

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Northern Dauphin Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 990 Medical Road Millersburg, PA 17061	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37013</p> <p>Based on observations, facility policy review, clinical record review, and staff interviews, it was determined that the facility failed to ensure resident privacy was protected for one of five residents reviewed, after a video baby monitor was placed in a resident's room (Resident 3).</p> <p>Findings include:</p> <p>Review of facility policy, titled Resident Rights, revised June 2023, revealed Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to: privacy and confidentiality.</p> <p>Review of Resident 3's clinical record revealed that he was admitted to the facility on [DATE], with diagnoses that included frontotemporal neurocognitive disorder (the result of damage to neurons in the frontal and temporal lobes of the brain. Many possible symptoms can result, including unusual behaviors, emotional problems, trouble communicating, difficulty with work, or difficulty with walking) and Bipolar disorder (a disorder associated with episodes of mood swings ranging from depressive lows to manic highs).</p> <p>During an interview with Employee 1 on October 30, 2024, at 10:14 AM, it was revealed that a baby video monitor was placed in Resident 3's room sometime over the weekend, in place of 1:1 monitoring, and that it was just removed from his room earlier that morning. Employee 1 stated that the camera part of the baby monitor was placed on Resident 3 and the other part of the monitor, to be able to watch Resident 3, was either at the nurse's desk or with the nurse on their medication cart. Employee 1 stated they were unaware if Resident 3 even had an order for 1:1 monitoring.</p> <p>During an interview with Employee 2 on October 30, 2024, at 10:39 AM, it was revealed that they observed a camera in Resident 3's room the day prior, because Resident 3 was to be a 1:1. They stated that the monitor portion was kept either at the nurse's station or with the nurse on the medication cart. Employee 2 stated they were unaware if the camera was still in Resident 3's room or if it had been removed.</p> <p>During an interview with Employee 3 on October 30, 2024, at 12:03 PM, it was revealed that a baby video monitor was placed in Resident 3's room on Saturday night (October 26, 2024) in order to closely monitor Resident 3. Employee 3 stated it was used in place of a 1:1 and that the nurse had the monitor portion with them, either at the nurse's desk or on the medication cart. Employee 3 said that earlier that morning, the camera was removed from Resident 3's room.</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>Observation of Resident 3 on October 30, 2024, at 10:32 AM, revealed Resident 3 in bed, closest to the door. It was also observed that Resident 3 had a roommate, located on the window side of the room, Resident 5. Observation at that time revealed Employee 4 sitting in Resident 3's room. Employee 4 stated they were Resident 3's 1:1. Employee 4 denied knowledge of a camera in Resident 3's room, but stated it was his first time sitting as a 1:1 with Resident 3.</p> <p>Review of Resident 3's physician orders revealed no orders for a 1:1 or for any kind of video monitoring.</p> <p>Review of Resident 3's clinical record revealed no evidence that written consent was obtained from Resident 3's Guardian for video monitoring in place of a 1:1.</p> <p>There was also no evidence that Resident 5 and/or their Representative was made aware that a video monitor was placed on his roommate's side of the room.</p> <p>During an interview with the Nursing Home Administrator on October 30, 2024, at 1:10 PM, she confirmed that a baby monitor is being used for Resident 3. She stated that if Resident 3 is outside of his room, a 1:1 is with him but if he is in his room, resting or sleeping, the baby video monitor is being used.</p> <p>28 Pa. Code 201.29(a) Resident rights</p>