STREET ADDRESS. CITY, STATE 2P CORE  LACHARBOR-JUCIA MEDICAL CENTER  SIMMARY STATEMENT OF DEFICIENCES (PLOY W Carson St, Torrance, CA 99692-2004 LOS ANGELES COUNTY)  SPERIX, (PLOY OR LOS CIDENTIFYING INFORMATION)  The following reflects the findings of the Department of Public Health during a complaint/breach event visit.  Complaint Intake Number.  CA00326686 - Substantiated  Representing the Department of Public Health: Surveyor ID # 21282, HFEN  The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility.  Health and Safety Code Section 1280.15(a) A clinic, health facility, home health agency, or hospice licensed pursuant to Section 1204, 1250, 1725, or 1745 shall prevent unlawful or unauthorized access to, and use or disclosure of, patients' medical information, as defined in subdivision (g) of Section 55.05 of the Civil Code and consistent whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access to, and use or disclosure of, patients' whose medical information was unlawfully or without authorization accessed, used, or disclosed, and up to seventeen thousand five hundred dollars (\$17,500) per subsequent occurrence of unlawful or unauthorized access to information.  Health and Safety Code Section 1280.15(a) A clinic, health facility in the patients' medical information accessed, used, or disclosed, and up to seventeen thousand five thousand five the following day to staff to file.  by Spot-check audits: The Medical Records/HIM File Room Supervisor randomly selects—and then photocopies—a daily sample of documents from each stack of medical record sciences of a new File Room Staffer, the Medical Records/HIM File Room Supervisor will randomly select 10 documents from each terminal digit groupings will be selected, for a total of 50 documents in the case of a new File Room			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.  050376	(X2) MUL A. BUILD B. WING	TIPLE CONSTRUCTION	(X3) DATE SURY COMPLETE	D	
The following reflects the findings of the Department of Public Health during a complaint/breach event visit.  Complaint Intake Number: CA00326866 - Substantiated  Representing the Department of Public Health: Surveyr ID # 21262, HFEN  The inspection was limited to the specific facility event investigated and does not represent the findings of a full inspection of the facility, home health agency, or hospice licensed pursuant to Section 1280, 15(a) A clinic, health facility, home health administrative penalty for a violation of the specific facility or without authorization accessed, use, or disclosure of unlawful or disclosure of unlawful or uncurrence of unlawful or disclosure of unlawful or uncurrence of unlawful or disclosure of unlawful or disclosure of unlawful or disclosure of unlawful or uncurrence of unlawful or disclosure of disclosure of unlawful or uncurrence of unlawful or disclosure of the functional disclosure of unlawful or uncurrence of unlawful or			STREET ADDRESS	SSS. CITY, STATE, ZIP CODE				
of Public Health during a complaint/breach event visit.  A. New/Revised Processes & Procedures – 1. NA 2. Develop and implement a Medical Records/Health Information Management (HiM) policy that codifies existing and new processes to be used by Medical Records/Him File Room Supervisors to perform documented supervisors to a perform documented supervisors audits of the work of Medical Records/Him File Room Supervisors to perform documented supervisors to a perform documented supervisors to perform documented supervisors to perform documented supervisors to perform documented supervisors to be used by Medical Records/Him File Room Supervisors to perform documented form and the following based to file to file to include estamp. Health the record will be given to File Room Supervisor randomly select supervisor and the following business day and reflect the date that the record will be given to File Room Supervisor randomly seminated and the following business day and reflect t	PREFIX	(EACH DEFICIENCY	MUST BE PRECEEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	OULD BE CROSS-	COMPLETE	
LACILLO: AAAOMI I		of Public Health during visit.  Complaint Intake Numl CA00326686 - Substant Representing the Depa Surveyor ID # 21262, If The inspection was lime event investigated and findings of a full inspection, health facilith hospice licensed put 1725, or 1745 sunauthorized access patients' medical subdivision (g) of Sand consistent will department, after it administrative penalty of up to twenty-five patient whose medion without author disclosed, and up hundred dollars occurrence of unlause, or disclosure information.	a complaint/breach event  ber: Intiated  artment of Public Health: HFEN  iited to the specific facility does not represent the tion of the facility.  Code Section 1280.15(a) A  y, home health agency, or resunt to Section 1204, 1250, hall prevent unlawful or to, and use or disclosure of, information, as defined in ection 56.05 of the Civil Code yith Section 130203. The investigation, may assess an or for a violation of this section thousand dollars (\$25,000) per cal information was unlawfully ization accessed, used, or to seventeen thousand five (\$17,500) per subsequent wful or unauthorized access, of that patients' medical		A. New/Revised Processes  1. NA  2. Develop and implemed Records/Health Inform Management (HIM) poly existing and new process by Medical Records/H Supervisors to perform supervision audits of the Records/HIM File Root to include:  a. Date stamp: Medical staff date-stamp piece of documer in the appropriate record. The date following business the date that the given to File Roof b. Spot-check audits Records/HIM File randomly selects photocopies and documents from exprepared in 10 ten groupings that with the following day in documents from exprouping will be set of 50 documents. New File Room staff Records/HIM File will randomly selected.	