

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2024
NAME OF PROVIDER OR SUPPLIER  Paoli Health and Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  559 W Longest St Paoli, IN 47454	

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>39130</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's right to privacy was protected for 1 of 3 residents reviewed for privacy. Two photographs of a resident, taken by facility staff, were shared to the facility's social media website without the resident's consent. (Resident F)</p> <p>Finding includes:</p> <p>During an interview and observation on 4/15/24 at 10:50 A.M., Resident F indicated that staff had shared photographs of her on the facility's social media website after she had refused consent to do so. Resident F indicated that a friend had contacted her after seeing the photographs on the facility's social media website. Resident F indicated that one of the photographs was taken during the solar eclipse (4/8/24) and the other was taken around Easter (2024). Resident F had saved the photographs to her personal phone. An observation of the images showed Resident F sitting in a wheelchair in what appeared to be the facility parking lot, and another image showed Resident F posing with an Easter bunny.</p> <p>During record review on 4/15/24 at 1:30 P.M., Resident F's diagnoses included, but were not limited to, intestinal obstruction, Sigmoid colostomy, abnormal posture, and age-related physical debility.</p> <p>Resident F's most recent Annual MDS (Minimum Data Set) assessment, dated 2/22/24, indicated that Resident F had no cognitive impairment, used a wheelchair for mobility, and required partial to moderate assistance with transfers.</p> <p>A Photography and Videography Consent Form/Release signed by Resident F and dated 1/30/24 included a checked box next to the statement, I do not grant permission to Community and its affiliates to take photographs, video footage and/or digital images of myself or grant the unrestricted right to permission to use, copyright and publish such video footage &amp; photographs of me in print and/or electronically. My refusal will not affect my ability to obtain treatment or residency at Community.</p> <p>During an interview on 4/15/24 at 2:30 P.M., the Activity Director indicated that Resident F had previously consented to photographs, but had recently withdrawn permission to use her image. The Activities Director indicated that facility staff had shared images of Resident F on the facility's social media website, but had removed the photographs after being made aware that Resident F had withdrawn permission.</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>On 4/16/24 at 12:15 P.M., the Director of Nursing supplied a facility policy titled, Compliance - Social Media Policy, dated 08/2016. The policy included, .Procedure for Institutional Posting .III. What Not to Post .C. Photographs of residents may be posted on Institutional Social Media in accordance with Community Policies and Procedures and always with the resident's knowledge and consent.</p> <p>This deficiency relates to complaint IN00430034.</p> <p>3.1-3(o)</p>		