

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/04/2024
NAME OF PROVIDER OR SUPPLIER  The Pavilion at Ocean Point		STREET ADDRESS, CITY, STATE, ZIP CODE 3202 Duke Street San Diego, CA 92110	

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 - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40615</p> <p>Based on interview and record review, the facility failed to safeguard one resident's (1) protected health information (PHI). As a result, Resident 1's protected health information was disclosed without a proper authorization.</p> <p>Findings:</p> <p>Resident 1 was admitted to the facility on [DATE], with diagnoses which included chronic obstructive pulmonary disease (COPD; lung disease causing restricted airflow and breathing problems), per the facility's Admission Record Form.</p> <p>On 7/31/24, an unannounced visit was conducted in response to a complaint that involved an allegation of improper disclosure of personal health information without prior authorization.</p> <p>A review of Resident 1's Minimum Data Set (MDS; assessment tool), dated 7/24/24, indicated Resident 1's brief interview for mental status (BIMS; cognition status) was 15 (score of 13 to 15 indicated that a patient had intact cognitive abilities).</p> <p>A review of Resident 1's history and physical (H &amp; P) record, dated 6/9/24, indicated Resident 1 could make his own decisions.</p> <p>During an interview with Resident 1 on 7/31/24 at 11:44 a.m., Resident 1 stated that the facility's social services director called his family, who was listed as his emergency contact person, without his permission. Resident 1 stated that it was not an emergency and he did not want his family to know about his whereabouts.</p> <p>During an interview on 7/31/24 at 1:31 p.m., with the Social Services Director (SSD), the SSD acknowledged that he contacted Resident 1's family without Resident 1's authorization. The SSD stated that he wanted to obtain information from the family to assist Resident 1 with his discharge plan.</p> <p>During an interview on 7/31/24 at 4:15 p.m. with the Administrator and Director of Nursing (DON), the DON acknowledged that the SSD should have obtained permission from Resident 1 before contacting the family to assist with the discharge plan.</p> <p>(continued on next page)</p>

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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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility's policy and procedure, titled, Third Party Disclosure of Protected Health Information, dated 12/1/12, indicated .The facility will uphold the resident's rights under federal and state health privacy law .</p>		