

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

PRINTED: 04/30/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155333		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/16/2024	
NAME OF PROVIDER OR SUPPLIER  PAOLI HEALTH AND LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 559 W LONGEST ST PAOLI, IN 47454			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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 0000  Bldg. 00	<p>This visit was for the investigation of complaints IN00431370, IN00430034, and IN00429393.</p> <p>IN00431370: No deficiencies related to the allegations are cited.</p> <p>IN00430034: Deficiencies related to the allegations are cited at F583.</p> <p>IN00429393: No deficiencies related to the allegations are cited.</p> <p>Survey Dates: April 15 &amp; 16, 2024</p> <p>Facility number: 000226 Provider number: 155333 AIM number: 100267730</p> <p>Census bed type: SNF: 9 SNF/NF: 85 Total: 94</p> <p>Census payor type: Medicare: 11 Medicaid: 59 Other: 24 Total: 94</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on April 19, 2024.</p>			F 0000	<p><b>This plan of correction is to serve as Paoli Health and Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Paoli Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this provision constitute an agreement or admission of the survey allegations.</b></p> <p><b>The facility respectfully requests desk review for the following citations.</b></p>		
F 0583 SS=D Bldg. 00	483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records §483.10(h) Privacy and Confidentiality.						

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

TITLE

(X6) DATE

Amber Smith

DON

04/29/2024

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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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	<p>The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) 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>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's right to privacy was protected for 1 of 3 residents reviewed for privacy. Two photographs of a resident, taken by facility staff, were shared to the</p>			F 0583	<p>b=""&gt;&gt; F 583</p> <p>I. The corrective actions to be accomplished for those residents</p>		04/29/2024

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	<p>facility's social media website without the resident's consent. (Resident F)</p> <p>Finding includes:</p> <p>During an interview and observation on 4/15/24 at 10:50 A.M., Resident F indicated that staff had shared photographs of her on the facility's social media website after she had refused consent to do so. Resident F indicated that a friend had contacted her after seeing the photographs on the facility's social media website. Resident F indicated that one of the photographs was taken during the solar eclipse (4/8/24) and the other was taken around Easter (2024). Resident F had saved the photographs to her personal phone. An observation of the images showed Resident F sitting in a wheelchair in what appeared to be the facility parking lot, and another image showed Resident F posing with an Easter bunny.</p> <p>During record review on 4/15/24 at 1:30 P.M., Resident F's diagnoses included, but were not limited to, intestinal obstruction, Sigmoid colostomy, abnormal posture, and age-related physical debility.</p> <p>Resident F's most recent Annual MDS (Minimum Data Set) assessment, dated 2/22/24, indicated that Resident F had no cognitive impairment, used a wheelchair for mobility, and required partial to moderate assistance with transfers.</p> <p>A Photography and Videography Consent Form/Release signed by Resident F and dated 1/30/24 included a checked box next to the statement, "I do not grant permission to Community and its affiliates to take photographs, video footage and/or digital images of myself or grant the unrestricted right to permission to use,</p>				<p>found to have been affected by the practice.</p> <p>The two photos of Resident F were removed from social media upon identification of the concern.</p> <p>II. The facility will identify other residents that may potentially be affected by the practice. All current residents have the potential to be affected. Current resident's Photography and Videography Consent Form/Release was reviewed for consent/decline. A list of residents who consent or decline will be maintained to review prior to any sharing of photos or videos on social media.</p> <p>III. The facility policy on Resident Rights/Privacy and Social Media Policy was reviewed with no changes made to the policy. The facility will put into place the following systematic changes to ensure that the practice does not recur.</p> <p>Facility staff who have access to post on the Facility Social media platforms will receive re-education regarding Resident Rights and privacy/Social Media and facility procedures regarding consenting/declining to Photography/Videography.</p> <p>IV. The facility will monitor the corrective action by implementing the following measures:</p>		

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	<p>copyright and publish such video footage &amp; photographs of me in print and/or electronically. My refusal will not affect my ability to obtain treatment or residency at Community."</p> <p>During an interview on 4/15/24 at 2:30 P.M., the Activity Director indicated that Resident F had previously consented to photographs, but had recently withdrawn permission to use her image. The Activities Director indicated that facility staff had shared images of Resident F on the facility's social media website, but had removed the photographs after being made aware that Resident F had withdrawn permission.</p> <p>On 4/16/24 at 12:15 P.M., the Director of Nursing supplied a facility policy titled, Compliance - Social Media Policy, dated 08/2016. The policy included, "...Procedure for Institutional Posting ...III. What Not to Post ...C. ...Photographs of residents may be posted on Institutional Social Media in accordance with Community Policies and Procedures and always with the resident's knowledge and consent."</p> <p>This deficiency relates to complaint IN00430034.</p> <p>3.1-3(o)</p>				<p>The Administrator/Designee will review the facility photos prior to sharing on any Social Media platform to ensure that only residents who consented to Photography/Videography were shared. The review will be completed daily 5x a week for 4 weeks, then 3x weekly for 4 weeks, then weekly for 36 weeks or as deemed by the Quality Assurance Committee.</p> <p>The results of the daily audit will be addressed with the IDT team for further interventions. The audit results will be reviewed at the monthly quality assurance meeting. Changes may be made to the auditing process, based upon the results of the audits.</p> <p>V. Plan of Correction complete date: 4/29/24</p>		