STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555698	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Barton Hospital D/P Snf	2170 South Avenue South Lake Tahoe, CA 96150

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 0836 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to meet State licensure requirements for Staff Development -Confidentiality of patient information as outlined in the California Code of Regulations, Title 22 when they failed to effectively provide an ongoing educational program to ensure staff possess the necessary skills and knowledge regarding the confidentiality and appropriate use of Protected Health Information (PHI).This failure resulted in a staff member accessing hospital records out of personal interest, not for patient care purposes and the breach of PHI.Findings:An investigation into a facility reported incident confirmed that a staff member admitted to using the facility computer to access her ex-husband's hospital records for personal reasons.The facility report titled Notice of Breach of Protected Health Information (PHI), dated 6/8/26 indicated, that a breach occurred on:5/4/265/5/265/7/265/12/26The Breach included access to a Patient's name, medical record, date of birth , phone number and clinical notes that included hospital notes, labs and patient status. The report further indicated that the staff member acknowledged that the access was for personal reasons.During an interview on 6/16/26 at 2:06 p.m., the Director of Nursing (DON) stated that the expectation is that staff do not access patient files that do not apply to the facility. The DON further stated that staff had annual HIPAA (Health Insurance Portability and Accountability ACT to protect the privacy and security of individuals' health information) training but nevertheless accessed the PHI for her personal use. The DON stated staff should only access files for residents that the facility is planning on caring for.A review of the California State law, Title 22, S72517(a)(6), indicated (a) Each facility shall have an ongoing educational program planned and conducted for the development and improvement of necessary skills and knowledge for all facility personnel. Each program shall include but not be limited to:. (6) Confidentiality of patient information.During a review of the facility's policy and procedure titled, HIPAA Privacy Rule - Confidentiality, dated 2026, indicated, Authorized users of health care and personal information include those Staff who have a job-related need to know and are: a) Providing direct care and treatment to the patient/resident, or b) Required to use healthcare or personal information to perform their assigned job responsibilities or to meet legal, regulatory, or other obligations of BHS ([NAME] Healthcare System), or are c) Specifically authorized by the patient/resident to have access to their confidential information.

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