

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  045202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/11/2024
NAME OF PROVIDER OR SUPPLIER  Lakewood Health and Rehab, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2323 McCain Boulevard North Little Rock, AR 72116	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>49596</p> <p>Based on observation and interview, the facility failed to ensure resident privacy and confidentiality of personal and medical information by posting photographs of residents to the facility's social media site without the written consent of the resident or the residents designated representative.</p> <p>The findings are:</p> <ol style="list-style-type: none"> <li>On 07/09/2024 at 2:30 PM, the surveyor interviewed the Administrator, asking if the facility had a social media site. The Administrator stated, Yes, we have a social media page that we started during Covid. The surveyor asked if the facility had consents for posting to a social media site. The Administrator stated, I'm sure we do, we had to get those during Covid. I will check and see. The Surveyor asked the Administrator who has authorization to post to the facility's social media site. The Administrator stated, The Social Director and me.</li> <li>On 07/09/2024 at 2:50 PM, the Consultant handed the surveyor a form titled HIPAA (Health Information Accountability Act) Authorization for Release of Health Information Media and for Use or Disclosure of Resident Photographic and/or Video Images. The Administrator and the Surveyor conducted a random viewing of the social media postings. The social media site contains pictures of numerous residents and events held in the facility. The surveyor pointed out three resident's pictures and asked for the signed consent forms. The Administrator stated, We do not have any consent forms for posting on the social media site.</li> <li>On 04/11/2024 at 1:00 PM, the Surveyor met with the Administrator and Consultant. The Surveyor asked if they had found any consents for any of the residents posted on the social media page. The Administrator and Consultant both stated, No, we do not have them.</li> </ol>

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.

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