

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155660	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2024
NAME OF PROVIDER OR SUPPLIER Pulaski Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 624 E 13th St Winamac, IN 46996	

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>20580</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's privacy was respected, related to Terminated Employee 1 using her private cell phone to take a video of a resident (Resident C), without the approval of the resident or the resident's representative, for 1 of 1 resident reviewed for privacy.</p> <p>The deficient practice was corrected by 8/1/24, prior to the start of the survey, and was therefore past noncompliance. The facility thoroughly investigated the recording and posting of the video. CNA 1 was terminated. CNA 2 was disciplined. Staff were re-educated on the cell-phone and confidentiality policy of the facility and staff re-signed acknowledgement of the policies.</p> <p>Finding includes:</p> <p>During an interview on 8/20/24 at 9:52 a.m., the Social Service Director indicated she was aware of a CNA who took a picture of Resident C. She indicated Resident C's cognition status varied.</p> <p>During an observation and interview on 8/20/24 at 10:10 a.m., Resident C was lying in bed. He was unsure why he was at the facility and was unsure of the date and the season. He indicated he knew where he used to work, but could not remember more current things. He was unable to remember if a picture/video had been taken of him.</p> <p>During an interview with the Administrator on 8/20/24 at 10:43 a.m., she indicated there was a full investigation of the incident. The CNA who had taken the video had been terminated. CNA 3 had notified her that Terminated CNA 1 had posted a video of the resident. The CNA's at the facility had a group page they could send messages to communicate with each other. The video had not been posted to a social media feed. The video had shown the resident from the shoulders up. It was taken in the bathroom, but someone could not tell it was a bathroom unless they worked at the facility and knew what the bathroom looked like. Terminated Employee 1 had indicated the resident was having a good day and she just thought it was cute. The employee had been suspended immediately and during the investigation, it had been determined CNA 2 had also been in the room while the video was being taken, so she was also suspended and a written warning was given. The video post had been deleted. The resident's responsible party had been notified of the incident.</p> <p>The video was provided by the Administrator on 8/20/24 at 10:05 a.m. The video lasted approximately three seconds and the resident was dressed in a shirt and could be seen from the mid-chest up. There was no sound on the video.</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>During an interview on 8/20/24 at 1:19 p.m., CNA 2 indicated she was in the resident's room and Terminated Employee 1 was in the bathroom with Resident C. Terminated Employee 1 was overheard asking the resident to say something about his past employment. The resident had made a statement. CNA 2 indicated she did not know Terminated Employee 1 was going to send the video to anyone else.</p> <p>During an interview on 8/20/24 at 1:31 p.m., CNA 3 indicated she had seen the video on another CNA's cell phone. The video was posted on a social media messenger page and she was not a member of group. The resident's verbalization on the video was difficult to understand. The Administrator was notified of the video.</p> <p>Resident C's record was reviewed on 8/20/24 at 11:30 a.m. The diagnoses included, but were not limited to, diabetes mellitus and repeated falls.</p> <p>An Admission Minimum Data Set assessment, dated 7/24/24, indicated an intact cognition, no behaviors, and maximum assistance was required for toileting, bathing, hygiene, transfers, and wheelchair mobility.</p> <p>A Consent Form, signed and dated by the resident on 7/18/24, indicated he had given permission for the facility to take photographs for the medication book, charts, and wound care documentation as needed. Photos could also be taken during outing activities and he acknowledged the pictures may be used for promotional purposes.</p> <p>Terminated Employee 1 had signed an acknowledgement of receipt of the Employee Handbook which included resident rights and confidentiality on 1/28/16.</p> <p>The Employee Handbook, dated 9/10/2007, indicated all internal information was to be kept strictly confidential and was not to be discussed with any person inside or outside the facility.</p> <p>Terminated Employee 1 had had signed acknowledgement of the facility cell phone policy on 10/18/19.</p> <p>The facility cell phone policy, dated 4/9/2009 and received from the Administrator as current, indicated cell phones were not to be carried on the job. The use of camera phones or other audio or video recording devices was an invasion of the resident's personal privacy and were prohibited from use.</p> <p>The current facility confidentiality statement, received from the Administrator as current on 8/20/24 at 9:57 a. m., indicated the violation of any resident's rights to privacy or confidentiality of health information may result in punitive action and possible immediate dismissal from employment. The employee was not to sent photos/videos or protected health information via un encrypted email or texting. Photographs or videos with any personal mobile device were prohibited. Posting the resident's photo/video or protected health information on any social networking website/platform was prohibited.</p> <p>This citation relates to Complaint IN00440025.</p> <p>3.1-3(o)</p>		