

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555748</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/09/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BERKLEY EAST HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2021 ARIZONA AVE</b> <b>SANTA MONICA, CA 90404</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of two complaints.  Complaint numbers: CA00966013 and CA00966213.  The inspection was limited to the specific complaints investigated and does not represent the findings of a full inspection of the facility.  one deficiency was written as a result of complaint numbers CA00966013 and CA00966213.	F 000	<b>F 000</b> Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law.		
F 550 SS=J	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the	F 550	<b>F 550</b> <b>Immediate corrective action(s) for those Resident(s) affected by the deficient practice</b> • HIPAA Privacy Consultant was notified by the Administrator via email of the incident on 6/5/25 at 5:38 PM and an investigation was initiated. • CNA 1 was interviewed by the Administrator and Director of Nursing (DON) 6/5/25 at 3:30 PM and the nature of video clip was assessed 6/5/25 at approximately 7:00 PM. The Administrator witnessed CNA 1 delete the video from her private Instagram account and trash bin; and verified and it was not stored in the cloud. CNA received verbal 1:1 verbal counseling regarding policy violations at this time.	6/30/2025	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Kendra Norman*

*Administrator*

*7/2/2025*

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.

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F 550	<p>Continued From page 1</p> <p>provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure Certified Nursing Assistant (CNA) 1 did not violate the resident's rights to be treated with respect and dignity and did not subject the resident to humiliation (the feeling of being ashamed or losing respect for yourself) for one of eleven sampled residents (Resident 1) by failing to ensure: 1. CNA 1 did not record a video of Resident 1 without Resident 1 and/or Resident 1 Responsible Party 1's (RP 1) consent. 2. CNA 1 did not post a video of Resident 1 on social media.</p> <p>These deficient practices violated Resident 1's right to be treated with respect and dignity and the potential to subject Resident 1 to humiliation</p>	F 550	<ul style="list-style-type: none"> <li>The 5 facility employees who had potential to view the video clip were interviewed on 6/7/25 by the Administrator and QA Nurse at approximately between 1:00-1:30 PM and 4:18 PM. MR 1, CNA 3 and CNA 5 stated they did not view the video and CNA 2 and CNA 4 stated they viewed the video, but did not screenshot the video, forward it, or share the video.</li> <li>CNA 1's employee file was reviewed by Administrator on 6/5/25 at 4:30 PM. Her background and reference checks were completed. No previous disciplinary actions noted.</li> <li>CNA 1 received written counseling for her HIPAA violation and 1:1 re-training with the facility Administrator on 6/5/25 at approximately 6:00 PM. The topics covered included responsibilities in protecting personal health information (including patient images); and, facility policy prohibiting unauthorized audio/visual recordings of Residents &amp;/or posting PHI to social media. CNA 1 signed for HIPAA Retraining Inservice.</li> <li>CNA 1 was suspended on 6/6/25 at approximately 12:45 PM as a provision for immediate jeopardy abatement plan acceptance. The HIPAA Privacy Consultant provided an additional re-education on HIPAA with CNA 1 and she signed her Corrective Action Form on 6/6/25 at approximately 8:00 PM. The HIPAA Privacy Consultant determined that</li> </ul>		

