

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165269	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Clearview Home		STREET ADDRESS, CITY, STATE, ZIP CODE  406 West Washington Mount Ayr, IA 50854	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>47079</p> <p>Based on observations, staff interviews, and policy review, the facility failed to properly protect resident information from unauthorized access. The facility reported a census of 73 residents.</p> <p>Findings include:</p> <p>On 9/9/24 at 3:02 PM, Resident #20's Electronic Health Record (EHR) information was visible on an open laptop on the medication cart in front of the South hall nurses' station. There were ambulatory residents within the vicinity and no staff were present.</p> <p>At 3:07 pm, Staff A, Registered Nurse (RN) stated she thought she locked the laptop screen. She also stated the laptop screen's should be locked when staff is away from it.</p> <p>An undated document titled HIPAA Health Insurance Portability and Accountability Act of 1996 indicated if someone asks for information, or is accessing it, workforce members should know who the person is, and that the person is allowed to look at that information.</p> <p>On 9/11/24 at 3:38 PM, the Director of Nursing (DON) stated staff should lock the computer screen when leaving medication cart.</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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