

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Maryhill Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  501 Madison Ave Niagara, WI 54151	

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>38793</p> <p>Based on staff interview and record review, the facility did not ensure confidentiality of medical records for 2 residents (R) (R4 and R5) of 5 sampled residents.</p> <p>Registered Nurse (RN)-D requested a copy of RN-D's personnel file after RN-D's last day of employment on 10/30/23. The information provided to RN-D contained protected health information (PHI) from R4 and R5's medical records.</p> <p>Findings include:</p> <p>The facility's Release of Medical Records policy, revised 6/1/23, indicates medical records will be released with a valid request and in accordance with state and federal laws. Authority to access or release records is only granted by the resident or the resident's legal representative. The policy indicates the following have access rights to medical information: the resident (current), resident's family, facility personnel (current), other healthcare agencies caring for the resident, surveying agencies, outside government agencies (with authorization), the Ombudsman, insurance companies, lawyers, law enforcement agencies, and news media (with authorization).</p> <p>On 12/28/24, Surveyor reviewed RN-D's personnel file which indicated RN-D's last day of employment was 10/30/24. RN-D's personnel file included:</p> <p>~ Five pages of a fall report for R4, dated 10/25/24. The report contained R4's age, room number, physician, diagnoses list, description of fall event, plan of care, vital signs, and treatment orders.</p> <p>~ One page of a Treatment Administration Record (TAR) for R5, dated May 2023. The TAR contained R5's wound and behavior orders, diet orders, diagnoses, room number, physician, and date of birth.</p> <p>On 12/18/24 at 12:23 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding RN-D's personnel file. NHA-A verified RN-D requested a copy of RN-D's personnel file. NHA-A indicated R4's fall report was likely included in RN-D's file (and submitted to an outside government agency) due to a workman's compensation claim. NHA-A was not sure why or how R5's TAR was included in RN-D's file. When Surveyor asked if resident/representative permission was required to release R4 and R5's records to RN-D (or other outside agencies) as part of RN-D's file, NHA-A stated NHA-A was not sure of NHA-A's responsibilities. NHA-A verified R4 and R5 (or their representatives) were not informed of or asked about released medical records to a former employee or outside government agency.</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
---	-------	-----------