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F 550	<p>Continued From page 2</p> <p>(the act of being made to feel ashamed, embarrassed, or worthless, often publicly). Based on the reasonable person concept (used to determine how an average, rational individual would act or respond in a given situation) due to Resident 1's impaired cognition (the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses), an individual subjected to humiliation can have lifetime physical and psychological (refers to the impact of psychological trauma [emotional damage] on mental health, both at an individual and community level) effects including feelings of embarrassment, negatively affect self-esteem, confidence, and overall well-being.</p> <p>On 6/6/2025 at 4:40 p.m., while at the facility, an Immediate Jeopardy (IJ, a situation in which the facility's non-compliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident) was identified in the presence of Director of Nursing (DON) and Assistant Director of Nursing (ADON) regarding the facility's failure to ensure the facility did not violate the resident's rights to be treated with respect and dignity and did not subject the resident to humiliation which can negatively affect self-esteem, confidence, and overall well-being of the resident.</p> <p>On 6/9/2025 at 5:02 p.m., the IJ was removed in the presence of the Administrator (ADM), DON and Clinical Resource Consultant (CRC) and Clinical Director (CD) after the facility submitted an acceptable IJ Removal Plan (a plan that identifies all actions the facility will take to</p>	F 550	<p>HIPAA Sanctions Policy will be followed for corrective action and remediation for CNA 1. At the direction of CDPH, CNA 1 was to remain suspended until CMS-2567 Form is received.</p> <ul style="list-style-type: none"> <li>On 6/18/25, facility received notice from CDPH that it opened an investigation into the CNA involved in this incident.</li> <li>Resident 1's wife was notified of incident on 6/5/25 at by the Social Services Director (SSD) 5:04 PM. Wife verbalized that she was satisfied with the steps the facility took, and she feels no harm was done.</li> <li>Resident 1's Physician was notified by the Administrator on 6/5/25 at 9:30 PM. No new orders were noted. Beginning on 6/7/25 Resident 1 was monitored and observed for any changes in mood, behavior, or exhibiting any distress by the SSD; and beginning on 6/8/25 by nursing staff.</li> </ul> <p>On 6/6/25, the SSD referred Resident 1 for a 3rd party psychological evaluation and determination of any residual effects related to this social media incident. The psychiatrist is scheduled to visit on 6/9/25 approximately 3:00 PM.</p> <p><b>Plan/Process to identify other Resident(s) potentially affected by the same deficient practice.</b></p>		

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F 550	<p>Continued From page 3</p> <p>immediately address the noncompliance that has resulted in the IJ situation) and the surveyor verified and confirmed through observation, interview, and record review onsite the facility's implementation of the IJ Removal Plan.</p> <p>The acceptable removal plan included the following actions:</p> <ol style="list-style-type: none"> <li>1. CNA 1 was interviewed by the ADM and DON on 6/5/2025 at 3:30 p.m., and the nature of video clip was assessed 6/5/2025 at approximately 7 p.m. The ADM witnessed CNA 1 deleted the video from her private Instagram (social media) account and trash bin; and verified and it was not stored in the cloud.</li> <li>2. CNA 1's employee file was reviewed by ADM on 6/5/2025 at 4:30 p.m. Her background and reference checks were completed. No previous disciplinary actions noted.</li> <li>3. RP 1 was notified of incident on 6/5/2025 at by the Social Services Director (SSD) 5:04 p.m. RP 1 verbalized that she was satisfied with the steps the facility took, and she feels no harm was done.</li> <li>4. Health Insurance Portability and Accountability Act (HIPAA - establishes federal standards protecting sensitive health information from disclosure without patient's consent) Privacy Consultant was notified by the ADM via email of the incident on 6/5/2025 at 5:38 p.m. and an investigation was initiated.</li> <li>6. CNA 1 received immediate counseling for her HIPAA violation and 1:1(1 to 1) re-training with the facility ADM on 6/5/2025 at approximately 6:00 p.m. The topics covered included responsibilities in protecting personal health information (including patient images); and facility policy prohibiting unauthorized audio/visual recordings of residents &amp;/or posting PHI to social</li> </ol>	F 550	<p>From 6/6/25 through 6/7/25, our SSD or Designee conducted interviews with 115 facility Residents determine if any had experienced privacy violations including being videotaped or having their picture taken without written consent. No issues or concerns were identified and noted in their clinical record progress notes. The 115 residents were interviewed by the social services staff on 6/7/25 if they are aware of or have experienced any privacy violations including being videotaped or having their picture taken. No issues or concerns were identified and noted in their clinical record progress notes.</p> <p>On 6/6/25, facility grievances and Resident Council minutes were reviewed by the Administrator at approximately 2:00 PM for the past 3 months, and no other instances of unauthorized images, recordings, or PHI disclosures were reported.</p> <p><b>Facility measures and systemic changes to ensure deficient practice does not recur:</b></p> <p>By 6/9/25, Department Managers will be in-serviced by the Clinical Resource Consultant regarding Resident Rights to Privacy and Dignity; and, HIPAA policies prohibiting disclosure of photographs or audio/visual recordings of Residents without explicit written consent. Facility policies prohibiting use of personal cell phones or other handheld computer</p>		

