

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Apple Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 West Thomas Avenue Waverly, MO 64096	

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)
F 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	Keep residents' personal and medical records private and confidential.  (continued on next page)

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 - Some</p>	<p>Based on interview and record review, the facility failed to provide personal privacy and confidentiality of residents personal and medical records by disposing of the records in a public dumpster. This failure affected 136 residents. The facility census was 49. The Administrator was notified on 7/18/25 of the past noncompliance which began on 5/29/25. The facility obtained a contract for proper disposal of Protected Health Information (PHI). The deficiency was corrected on 5/30/25. 1. Review of the facility's Breach of Unsecured PHI policy revised 2013, showed:-In accordance with Health Insurance Portability and Accountability Act (HIPAA) the facility would maintain policies and procedures, referenced herein, that addressed the reporting and documentation of a breach of unsecured PHI.-The facility would use and disclose unsecured PHI and electronic PHI according to facility policies and procedures.-Breach means the acquisition, access, use or disclosure of unsecured PHI in a manner that is not permitted by HIPAA which compromises the security or the privacy of the PHI. Review of the facility's Protected Health Information (PHI) policy revised 4/2014, showed:-Protected health information shall not be used or disclosed except as permitted by current federal and state laws.-It was the responsibility of all personnel who had access to resident and facility information to ensure that such information is managed and protected to prevent unauthorized release or disclosure. Review of the facility's Incident report dated 5/29/25, showed:-On 5/29/25 at approximately 10:20 P.M., the Administrator was made aware of an allegation of HIPAA noncompliance.-The allegation consisted of medical records improperly located in a dumpster off site at a laundry building.-Upon arrival to the dumpster closed boxes were found with resident's names and years labeled on the outside of the boxes. Review of the facility's Medical Record Destruction log dated 5/29/25, showed:-136 resident's medical records were retrieved from the dumpster for destruction.-The dates of the medical records ranged from 2008-2018.-All medical records were retrieved from the dumpster and destroyed via means of incineration. Review of photos received on 5/30/25 showed:-A dumpster was packed full of boxes that contained resident's medical records.-Some resident's names and years were noted on the outside of some of the boxes. Review of the maintenance director's incident statement dated 5/30/25, showed:-He/She placed the medical records in the dumpster on 5/29/25. During an interview on 7/17/25 at 10:00 A.M., the Administrator said:-The facility threw residents medical records in a trash dumpster by misunderstanding.-The Maintenance Director was the one who threw the medical records in the public trash dumpster.-The facility removed the records from the trash dumpster and took the records to a private residence and incinerated them.-The medical records were burned in a fire.-The facility currently has a contract with shred it.-He/she would have expected the resident's confidential medical information be protected.-He/She would not have expected residents' medical records to be thrown in a public dumpster. During an interview on 7/17/25 at 11:00 A.M., Licensed Practical Nurse (LPN) A, said:-He/she was aware of HIPAA regulations.-When health protected information needs to be disposed, staff placed the documents in the shred it boxes located throughout the building.-He/She would not expect protected information to be discarded in a trash can or a dumpster.-He/She received recent education from the facility about HIPAA and how to discard protected information. During an interview on 7/17/25 11:03 A.M., Housekeeper A said:-He/She was aware of HIPAA regulations and guidelines.-He/She would give anything that he/she found with residents protected information on it to the charge nurse to be disposed of properly.-He/She would not place anything with resident information on it in a trashcan or dumpster.-He/She had recent education from the facility about HIPAA and protecting residents' privacy. During an interview on 7/17/25 11:15 A.M., Maintenance Director said:-He/She threw some protected resident information in a public trash dumpster on 5/29/25.-He/She made the mistake not knowing about HIPAA regulations and violations at that time.-He/She was educated about HIPAA and now knows what to do with residents protected health information.-He/She has been instructed to give anything that he/she comes across with resident information to the charge nurse and never place anything in the trash or dumpster that has protected resident information on it. Complaint #1542769</p>		