

|  |  |   |  |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155211 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>03/07/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waters of Lebanon, The |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1585 Perry Worth Rd<br>Lebanon, IN 46052 |  |

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<br>(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** 49890</b></p> <p>Based on interview and record review, the facility failed to ensure a resident's right for his medical record to be kept private and confidential when it was not discussed without the resident's permission for 1 of 3 residents reviewed for resident's rights (Resident H).</p> <p>Findings include:</p> <p>During an interview on 3/7/2024 at 10:06 a.m., Resident H's family indicated they had received clinical information from the Business Office Manager (BOM), regarding Resident H's medical condition, treatment, and services on several occasions, which included a private meeting outside of the facility property. Information provided by the BOM to Resident H's family included but was not limited to the following details:</p> <ul style="list-style-type: none"> <li>a. The facility had not provided Resident H with wound care and there were no Wound Care notes.</li> <li>b. The facility had not provided Resident H Physical Therapy (PT), as ordered, and there were no PT notes.</li> <li>c. The BOM filed reports/grievances with the Executive Director (ED) in regard to her opinion of a lack of care for Resident H and had not received a response from the ED.</li> <li>d. The BOM shared her opinion/assumption that Resident H had decreased mental capacity.</li> <li>e. The BOM indicated she overheard a telephone conversation, which occurred between a facility nurse and Resident H's dialysis center.</li> <li>f. The facility had not created a care plan for Resident H's wounds.</li> </ul> <p>During an interview on 3/7/24 at 9:40 a.m., the BOM indicated she had given permission for Resident H's family to use the above information she provided if they wanted to file a complaint regarding the resident's care. The BOM indicated she believed she was qualified to provide clinical information to Resident H's family due to her experience as a Certified Nursing Assistant (CNA).</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 |
|---|-------|-----------|
|---|-------|-----------|

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155211  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>03/07/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Waters of Lebanon, The   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1585 Perry Worth Rd<br>Lebanon, IN 46052 |  |
| 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<br>(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>During an interview on 3/7/24 at 10:41 a.m., the Regional Nurse Consultant (RNC) indicated it was not within the scope of practice for a BOM to provide clinical information to a resident or family member. The RNC indicated the discussion of resident information outside of the facility premises would have been considered a HIPAA (Health Insurance Portability and Accountability Act) violation. The RNC indicated it would be against facility policy to provide clinical information to a family member if they were not the POA (Power of Attorney) for the resident.</p> <p>During an interview on 3/7/24 at 11:00 a.m., the Director of Nursing (DON) indicated only clinical staff were permitted to provide clinical information to the resident and/or the POA. The DON indicated health information was considered confidential and could only be provided to family members if the resident or POA provided prior approval for the information to be disseminated to family members. The DON indicated if information was shared without the resident or POA's permission, it was considered a HIPAA violation.</p> <p>On 3/7/24 at 1:00 p.m., Resident H's medical record was reviewed. He was a long-term care resident who had diagnoses which included, but were not limited to, End Stage Renal Disease (permanent kidney failure requiring dialysis), Type 2 Diabetes, and Diabetic Neuropathy (nerve damage resulting in pain or numbness).</p> <p>Resident H's most recent comprehensive Minimum Data Set (MDS) assessment was an admission MDS dated [DATE]. The MDS indicated Resident H was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 of 15 indicating considered normal cognition.</p> <p>Resident H was listed as his own responsible party and did not have a POA. The record lacked documentation of a POA and/or Guardianship authority to determine who and/or when Resident H's medical record could be discussed.</p> <p>On 3/7/24 at 12:02 p.m., the (RNC) provided a copy of the current, but undated, facility resident guidelines titled, Your Rights and Protections as a Nursing Home Resident. The guidelines indicated, .As a nursing home resident, you have certain rights and protections under Federal and state law . You have the right to be informed, make your own decisions, and have your personal information kept private</p> <p>On 3/7/24 at 1:03 p.m., the ED provided a copy of the current, but undated, facility guidelines titled, HIPAA and HiTECH Privacy. The guidelines indicated, .There should be no conversations about a resident's . personal health or health information in areas where other residents may hear or where employees without need to know may have access . It is extremely important that you never share or improperly use information with anyone who is not on a need-to-know basis .</p> <p>This citation relates to Complaint IN00428989.</p> <p>3.1-3(o)</p> |   |  |