

KEY ELEMENTS OF NONCOMPLIANCE

To cite deficient practice at F850, the surveyor's investigation will generally show that the facility failed to do any one of the following:

- A facility with more than 120 beds did not employ a qualified social worker on a full-time basis; **or**
- The individual functioning as the social worker did not meet the qualifications specified in this regulation.

F851

§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:

- (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(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.

§483.70(p)(4) Data format.

The facility must submit direct care staffing information in the uniform format specified by CMS.

§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.

INTENT

To ensure that long-term care facilities are electronically submitting direct care staffing information (including agency and contract staff) per day, based on payroll and other verifiable and auditable data. The staffing hours, when combined with census information, can then be used to not only report on the level of staff in each nursing home, but also to report on employee turnover and tenure.

GUIDANCE

The facility is responsible for ensuring all staffing data entered in the Payroll-Based Journal (PBJ) system is auditable and able to be verified through either payroll, invoices, and/or tied back to a contract.

INVESTIGATIVE PROCEDURES

When completing the offsite preparation for all recertification surveys, the team coordinator must obtain the most recent quarter data from the PBJ Staffing Data Report and evaluate PBJ data submitted by the facility. This report can be found by accessing the Certification And Survey Provider Enhanced Reports (CASPER). The report does allow for previous quarters of submitted data to be obtained. This may be beneficial for the investigation of complaints or Facility Report Incidents (FRI). See the LTCSP Procedure Guide for details.

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

The team coordinator must follow the steps below:

- 1. Obtain the PBJ Staffing Data Report.*
- 2. Identify if the facility triggered for "Failed to Submit Data for the Quarter."*
 - a. If the facility failed to submit the required PBJ Staffing Data, F851 must be cited as a Severity and Scope of "F".*

NOTE: *It should be an **extremely rare** circumstance when a facility is not cited if the PBJ data report indicates the facility did not submit PBJ data for the quarter. If there are questions or the team thinks the facility should not be cited, the team coordinator must email NHStaffing@cms.hhs.gov for assistance. CMS will respond by the end of the next business day and copy the CMS location.*

Additionally, if facilities have questions on submitting PBJ data, refer them to the CMS Electronic Staffing Data Submission Payroll-Based Journal Policy Manual for submission guidelines. Please see the following link for more information:

<https://www.cms.gov/medicare/quality/nursing-home-improvement/staffing-data-submission>

For questions related to *PBJ*, providers, or other stakeholders should email NHStaffing@cms.hhs.gov.

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:

- *Submit the required staffing information based on payroll data in a uniform format; or*
- 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.

Note: Noncompliance at F851 focuses on the submission of staffing data. If the surveyor identifies concerns related to *registered nurse (RN) coverage eight hours a day, licensed nurse (LN) coverage 24-hour a day, or* sufficient staffing, surveyors *should* investigate these concerns using the Sufficient and Competent Staff Critical Element Pathway, and guidance at §483.35 Nursing Services (F725 & F727).

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