

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

PRINTED: 08/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055523		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/31/2018	
NAME OF PROVIDER OR SUPPLIER GLENDALE POST ACUTE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 250 N. VERDUGO ROAD GLENDALE, CA 91206			
(X4) ID PREFIX TAG		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(X5) ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 000		INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during a complaint investigation. Complaint Number: CA00593991 Representing the Department: HFEN # 36202 The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility. One deficiency was written as a result of the complaint number: CA00593991 F 583 SS=D Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(i) 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. §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		F 000		Glendale Post Acute Care Center submits this response and plan of correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence Code Section 1151 and should be inadmissible in any proceeding on that basis. <u>F 583</u> How corrective action will be accomplished for those residents found to have been affected by the deficient practice; On <u>SEP 6/18</u> LVN 1 was provided with education and counseling on	

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

TITLE

(X8) 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 583	<p>Continued From page 1</p> <p>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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure medical records were protected for privacy and confidentiality for one of three sampled residents (Resident 1).</p> <p>For Resident 1, Licensed Vocational Nurse 1 (LVN 1) posted the resident's medical record on social media (Facebook).</p> <p>This deficient practice had the potential for a violation of Resident 1's rights to privacy and confidentiality.</p> <p>Findings:</p> <p>On 7/19/18 at 1:40 p.m., an unannounced visit was conducted at the facility to investigate a complaint regarding resident rights. The</p>	F 583	<p>respecting resident rights to privacy and confidentiality by the Director of Nursing</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;</p> <p>All residents have the potential to be affected by the same deficient practice.</p> <p>Administrator reviewed the Facebook of LVN 1 on <u>Sept 4/18</u> and found no other residents were affected.</p> <p>What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;</p> <p>Director of Staff Development provided an in-service to facility staff on Respecting Resident Rights to Privacy and Confidentiality on <u>Sept 4/18</u>.</p> <p>Director of Staff Development and /or Director of Nursing will add this topic during the huddle to remind staff of their responsibilities of protecting resident rights to privacy and confidentiality.</p>		

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F 583	<p>Continued From page 2</p> <p>complaint indicated Resident 1's medical record for Change of Condition (COC)/ Situation, Background, Assessment, Request/Recommendation (SBAR, a tool used by health care professionals when they communicate with each other about critical changes in a patient's status) was posted on social media (Facebook) by facility's staff.</p> <p>A review of the Admission Record indicated Resident 1 was admitted to the facility on 7/27/13, and was readmitted on 12/31/13 with diagnoses included muscle weakness and dementia (a gradual decrease in the ability to think and remember that is great enough to affect a person's daily functioning).</p> <p>A review of Resident 1's COC/SBAR, dated 3/17/17, indicated Resident 1 had an incident of getting out of bed unassisted.</p> <p>A review of the evidence from the Facebook posting indicated LVN 1 posted Resident 1's COC/SBAR, dated 3/17/17, and wrote a comment with a taunting manner towards the documentation.</p> <p>On 8/27/18 at 2:17 p.m., during an interview, LVN 1 stated Resident 1's COC/SBAR was posted on Facebook without the resident's name. LVN 1 stated she obtained Resident 1's COC/SBAR from the group text while the other members of the group text were making fun of the grammar within the documentation. LVN 1 stated she realized it was wrong to post Resident 1's medical record on Facebook and risked the violation of Resident 1's privacy and confidentiality.</p> <p>On 8/27/18, at 2:50 p.m., during an interview, the</p>	F 583	<p>Department Managers will conduct satisfaction survey randomly on a monthly basis regarding confidentiality and privacy</p> <p>Director of Nursing and Administrator will be responsible for compliance.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Administrator and/or designee will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting. If there are no negative findings reported after one quarter, issue is considered resolved.</p> <p>Date of Compliance:</p>		

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F 583	<p>Continued From page 3</p> <p>Director of Nursing (DON) stated there was a potential for Health Insurance Portability and Accountability Act (HIPAA, a US law designed to provide privacy standards to protect patients' medical records and other health information) violation for posting of Resident 1's documentation on Facebook.</p> <p>A review of the facility's undated Notice of Privacy Practices Record of Acknowledgements form indicated it was the duty of the facility to safeguard and protect the residents' health information. The facility are committed to preserving the privacy and confidentiality of health information whether created by the facility or maintained in the premises. Individual identifiable information about past, present, or future health condition, the provisions of health care or payment for health care treatment or services receive is considered protected health information (PHI).</p>	F 583			