ant a Medical nation policy that codifies esses to be used IM File Room not documented the work of Medical sm staff. Process lical Records/HIM the back of each at before it is filed a patient's medical shall be for the staff to file. Some Supervisor and then the distributed to staff to file. Five each stack of locuments — minal digit will be distributed to staff to file. Five each terminal digit elected, for a total In the case of a affer, the Medical Room Supervisor affer, the Medical Room Supervisor to documents		
(X6) DATE	Event II				56:04AM		(X6) DATE	

LABORATORY DIRECTOR'S OR

Chief Executive Officer 3/12/13

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. Except for nursing homes, the findings 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.

		(X1) PROVIDER/SUPPLI IDENTIFICATION NU		(,		(X3) DATE SURVEY COMPLETED	
		050376		B WNG		10/0	5/2012
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDRESS, O	CITY, STATE, ZIP C	ODE		
LAC/HAR	BOR-UCLA MEDICAL CE	ENTER	1000 W Carson S	t, Torrance, CA	90502-2004 LOS ANGELE	S COUNTY	
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	1725, or 1745 shall access to, and a medical information, Section 56.05 of the Section 130203. investigation, may for a violation of thousand dollars medical information authorization access to seventeen the (\$17,500) per subsequinauthorized access patients' medical in investigation, the clinic's, health far history of compliar related state and the extent to which and took preventational prevent past factors outside it facility's ability to department shall he factors when detain administrative penalt.  Title 22, 70707(b)(8)  (b) A list of these both Spanish and within the hospital by patients. This list to the patients' rights	prevent unlawful or use or disclosure as defined in subdite Civil Code and confirm this section of up to (\$25,000) per part was unlawfully sed, used, or disclosus ous and five hunder equent occurrence of se, use, or disclosus of the facility's, agency's, once with this section federal statutes and the facility detective action to immediate violations from research that recomply with this section to termining the among pursuant to this section (d) Patients' rights shall lenglish in appropriate to the stand of the facility is appropriated but no standard the facility detection to the section to the se	unauthorized of, patients' vision (g) of nsistent with nent, after ative penalty of twenty-five tient whose or without sed, and up red dollars funlawful or ture of that poses of the consider the or hospice's in and other regulations, and violations ately correct curring, and stricted the section. The consider all unt of an ion.	C.	until the staffer has be trained.  The File Room Superve photocopies to perform documented spot check Room staff's accuracy, associated charts and see that each sample of was filed and filed correspot-check audits of ear Room Staffer at a mini (Note: Implemented 9/  The File Room Supervision submits the documenta HIM Manager, reporting discrepancies immediated aggregates and analy from spot-check audits deficiencies/outliers, and investigation and reme Productivity Standard of Medical Records/HIM Supervisor prepares and daily Correspondence Work Sheet for each Fistaffer, documenting the name, the filing date and number of inches of minerords documents as staffer to file.	isor uses the news of the File pulling the checking to document ectly. The shall conduct each File mum weekly. 10/12.)  sor dings and tion to the grany tely.  zes data as to identify and initiates ediation. Audit: File Room and monitors a Filing Unit ille Room are staffer's and the edical	
		ment of all communica	İ	10.50.044	•		
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State-2567

participation.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN B. WING	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF DE	OVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STATE,	710 0005		
	BOR-UCLA MEDICAL CEN			e, CA 90502-2004 LOS ANGELES	S COUNTY	
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	Continued From page	e 2		Daily each File Roomi	ng Staffer	
	and records pertaining to the care and the stay in the hospital. Written permission shall be obtained			submits to the File Roo Supervisor a daily Cor	om	
	before the medical	records can be made availab	ole	Filing Unit Work Sheet	•	1
	to anyone not directly	concerned with the care.		documenting the time		
	1 ' '	ersonnel shall observe the	se	started and finished fili	ng his/her	
	patients' rights.			assigned stacks of me		
				documents, the termin		
	The above statute and regulation were NOT MET as		as	of the assigned docum		
	evidenced by:			number of inches of do	cuments	
	Based on intensions	and review of the medical reco	ard	he/she filed.		
