
- Does the facility have licensed nursing staff 24 hours a day?

F725 – Deficiency Categorization Example

Level 4

A resident had complained of chest pain and shortness of breath after eating their evening meal. The nursing assistant stated they would inform the licensed nurse. The nursing assistant was informed there would be no licensed nurse until the next morning.

At 10:00 p.m. the resident was found unresponsive with minimal respirations by a visiting family member. Because there was no licensed nurse on duty at that time, the nursing assistant called 911.

F725 – Deficiency Categorization Example

Level 3

A resident was admitted to the facility with a recently repaired hip fracture and required assistance with ambulation. The resident used the calling device to request assistance to the bathroom.

After several minutes, no help arrived so the resident attempted to ambulate with a walker to the bathroom without assistance. The resident subsequently fell and was found by nursing assistants. The resident was assisted back to bed by the nursing assistants and complained of pain in the area of the recently repaired hip fracture. There was no licensed nurse on duty to assess the resident for any injuries or provide medication for pain.

The next morning the resident complained of increased pain in the area of the repaired hip fracture. After assessment by the day shift licensed nurse, the resident was sent to the hospital. The resident was admitted and required surgery to repair the re-fractured hip.

F725 – Deficiency Categorization Example

Level 2

Residents complain that they are not allowed choices such as receiving showers consistently on the days or at times they prefer due to inadequate staffing. Review of staffing data submitted via the PBJ system revealed the facility had a one-star staffing quality rating.

Follow up interviews with the staffing coordinator revealed that only one CNA was available to provide showers, and therefore residents' preferences for timing of showering could not be met causing anxiety. Refer to the Psychosocial Outcome Guide for additional direction.

F727 Registered Nurse

The intent of this regulation is to ensure that the facility:

- Uses the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.
- Designates a registered nurse to serve as the director of nursing on a full-time basis.
- Permits the director of nursing to serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents

F727 – Deficiency Categorization Example

Level 4

The annual recertification survey of a facility indicates that it provides care for residents with high acuity needs including residents that receive medications and fluids via central intravenous lines (IV) and ventilator dependent residents. The investigation revealed an RN was not onsite for at least 8 consecutive hours during the day.

During the period when there was no RN, the LPN had to perform assessments and maintain central line (IV) infusions, which is out of the scope of practice for an LPN in the absence of supervision of the RN. The facility's failure to have an RN on duty for at least 8 consecutive hours a day as required by the regulation, created the likelihood for serious injury, harm, impairment or death. Specifically, the RN was not present to meet the critical needs of these high acuity residents.

F727 – Deficiency Categorization Example

Level 3

Investigation of falls occurring in the facility with a census greater than 60 residents revealed the monthly fall evaluation for one resident was not completed with the interdisciplinary team after the resident experienced 2 falls. Interview with the Director of Nursing (DON) revealed this was the DON's responsibility; however, because she had been serving as the charge nurse, there was no time to complete the evaluation for this resident who experienced another fall resulting in a sprained wrist.

Record review revealed that the resident experienced a fall after the DON failed to complete the fall evaluation in response to the two initial falls. Staff ultimately determined the resident was falling due to a change in the resident's condition (deteriorating eyesight) that was not timely identified because of the DON's failure to complete a monthly fall evaluation.

F727 – Deficiency Categorization Example

Level 2

Review of the PBJ Staffing Data Report revealed concerns related to the facility's requirement to have a Registered Nurse on duty for at least 8 consecutive hours a day. The surveyor verified an RN was routinely on duty for only 7 consecutive hours a day last quarter. No actual harm to residents was identified.

However, there was a potential for more than minimal harm due to the facility's failure to have an RN on duty for at least 8 consecutive hours a day, 7 days a week in order to ensure that all the residents' clinical needs were met either directly by the RN or indirectly by the LPNs or CNAs for whom the RN was responsible for overseeing resident care.