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F 550	Continued From page 4 media. CNA 1 signed the HIPAA Retraining Inservice. 7. Resident 1's Physician was notified by the ADM on 6/5/2025 at 9:30 p.m. No new orders were noted. The Primary Physician and MDR (Medical Director) was informed of the incident on 6/5/2025 at 9:30 p.m. The ADM will monitor for compliance and report findings or trends to the QAA/QAPI (Quality Assessment and Assurance and Quality Improvement) Committee. A weekly QAA/QAPI Meeting will be conducted to review for compliance and any further recommendations for improvement as needed until substantial compliance is achieved. 8. CNA 1 was suspended on 6/6/2025 at approximately 12:45 p.m. The HIPAA Privacy Consultant provided an additional re-education on HIPAA with CNA 1, and she signed her Corrective Action Form on 6/6/25 at approximately 8 p.m. The HIPAA Privacy Consultant determined that the HIPAA Sanctions Policy will be followed for corrective action and remediation for CNA 1. CNA 1 remains on suspension until CMS-2567 form is received. The facility will report CNA 1 to the certification board. 9. On 6/6/2025, the SSD referred Resident 1 for a 3rd party psychological evaluation and determination of any residual effects related to this social media incident. The psychiatrist is scheduled to visit on 6/9/25 approximately 3 p.m. 10. On 6/6/2025 facility grievances (formal complaint) and Resident Council (an organized group of residents who meet regularly to discuss and address concerns about quality of care in the nursing home) Minutes were reviewed by the ADM at approximately 2 p.m. for the past 3 months, and no other instances of unauthorized	F 550	devices while working will also be reviewed and a HIPAA Competency Test completed.  By 6/30/25, facility staff will receive in- service training with DON and/or Designee on Resident Rights to Privacy and Dignity; and HIPAA policies prohibiting disclosure of photographs or audio/visual recordings of Residents without explicit written consent. Facility policies prohibiting use of personal cell phones or other handheld computer devices while working will be reviewed and a HIPAA Competency Test completed.  Upon hire, facility staff will receive training on Resident Rights policies and HIPAA policies prohibiting audio or visual recordings of Residents without explicit written consent. Employees will acknowledge receipt and understanding of employee handbook, which includes policies for Resident Rights and prohibiting use of personal cell phones or other handheld computer devices while working.  On 6/7/2025, facility provided postings in common areas to remind staffs and/or any visitors regarding common HIPAA violations and no personal cellphone use while working in residents care areas. DON advised RN supervisor's and/or Licensed Nurses on duty to remind staff during nursing huddles that personal cellphones are prohibited in residents care areas.		