	1	P&P (policy and procedure), to		The File Room Superv	isor uses the	
		protect confidential patie		newly created H.I.M. S		
		patients when the filing staff		Daily Quality/Productiv	•	
	·	ds Department, who was n		Report for Filing Corre		
		inappropriately disposed of 24		form to document the	•	
	1	ords at the bus terminal tra		inches of documents b		
	cans off the hospital c			digit grouping assigne		
				the name of the File R	oom staffer	
	Findings:			assigned to file each s		
				terminal digit grouping		
		was conducted to the hospital		File Room staffer affirm		1
		ch detected on 9/7/12, a		started and finished fili		
	ì	alifornia Department of Pub	olic	amount of documents Room staffer returned		
	Health on 9/13/12.			Room staller returned	as unilled.	
	Review of the cou	inty's health services' P&P	on	The File Room staffer	sians the	
		cted health information (Pl		HIM Supervisor Daily		
		of privacy and security of P	'	Quality/Productivity Ch	eck Report	
	remained the policy of the Los Angeles County Department of Health Services (DHS) to which the hospital belonged. Workforce members who			form.		
						1
				The File Room Superv	isor uses the	
	violated state or fed	eral patient privacy laws, and	/or	HIM Supervisor Daily		
	DHS's P&P would	be subjected to appropria	ate	Quality/Productivity Ch		
	corrective action up to and including discharge.			form to perform a docu	imented	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIPLE CONSTRUCTION  A BUILDING		(X3) DATE SURVEY COMPLETED	
	i	050376		B WING		10/05/2012	
NAME OF PE	OVIDER OR SUPPLIER	The state of the s	STREET ADDRESS.	CITY, STATE, ZIP	CODE	b	
LAC/HAR	BOR-UCLA MEDICAL CE	NTER	1000 W Carson S	t, Torrance, C	A 90502-2004 LOS ANGELES COU	NTY	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEEDED BY R LSC IDENTIFYING INFORMA	FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD & REFERENCED TO THE APPROPRIATE D	BE CROSS- COMPLETE	
	Services - Filing Correspondence Fi filing incoming corr the Unit was assig contained specific individual piece o processed in a ti ensure that these the correct medica. The procedure note happen was to file patient's chart.  On 10/2/12 at 1 Assistant Hospital a contracted janite Authority (MTA) ca reported that he ha medical documents two trash cans at bus terminal. Th identified as belong the hospital's H (HIM) and Facilities to retrieve the me medical document medical record r numbers, dates of courses of treatmes same day, the documents were id Records Staff 1 was	ital's P&P titled Med Correspondence s ling Unit was resp espondence. Each ned to a specific so number of termina f correspondence we mely and accurate documents were inc I record as soon d that the worst thin e correspondence in  145 hours, interview Administrators 1 an or of the Metropol liled the hospital on ad discovered 3-4 ind bounded by rubbe Artesia Transit Cent ne medical docum ging to the hospital ealth Information is Management was dical documents. S	showed the consible for member of ection which als. Each was to be manner to corporated in as possible. It is get that could the wrong with the d 2 showed itan Transit 9/7/12, and ch stacks of the bands in er, an MTA ments were Staff from Management dispatched forme of the ent names, telephone ty numbers, On that ers of the lived Medical area where	В.	productivity standard a determine if the amour documents that each F staffer self-reports to h the self-reported time t are consistent – or incomplemented – or incomplemented of 1 incomplemented 9/10/2012 augmented/revised 2/22  The File Room Supervisary discrepancies to the Manage immediately.  The HIM Manager aggregates and analyz spot-check audits to ide deficiencies/outliers, and investigation and remediated of completion: 10/9/2012  Personnel Training/Notification 1. In-service all Medical Recomplemented of completion: 10/9/2012  Personnel Training/Notification 1. In-service all Medical Recomplementer of completion: 10/9/2012  Personnel Training/Notification 1. In-service all Medical Recomplementer of completion: 10/9/2012  Personnel Training/Notification 1. In-service all Medical Recomplementer of completion: 10/9/2012  Personnel Training/Notification 1. In-service all Medical Recomplementer of completion: 10/9/2012  Personnel Training/Notification 1. In-service all Medical Recomplementer of completion: 10/9/2012  In-service all Medical Recomplementer of complementer of completion: 10/9/2012  The File Room Supervisors on: 10/9/2012  Actual date of completion: 10/9/2012	at of filing Room ave filed and hat filing took onsistent - Records File ch/45  ess was 2; then (8/2013.)  sor reports e HIM  es data from entify and initiates diation.  012  n (ds/HIM File Awareness entiality  0/9/2012.)  ds HIM File onsibility to	
