

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Harmon House Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 South Church Street Mount Pleasant, PA 15666	

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>19102</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain the confidentiality of residents' medical information for two of seven residents reviewed (Residents 6, 7). The deficiency is being cited as past non-compliance.</p> <p>Findings include:</p> <p>The facility's policy regarding privacy, dated January 22, 2024, indicated that the facility could only use and disclose protected health information as permitted or required under HIPAA (Health Insurance Portability and Accountability Act) rules.</p> <p>A facility investigation, dated September 15, 2024, revealed that Resident 6's health information was provided to Resident 1's family member, who then presented the information to Resident 1's outside physician. Upon return to the facility, the family member again asked for Resident 1's health information and was provided a copy of Resident 7's health information instead.</p> <p>Interview with the Nursing Home Administrator on October 2, 2024, at 2:58 p.m. confirmed that Resident 6 and 7's health information was provided to Resident 1's family member and should not have been.</p> <p>Following the identification that the wrong health information was provided, the facility's corrective actions included:</p> <p>Resident 6 and 7 were notified that their health information was accidentally released.</p> <p>Audits were completed to ensure that the correct health information was provided for appointments.</p> <p>Staff were provided a verbal warning for providing the wrong health information and educated on verifying documents prior to handing them to family members/sending information on appointments. All nursing staff were educated on the facility's HIPAA privacy policy.</p> <p>The Director of Nursing/designee will conduct HIPAA audits three days per week for four weeks, then monthly for two months, to ensure residents who were going to appointments were sent with the appropriate paperwork. The findings would be reviewed with the quality assurance performance improvement committee.</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>A review of the facility's corrective actions revealed that they were in compliance with F583 on September 16, 2024.</p> <p>28 Pa. Code 201.29(a) Resident Rights.</p> <p>28 Pa. Code 211.5(b) Clinical Records.</p>