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F 550	Continued From page 5 images, recordings, or PHI disclosures were reported. 10. Beginning on 6/7/2025, Resident 1 was monitored and observed for any changes in mood, behavior, or exhibiting any distress by the SSD; and beginning on 6/8/2025 by nursing staff. 11. On 6/7/2025, facility provided postings in common areas to remind staffs and/or any visitors regarding common HIPAA violations and no personal cellphone use while working in residents care areas. 12. The five facility employees who had potential to view the video clip were interviewed on 6/7/2025 by the ADM and Quality Assurance Nurse (QAN) at approximately between 1-1:30 p.m., and 4:18 p.m. Medical Record Assistant 1 (MRA 1), Certified Nursing Assistant 3 (CNA 3) and Certified Nursing Assistant 5 (CNA 5) stated they did not view the video and Certified Nursing Assistant 2 (CNA 2) and Certified Nursing Assistant 4 (CNA 4) stated they viewed the video, but did not screenshot the video or forwarded or shared the video. 11.The SSD and/or Designee conducted interviews with the 11 residents CNA 1 was assigned to on 6/7/2025 to determine if any had been photographed or recorded without their written consent. No issues or concerns were identified and noted in their clinical record progress notes. The 115 residents were interviewed by the social services staff on 6/7/2025 if they are aware of or have experienced any privacy violations including being videotaped or having their picture taken. No issues or concerns were identified and noted in their clinical record progress notes. 13.The ADM, DON, ADON, Director of Staff and Development (DSD), SSD, Minimum Data Set	F 550	Department Managers were also advised to remind staff that personal cellphones are prohibited in resident care areas.  <b>Monitor performance to make sure that solutions are sustained:</b>  Beginning 6/7/25, Interdisciplinary Team members will conduct random quality monitoring rounds 3x per week to monitor staff compliance in maintaining a cell phone free environment in Resident rooms and other areas where Residents aggregate. DSD and or /Designee will conduct random observation rounds and Resident interviews 3x/week to monitor staff compliance with personal cell phone use. Identified noncompliance will be addressed immediately through counseling and re-education. The Administrator or Designee will conduct a weekly QAPI subcommittee including DON, DSD, HR, Social Services Director, Activity Director or designees to review quality rounds results for any instances of non-compliance requiring additional follow-up or remedial planning.  Activities Director, or Designee will conduct target queries during monthly Resident Council to monitor compliance with cell phone use and maintaining Resident Rights to Privacy and Dignity.  Results of quality rounds, Resident Council feedback, and grievance reports will be reviewed by facility QAPI Committee to monitor compliance with		

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F 550	<p>Continued From page 6</p> <p>Nurse (MDSN), Rehabilitation and Maintenance/Housekeeping Directors were in-serviced on 6/7/2025 approximately 1:30 p.m. by the CRC regarding Resident Rights to Privacy and Dignity; and HIPAA policies prohibiting disclosure of photographs or audio/visual recordings of residents without explicit written consent. Facility policies prohibiting use of personal cell phones or other handheld computer devices while working was also reviewed. The additional Department Heads will be in-serviced by the CRC and a HIPAA Competency Test completed prior to their next scheduled shift 6/9/2025.</p> <p>14. The DON and/or Designee began in-serving facility staff on 6/7/2025 regarding Resident Rights to Privacy and Dignity; and HIPAA policies prohibiting disclosure of photographs or audio/visual recordings of Residents without explicit written consent. Facility policies prohibiting use of personal cell phones or other handheld computer devices while working was also reviewed and a HIPAA Competency Test completed.</p> <p>- As of 6/8/25, 133 of 162 facility staff have completed re-training or 82 percent (% - unit of measurement) of facility staff</p> <p>- Education and training for staff on leave, vacation, per diem or registry status will be completed prior to their next scheduled shift, until substantial training compliance is achieved.</p> <p>15. During huddles, Registered Nurse (RN) supervisor's and/or Licensed Vocational Nurses (LVN) on duty; and Department Managers will remind staff that personal cellphones are prohibited in residents care areas. Department managers will assist on monitoring compliance during random rounds utilizing the Compliance</p>	F 550	<p>maintaining Residents Rights, Privacy, and Dignity each month, or until substantial compliance is maintained for a minimum of 3 months. Compliance trends will be evaluated for additional remedial planning and monitoring needs as indicated.</p> <p><b>Responsible Person:</b> Administrator</p> <p><b>Date of Completion:</b> 6/30/2025</p>		

