

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

PRINTED: 04/15/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EAGLE POINT NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 28TH AVENUE NORTH CLINTON, IA 52732</b>	
(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  ✓ KG	INITIAL COMMENTS  Correction date: <u>5/3/25</u>  The following deficiency resulted from the facility's annual recertification survey conducted on March 31, 2025 to April 3, 2025.  See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 851 SS=F	Payroll Based Journal CFR(s): 483.70(p)(1)-(5)  §483.70(p) 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(p)(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(p)(2) Submission requirements. The facility must electronically submit to CMS complete and accurate direct care staffing information, including the following:	F 851		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*John W Steintbeck*

*Administrator*

*4/25/2025*

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.

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

PRINTED: 04/15/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EAGLE POINT NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 28TH AVENUE NORTH CLINTON, IA 52732</b>	
(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 851	<p>Continued From page 1</p> <p>(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);</p> <p>(ii) Resident census data; and</p> <p>(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).</p> <p>§483.70(p)(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.</p> <p>§483.70(p)(4) Data format. The facility must submit direct care staffing information in the uniform format specified by CMS.</p> <p>§483.70(p)(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 the Centers for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (October 1st December 31), facility record review, and staff interviews the facility failed to submit accurate staffing data for the PBJ Staffing Data Report. The facility</p>	F 851		

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

PRINTED: 04/15/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EAGLE POINT NURSING AND REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 28TH AVENUE NORTH CLINTON, IA 52732</b>		
(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 851	<p>Continued From page 2 reported a census of 53 residents.</p> <p>Findings include:</p> <p>The PBJ report from the first fiscal year (FY) 2025, triggered for Excessively Low Weekend Staffing.</p> <p>The Daily Roster (nursing assignment) dated 12/28/24, identified the Minimum Data Set (MDS) nurse worked the 2-10 shift due to a call off for for the 2-10 shift.</p> <p>The Daily Roster dated 12/29/24, showed the Assistant Director of Nursing (ADON) worked the day shift and the MDS nurse worked the 2-10 shift due to a nurse called off for a double shift.</p> <p>The Facility Assessment dated 1/2025, reflected the Staffing Plan, other nursing personal (those with administrative duties that are not part of direct care like the Director of Nursing (DON), ADON and MDS.</p> <p>On 4/02/25 at 1:01 PM, the DON reported on 12/29/24 (Sunday) the ADON worked due to a call off for a double shift, and the MDS nurse worked the 2-10 shift. The DON revealed the ADON and the MDS nurses's hours failed to show up as nursing on the floor and were in management hours. She reported that's why the Trigger for Low Weekend Staffing.</p> <p>On 4/02/25 at 1:12 PM, the Human Recourses (HR) reported she gets the payroll completed and then it's sent to the Administrator who sends the information to the Corporate office and they do the PBJ. She stated the ADON and the MDS</p>	F 851			

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

PRINTED: 04/15/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>165218</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/03/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>EAGLE POINT NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>801 28TH AVENUE NORTH CLINTON, IA 52732</b>		
(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 851	Continued From page 3 nurse's hours lacked inclusion in the nursing hours on the floor.  The facility provided a policy titled Reporting Direct Care Staffing Information (Payroll-Based Journal) dated 8/2022. The policy directed complete and accurate direct care staffing information is reported electronically to CMS through the Payroll-Based Journal (PBJ) system in a uniform format specified by CMS.	F 851		

Eagle Point Nursing and Rehabilitation  
Plan of Correction for Annual Survey on March 31 to April 3, 2025

Preparation and/or Execution of this plan of correction does not constitute admission or agreement by this provider of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The preparation is prepared and executed solely because it is required by the provisions of federal and state law.

F000 May 3, 2025

F851 CFR(s) : 483.70 (p)(1)-(5)  
Payroll Based Journal

The facility will 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.

- a. All residents have the potential to be affected.
- b. On April 7, 2025, the Administrator educated the Business Office Manager (BOM) on establishing an accurate direct care staffing database. Prior to the survey, the PBJ report triggered for excessively low weekend staffing. During the first fiscal year (FY), management nurses (ADON, MDS and Infection Preventionist) did cover scheduled floor nurse call offs. This included weekend scheduled floor nurse call offs too. These management nursing hours failed to show up as nursing hours on the floor. Therefore, this has caused the excessively low weekend staffing hours.
- c. The Business Office Manager will audit the payroll database before final submission. In the future, the nurse managers will submit a Time Clock Correction Form to BOM when they work the nurse hours. The Corporate Office will submit a preliminary PBJ report to the administrator and BOM to check for errors. Therefore, the BOM can correct the PBJ errors before final PBJ submittal.
- d. The results of any findings will be reviewed by the Administrator and BOM at the Monthly Quality Assurance Meetings.
- e. Responsible Parties: Business Office Manager or designee.
- f. Compliance Date: 5/3/2025