

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435004	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2025
NAME OF PROVIDER OR SUPPLIER  Prairie Heights Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  400 8th Avenue NW Aberdeen, SD 57401	

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 - Minimal harm or potential for actual 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>Based on Payroll Based Journal (PBJ) CASPER (Certification and Survey Provider Enhanced Reporting) reports, interview, and record review, the provider failed to ensure the PBJ data was submitted accurately to the Centers for Medicaid and Medicare Services (CMS) for Federal Fiscal Quarter 2 (January, February, and March 2025). Findings include: 1. Interview on 7/29/25 at 4:20 p.m. with administrator A regarding Fiscal Year 2025 Second Quarter (Q2) PBJ data revealed that the data was submitted to the contracted submission company, and there had been an error, but she did not recall what the error was. Follow-up interview on 7/29/25 at 4:59 p.m. with administrator A regarding Fiscal Year 2025 Q2 PBJ data submission confirmed the data submission had not been accepted by CMS due to an error. She indicated that accounting clerk B would be able to provide additional information. Interview on 7/31/25 at 10:28 a.m. with accounting clerk M regarding PBJ data submission revealed she was not aware that the Q2 data for the Federal Fiscal Year 2025 submission to CMS had not been accepted by CMS. Review of the provider's undated PBJ Preparation and Submission Schedule instructions revealed: *PBJ submission due 11:59pm [p.m.] EST [Eastern Standard Time] on the 45th calendar day following the end of the reporting quarter to be considered timely. *The Q2, submission due date was May 15, and was to be submitted in the first week of May to CMS. *Validation Reports were to be provided to the provider by the contracted submission company and were to be reviewed during the second business week of the submission month (at a minimum of 72 hours) before the CMS deadline.</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
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