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F 550	<p>Continued From page 7</p> <p>Monitoring Quality Assurance (QA) Checklist. The HIPAA Sanctions Policy will be followed if any staff are found not in compliance. The ADM will monitor for compliance.</p> <p>16. The Quality Assurance Quality Assurance and Assessment/Quality Assurance Performance Improvement (QAA/QAPI - helps organizations like nursing homes and hospitals find ways to improve the quality of care they provide, prevent mistakes, and make patients or residents safer) Meeting, (attendees: Medical Director (MDR), ADM, DON, DSD, Infection Preventionist (IP), SSD, Director of Community Relations, Dietary Manager, Activities Director (AD), Medical Records, Customer Service, Business Office Manager (BOM), Staffing Coordinator (SC) led by the ADM, was scheduled for 6/9/2025 at 8:30 a.m., addressed Root Cause Analysis and a QAPI for HIPAA, Privacy and Resident Rights.</p> <p>Findings:</p> <p>During a review of the Admission Record indicated Resident 1 was admitted to the facility on 5/15/2025 with diagnosis including human metapneumovirus pneumonia (HMPV - a type of virus that mostly affects the nose, throat, and lungs. Like the common cold, it can cause symptoms like coughing, wheezing, and a runny nose), dysphagia (difficulty swallowing) and congestive heart failure (CHF-a heart disorder which causes the heart to not pump the blood efficiently, sometimes resulting in leg swelling).</p> <p>During a review of the Minimum Data Set (MDS - a resident assessment tool) dated 5/19/2025, indicated Resident 1's cognitive (mental action or process of acquiring knowledge and</p>	F 550			



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F 550	<p>Continued From page 8</p> <p>understanding) skills for daily decisions were severely impaired (having a condition or problem that significantly limits a person's physical or mental ability to perform basic work activities or daily functions). The MDS indicated Resident 1 required moderate to maximal assistance from staff for activities of daily living (ADLs- routine tasks/activities such as bathing, dressing and toileting a person performs daily to care for themselves). The MDS also indicated, Resident 1 had a total of 12 severity score (moderate depression symptoms) during his mood interview and had mood disturbance such as little interest or pleasure in doing things and feeling down, depressed, or hopeless several days in a week.</p> <p>During a review of an anonymous complaint submitted to District Office, received on 6/5/2025 at 11:45 a.m., a complaint received regarding CNA 1 who posted a video of Resident 1 on social media with two photos attached to the complaint intake.</p> <p>During an interview with CNA 1 on 6/5/2025 at 2:30 p.m., CNA 1 stated, she (CNA 1) did not take a photo of Resident 1, and she did not share any photos of him on her social media. CNA 1 stated, it is not okay to share residents' personal information as is it against the rules. CNA 1 further stated, she worked from 7 a.m. to 11 p.m. (double shift) on 6/4/2025 and will also work double shift today (6/5/2025).</p> <p>During an interview with DON on 6/5/2025 at 2:47 p.m., DON, reviewed photos that was attached to the complaint sent to District Office, and DON stated and confirmed, Photo #1 was of CNA 1 and Photo #2 was of Resident 1. DON</p>	F 550			

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F 550	<p>Continued From page 9</p> <p>stated, there has been a breach on Resident 1's privacy. The DON identified and stated the pictures were that of Resident 1. The DON confirmed and stated taht CNA 1 did not follow the facility's policies and procedures regarding:</p> <ol style="list-style-type: none"> <li>1. "Videotaping, Photographing, and Other Imaging of Residents" dated 1/2025 which indicated "Staff may not take or release images or recordings of any resident without explicit written consent. Written consent must be obtained from the resident or representative prior to obtaining images or recordings of the resident for any purposes other than investigation of abuse, neglect or emergencies, and photography obtained for personal/family use at the verbal request of the resident or family."</li> <li>2. "Resident Rights" dated 1/2025, which indicated, "Unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues."</li> <li>3. "Protected Health Information (PHI - any information about a person's health or healthcare that can be used to identify them), Management and Protection of" dated 1/2025, which indicated Protected Health Information (PHI) shall not be used or disclosed except as permitted by current federal and state laws."</li> </ol> <p>During a follow-up interview with CNA 1 on 6/5/2025 at 2:50 p.m., CNA 1 stated, "Yesterday (6/4/2025), she (CNA 1) was with Resident 1, and he (Resident 1) was making jokes, she (CNA 1) then posted a story on Instagram with him (Resident 1), and I (CNA 1) shouldn't have done that. CNA 1 stated, she did not tell (Resident 1) that everyone would see it (video clip). CNA 1</p>	F 550			

