

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155061	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/16/2016
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NAME OF PROVIDER OR SUPPLIER WOODLAND HILLS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 403 BIELBY RD LAWRENCEBURG, IN 47025
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00206579.</p> <p>Complaint IN00206579 - Substantiated. Federal/state deficiencies related to the allegations are cited at F164.</p> <p>Survey dates: August 15 and 16, 2016</p> <p>Facility number: 000022 Provider number: 155061 AIM number: 100274510</p> <p>Census bed type: SNF: 4 SNF/NF: 32 Total: 36</p> <p>Census payor type: Medicare: 1 Medicaid: 32 Other: 3 Total: 36</p> <p>Sample: 3</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed by 34233 on</p>	F 0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies. The plan of correction is prepared and submitted because of requirement under and state and federal law. Please accept this plan of correction as our credible allegation of compliance. Please find enclosed this plan of correction for this survey. Due to the low scope and severity of the survey finding, please find the sufficient documentation providing evidence of compliance with the plan of correction. The documentation serves to confirm the facility's allegation of compliance. Thus, the facility respectfully requests the granting of paper compliance. Should additional information be necessary to confirm said compliance, feel free to contact me.</p>	

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

TITLE

(X6) DATE

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.

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F 0164 SS=D Bldg. 00	<p>August 18, 2016.</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Based on record review and interview, the facility failed to ensure the privacy of a resident's clinical records. This</p>	F 0164	F164 Requires the facility to ensure privacy of a resident's clinical record. 1. Resident E's	08/24/2016			

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	<p>occurred when they provided Resident B's family with Resident E's clinical records as part of a request for Resident B's closed clinical records.</p> <p>Findings include:</p> <p>Resident B's family member was interviewed on 8/16/2016. The family member indicated Resident B's closed clinical record was requested and subsequently received on 7/29/2016. The family member indicated there were approximately 20 pages of another resident's (Resident E's) clinical record included in the paperwork they received. Resident B's family member indicated the documents provided Resident E's name, date of birth, social security number, insurance information, diagnoses, and physician history with physical documentation.</p> <p>On 8/16/2106 at 1:52 p.m., Resident B's POA (power of attorney), second family member, indicated they received medical records for another resident with Resident B's requested clinical records.</p> <p>On 8/16/2016 at 2:30 p.m., the Clinical Nurse Consultant (CNC) and Director of Nursing (DON) indicated they were not aware that Resident E's clinical records were provided to Resident B's family.</p>		<p>family was notified Of the breach in the HIPPA policy and the HIPPA Remediation policy was followed. (See attachment A) 2. All residents have the potential to be affected. Supervisory staff was educated on the need to ensure the correct medical record is submitted per request. 3. The HIPPA policy and procedure was reviewed with no changes made. (See attachment B) Supervisory staff was inserviced on the above procedure. 4. The administrator will ensure two employees review all medical records prior to submitting the records to ensure no HIPPA violation has occurred. The administrator or her designee will utilize the monitoring tool daily times for weeks, then weekly times four weeks, then every two weeks times two months, then quarterly thereafter until 100% compliance is obtained and maintained to ensure HIPPA policy and procedure is followed. (See attachment C) The audits will be reviewed during the facility's quarterly quality assurance meetings and the plan of correction will be adjusted accordingly. 5. The above corrective measures will be completed on or before August 24, 2016.</p>		

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	<p>On 8/16/2016 at 3:05 p.m., the Business Office Manager (BOM) indicated the clinical records for Resident E, a referral, were received via fax on 7/28/2016 at the same time copies of Resident B's clinical record were being printed on the same machine. The BOM indicated, "[The copy/fax machine] will throw faxes into copies...the referral split through with all the copies."</p> <p>On 8/16/2016 at 3:17 p.m., the CNC provided copies of the 20 pages of Resident E's clinical record which were provided to Resident B's family as part of a request for medical records. The documentation indicated Resident E's name, date of birth, social security number, insurance information, diagnoses, physician history and physical documentation, and other personal and health information.</p> <p>A copy of the current Resident Rights Policy and Procedure was provided by the CNC on 8/16/2016 at 2:30 p.m. The policy included, but was not limited to, "...You have the right to: ...Keep your personal and health records confidential."</p> <p>A copy of the current HIPPA (Health Insurance Portability and Accountability Act) Policy and Procedure was provided</p>			

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	<p>by the CNC on 8/16/2016 at 2:30 p.m. The policy indicated, "...Our Responsibilities: Our nursing facility is required to: Maintain the privacy of your health information."</p> <p>This Federal tag relates to Complaint IN00206579.</p> <p>3.1-3(o)</p>				