<u> </u>					monitor staffer product	ivity reports	
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State-2567

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 050376	(X2) MULT A. BUILDIN B. WING	TIPLE CONSTRUCTION	(X3) DATE SUR COMPLETE	
	ROVIDER OR SUPPLIER BOR-UCLA MEDICAL CEN	STREET ADDRESS. 1000 W Carson S		ZIP CODE 9, CA 90502-2004 LOS ANGEL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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	inventory had iden affected by the incident of	ital's documents showed HIM's tified 246 patients who were it.  nours, interview with the police gned to the case showed the cords Staff 1 was identified by nal digit number and coincided route as the main mean of k. The Medical Records Staff riminal record. "Mainly laziness" why the patients' medical sed of inappropriately.  ours, during an interview of the nager, she stated the involved Staff 1 was a transfer from sital and had been working in s Department for one month. The Medical Records Staff 1's duction was an inch of 45 minutes. The Medical s filing 3 inches in an hour. Cal Records Manager said it mind that the Medical Records the investigation led tent medical documents hidden king area.	40.55	filed is in line w productivity sta Actual date of o 9/10/2012.  b. The new policy existing and ne used by Medica Information Ma supervision to p quality assuran improvement at Medical Record staff. Actual date of complete.  C. Other – Human Resou  1. Initiate investigation Medical Records S appropriate correct Actual date of com	that codifies w processes to be al Records/Health nagers (HIM) perform documented ce/performance udits of the work of ds/HIM File Room letion: 9/10/2012  rces n of the actions of taff 1 and implement ive actions.	3/11/13
-	:4WSM11	2/25/2013		5:04AM		
LABORATO		er/supplier representative's signal	O CONTRACTOR OF THE CONTRACTOR	TITLE		(^ \TE

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	TATEMENT OF DEFICIENCIES  ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER.  050376		ER.	(X2) MULTIPLE CONSTRUCTION  A BUILDING B WING		(X3) DATE SURVEY COMPLETED  10/05/2012	
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	Continued From pa	ige 4		011	A 1 1997 114 11 11 11 11 11 11 11 11 11 11 11 11		
	confidential information	tion.			ALITY IMPROVEMENT Planning		
	Continued From page 4 confidential information.  Review of the hospital's documents showed HIM's inventory had identified 246 patients who were affected by the incident.  On 10/3/12 at 0830 hours, interview with the police detective agent assigned to the case showed the involved Medical Records Staff 1 was identified by the documents' terminal digit number and coincided to the staff's bus route as the main mean of transportation to work. The Medical Records Staff 1 had no previous criminal record. "Mainly laziness" was the rationale why the patients' medical documents were disposed of inappropriately.  On 10/3/12 at 0950 hours, during an interview of the Medical Records Manager, she stated the involved Medical Records Staff 1 was a transfer from another county hospital and had been working in the Medical Records Department for one month. She further stated the Medical Records Staff 1's normal filing production was an inch of correspondence in 45 minutes. The Medical Records Staff 1 was filing 3 inches in an hour. However, the Medical Records Manager said it never crossed her mind that the Medical Records Staff 1 was not doing her job. The investigation led to finding more patient medical documents hidden in the employee's working area.		he police owed the ntified by coincided mean of ords Staff laziness" medical ew of the involved offer from working in e month. Staff 1's inch of Medical an hour. In said it Records gation led	В.	Monitor as part of documen Records/HIM QI activities for 1. Performance by Medica Fie Room Supervisors check audits of the filing each File Room staffer documents.  2. Occurrence of inaccuration unfiled documents as its Medical Records/HIM Foundards Supervisor during spots of required daily productivity report Room filing staffer to do the amount of documents self-reports as having from amount of time it took to filing is consistent with from the Medical Recomproductivity standard.  4. Occurrence of Medical Room staffer self-reports from the Medical Records/HIM chart filing standard.  Monitoring Medical Records/HIM to co audit to assess:	cal Records/HIM of required spot- g accuracy of assigned to file ately filed or dentified by file Room check audits.  cal Records/HIM monitoring of the tes of each File etermine whether its the staffer filed and the complete that — or an outlier cords/HIM File dard.  Records/HIM File atel filed and the determine that edical g productivity	
