STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155525	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 07/13/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY NOOK CARE CENTER	36 VALLEY DR LAWRENCEBURG, IN 47025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED 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
F0000	This visit was for the Investigation of Complaint IN00110822 and Complaint IN00111458. Complaint IN00110822 - Substantiated. No deficiencies related to the allegation are cited. Complaint IN00111458 - Substantiated. Federal/State deficiencies related to the allegation are cited at F164. Survey dates: July 12, and 13, 2012 Facility number: 000304 Provider number: 155525 AIM number: 100266810 Survey team: Janie Faulkner, RN Census bed type: SNF/NF 67 Total: 67 Census payor type: Medicare 2 Medicaid 56 Other 9 Total 67 Sample: 6	F0000		

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

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	This deficiency also reflects state findings cited in accordance with 410 IAC 16.2. Quality review 7/20/12 by Suzanne Williams, RN			

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F0164 SS=D	483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility. The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law. The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident. Based on record review and interview, the facility failed to protect the residents' privacy and confidentiality, in that information was posted on "Facebook" by employees which included one resident's first name and another resident's initials. This deficient practice affected 2 of 6 residents reviewed for personal privacy, and confidentiality in a sample of 6.	F0164	1. WHAT CORRECTIVE ACTIONS WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: The facility will continue to include resident rights, privacy, abuse and HIPAA requirements in all of its staff orientation and yearly in-services. In addition to these, a Social Networking Policy has been	07/26/2012

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	(Resident # W and Resident # X) Findings included: During an interview with the Director of Nursing on 7/12/2012 at 10:30 a.m., she stated, "I haven't heard anything about anyone posting resident information on 'Facebook,' but I am aware that someone is posting information about me personally, but I don't know who is doing it." "I just assumed it is an ex-employee that I have terminated. I rarely look at Facebook; my husband is the one that found information about me." "I am going to see what I can pull up on Facebook." The Director of Nursing returned at 11:00 a.m., and provided one page from Facebook which had the name of C.N.A. #1 three times with handwritten dates of 2/10/12 and 2/14/12 and comments for those dates, which were not about residents. The Director of Nursing stated, "I couldn't get anything else to come up, but C.N.A. #1 was terminated on 4/23/2012, for poor work performance and call offs." Review of information, including pages printed off of Facebook, sent to ISDH by an anonymous complainant, indicated C.N.A. #1 posted on Facebook on February 2 at 8:50 PM a picture of part of Resident X's left wrist and hand with		included to insure the accountability of staff in regard to their use of such networks as they pertain to resident rights, abuse and privacy issues. The families of those residents affected by the negative behavior of the identified staff were notified of the breach of resident privacy and dignity. Two facility employees have been terminated from employment for their involvement. The city police department was notified, and a detective has been assigned to investigate.2. HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: All residents could be at risk to be affected by the negative behavior of the staff members involved. The DON and ADON have reviewed a large number of Face Book sites, searching for other comments that might violate resident privacy. No other similar comments were found. All staff members have been re-inserviced in regard to resident rights and privacy and the new Social Network Policy.3. WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC CHANGES WILL BE MADE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The new Social Network Policy and its inclusion in the ongoing orientation process as well as continuing inservices constitutes	

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	Lego's on a table spelling out the first name of Resident # X with a caption "Something I made for a resident out of Lego's." The following comments appeared related to this post from C.N.A. #1, from other employees, as follows: RN #1 commented, "U missed it ... I got (initials of Resident # W) to say get money b..... over the walkie!! Bahahaha!!" C.N.A. #2 commented, "F...! You would do some s...like that" "you son of a b...." RN #1 commented, "Lol it was the funniest thing I've ever heard!!" On February 2 at 10:02 p.m. another picture of Resident # X was posted on Facebook by C.N.A. #1 with caption "And this is what it looked like when I walked away." This picture included Resident's right arm including hand and the top of the resident's head with Lego's on the table with a portion of the letters spelling resident's name, as if the resident was taking the Lego's apart. The following comments appeared under this post by C.N.A. #1, from an unknown writer, C.N.A. #1, and from other employees, as follows:		a systemic change. 4. HOW THE CORRECTIVE ACTION WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE DOES NOT RECUR, IE., WHAT QUALITY ASSURANCE PROGRAM WIL BE PUT INTO PLACE. QA will randomly interview staff members as to their awareness of any untoward comments or pictures being seen on any of the social networks that might violate resident rights and/or privacy issues. These interviews will be conducted once a month for three (3) months and then PRN. Staff has been asked to immediately report to their department heads or to the Administrator regarding any such violations or objectionable comments made in reference to facility residents.	

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	Unknown writer commented, "Awww I love him so much!" C.N.A. #1 commented, "Lol! Me too [unknown writer name]! He kinda cried when I told him I made it for him, then this is what he done with it! Lol." RN #1 commented, "I kno what ur doing to my b... .... and im ok with it..ur a pretty young boy....bahahaha --" C.N.A. #2 commented, "Imao...some days are just awesome there!" RN #1 commented, "Yes..that was hilarious." During interview with RN #1 on 7/12/2012 at 9:50 P.M., via telephone, RN #1 stated, "I'm not aware of any staff members posting any information on Facebook about staff or residents." On 7/13/2012 at 9:15 A.M., during interview with the Social Services Director regarding abuse prohibition protocol and resident rights, she indicated the facility always encourages residents, families and staff to report any concerns or complaints right away, "so we can resolve any issues immediately." She indicated any posting on Facebook of residents' names, pictures, or any			

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	information related to them and the facility would be "a violation of their right to privacy and confidentiality." "We probably need to add posting on Facebook to our Policy and Procedure on Resident Rights and Confidentiality or at least inservice all staff here and any new employees regarding Facebook is not the place to post anything regarding our residents." During an interview with C.N.A. #2 on 7/13/2012 at 2:53 P.M., C.N.A. #2 stated, as he looked away, "Nothing on Facebook that I know of; I'm not on there all that much." On 7/13/2012 at 7:00 P.M., during an interview, RN #2 stated, "I'm not on Facebook, but I have overheard comments, but no specific resident information." This Federal tag relates to Complaint IN00111458. 3.1-3(o)			