STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445008	A. Building B. Wing	05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Siskin Subacute West	1 Sisken Plaza Chattanooga, TN 37403

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 - Few	Keep residents' personal and medical records private and confidential. Based on facility policy review, medical record review, observation, and interviews, the facility failed to ensure resident health information remained private and confidential for 1 resident (Resident #5) of 5 residents observed during medication administration, which had the potential to allow unauthorized individuals access to the residents' private health information.The findings include: Review of the facility's policy dated, 4/14/2004, titled, HIPAA [Health Insurance Portability and Accountability Act] Privacy Plan, revealed .The Health Insurance Portability and Accountability Act of 1996 (HIPAA) establishes regulations for the use and disclosure of Protected Health Information (PHI) .will inform and educate all employees with access to PHI .about its various privacy policies and procedures .will establish .appropriate safeguards to prevent PHI from intentionally or unintentionally being used or disclosed . Review of the medical record revealed Resident #5 was admitted to facility on 4/24/2026 with diagnoses including Encounter for Surgical Aftercare following Surgery on the Circulatory System, Presence of Cardiac Pacemaker, and Type 2 Diabetes Mellitus with Hyperglycemia. During an observation on 5/4/2026 at 5:13 PM, on the 50's hall revealed the medication cart was left unattended with Resident #5's PHI displayed on the screen. During an interview on 5/4/2026 at 5:16 PM, on the 50's hall Registered Nurse (RN) A stated she left the medication cart to enter a resident's room and left the computer screen unlocked which revealed Resident #5's PHI. RN A confirmed Resident #5's PHI was not protected and was available for the public to view. During an interview on 5/6/2026 at 3:50 PM, the Administrator stated it was her expectation for the computer screen to be locked when left unattended in the hallway. The Administrator confirmed Resident #5's PHI was not protected when RN A failed to lock her computer screen and left the medication cart unattended.

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