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State-2567

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.  050376			(X2) MULTIPLE CONSTRUCTION  A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/05/2012	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS. C	ITY, STATE,	ZIP CODE		
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	inventory had affected by the incomplete agent involved Medical the documents' to the staff's transportation to 1 had no previous was the ratio documents were on 10/3/12 at 05 Medical Records Medical Records Medical Records Staff However, the never crossed Staff 1 was not	hospital's documents slidentified 246 patients cident.  1830 hours, interview with assigned to the case I Records Staff 1 was terminal digit number as bus route as the may work. The Medical Flus criminal record. "Mainale why the patient disposed of inappropriate in 45 minutes. The Medical Records Department for ited the Medical Records Department for ited the Medical Records Department for ited the Medical Records Department for ited the Medical Records Managher mind that the Medical Records Medical Records Managher mind that the Medical document medical documents.	who were  the the police showed the identified by and coincided in mean of tecords Staff and laziness" at the involved ansfer from a working in one month. It is inch of the Medical in an hour. It is a Records estigation led		Medical Records/HIM File Ro Supervisors of required requispot-check audits of the filing of each File Room staffer as file documents.  2. Occurrence of inaccurately filing unfiled documents as identificated Records/HIM File Rosupervisor during spot-chect.  3. Compliance with performance Medical Records/HIM File Rosupervisors of required mondaily productivity reports of a Room staffer to determine we amount of documents the stareports as having filed and the reported time it took to compiling are consistent with — or from — the Medical Records/Room productivity standard.  4. Occurrence of Medical Records/Room staffer self-reports of of documents filed and filing are outliers from the Medical Records/HIM File Room productivity quarterly to Health Care In Committee, Executive Performan Improvement Committee, Executive	irement g accuracy signed to  led or ed by com k audits.  le by com itoring of the each File hether the affer self- lete that an outlier HIM File  lethe amount time that  ductivity  thly. Report aformation ce	
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  050376	(X2) MULT  A. BUILDIN  B. WING	IPLE CONSTRUCTION	(X3) DATE SUF	
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	ROVIDER OR SUPPLIER	STREET ADDRESS				
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	confidential informatio	n.		RESPONSIBLE POSITION	N(S)	
				<ul> <li>Chief Information Off</li> </ul>	icer; Director, Health	
	Review of the hosp	ital's documents showed HIM's		Information Manager	ment	
	inventory had ider	ntified 246 patients who were				
	affected by the incider	nt.				
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	On 10/3/12 at 0830	hours, interview with the police				
	detective agent assi	igned to the case showed the				
	involved Medical Re	ecords Staff 1 was identified by				
	the documents' term	inal digit number and coincided				
		route as the main mean of				
	1	rk. The Medical Records Staff				
	1	criminal record. "Mainly laziness"				
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	On 10/3/12 at 0950 h	nours, during an interview of the				
		anager, she stated the involved				
		Staff 1 was a transfer from				
		pital and had been working in				
		Is Department for one month.				
		the Medical Records Staff 1's				
		duction was an inch of				
	correspondence in					
	· .	as filing 3 inches in an hour.				
	1	ical Records Manager said it				
		mind that the Medical Records				
		g her job. The investigation led				
		tient medical documents hidden				
	in the employee's wor					
		5				
Event IC	0:4WSM11	2/25/2013	10:56	3:04AM		
ADODATO	DA DIBECTORIS OF BEOMI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE .	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. Except for nursing homes, the findings 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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