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F 550	<p>Continued From page 10</p> <p>further stated, she (CNA 1) was texting her friends on Instagram while she was in his (Resident 1's) room in which she Facetime called and posted on her (CNA 1)'s Instagram story. CNA 1 stated having video called (FaceTime) with friends and posting Resident 1's picture on her (CNA1's) personal social media.</p> <p>During an interview with Resident 1 on 6/5/2025 at 3:03 p.m., Resident 1 stated, he did not know that someone took a video of him, and it was posted on social media. Resident 1 stated, "Why would she pick on me like that?". Resident 1 stated, he had been trying to keep his stay in the facility low key (a term used by someone who wants to hide or not draw further attention) and no other people know he was in the facility or why he was there, only him and his RP 1.</p> <p>During a telephone interview on 6/6/2025 at 7:30 a.m., Resident 1's Responsible Party (RP 1) stated on 6/5/2025 at 4:30 p.m. the facility called RP 1 to inform RP 1 of an "incident" in which CNA 1 posted pictures of herself (CNA 1) and Resident 1 in the background on CNA 1's personal social media account. RP1 reported feeling stunned by the incident and did not understand why CNA 1 was in Resident 1's room and why facility staff were allowed to take pictures of residents. RP1 stated HIPAA rights were supposed to protect residents from incidents such as these. RP1 visited Resident 1 on 6/5/2025 after the facility called and stated Resident 1 reported being interviewed the night prior by a staff member. RP 1 was not sure what the extent of damage was as RP1 was not informed how many people saw the picture or what the purpose of posting the picture was. RP1</p>	F 550			

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F 550	<p>Continued From page 11</p> <p>denied being informed the picture posted was a direct picture of Resident 1. RP 1 stated it was one thing to post a picture of someone in the background and another to post a direct shot of the person. During the same interview on 6/6/2025 at 7:30 a.m., RP 1 further stated Resident 1 was a very private person and did not ever have social media and would not want to be displayed in such a vulnerable condition to the public. The RP 1 stated Resident 1's rights to privacy, dignity, and respect were violated by the facility and was concerned as to who had access to the Resident 1's unauthorized images. RP 1 stated "The rule of thumb is once you put it up on social media it is there forever., it is in the cloud, it is out there forever even if you take it down." RP1 stated Resident 1 was not able to understand or give consent to having a picture taken or posted on social media. RP 1 stated Resident 1 was a very private person and did not have social media or allow pictures to be taken by family/friends. RP1 stated Resident 1 did not wish to be seen in his current condition. RP 1 stated Resident 1 was an accomplished person and to be made a mockery of and shown in current condition was harmful and degrading to all, Resident 1 is well accomplished person. RP1 stated Resident 1's dignity was violated and stated any reasonable person would feel violated that can negatively affect their self-esteem.</p> <p>During an interview with Social Services Assistant 1 (SSA 1) and Social Services Assistant 2 (SSA 2) on 6/6/2025 at 11:32 a.m., SSA 1 and SSA 2 stated, it is not allowed to take photos and videos of residents without proper consents. SSA 2 stated, it is a violation of residents' privacy and disrespectful to take</p>	F 550			

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F 550	<p>Continued From page 12</p> <p>photos and videos of residents without a proper form of consents.</p> <p>During an interview with SSD on 6/6/2025 at 12:06 p.m., SSD stated, it is very important and on top of their priority to protect residents' privacy. SSD stated, residents should not be photographed and video recorded without their consents. SSD stated the ADM showed her a short video clip of CNA 1 and Resident 1, in which she was told that it was posted on CNA 1's Instagram story.</p> <p>During an interview with DSD on 6/6/2025 at 12:35 p.m., on 6/5/2025 towards the end of morning shift (7 am - 3:30 p.m.), the DSD stated she was made aware of the incident that CNA 1 took photo and video of Resident 1 and shared it on her social media. DSD stated, they have to investigate what happened and CNA 1 went home after that morning shift. DSD reviewed CNA 1's staffing assignment which indicated, CNA 1 worked double shift (morning shift to evening shift [3 p.m. - 11 p.m.] on 6/5/2025. DSD stated, she was not aware that CNA 1 continued working on 6/5/2025 after knowing that CNA 1 posted a video of Resident 1 on her social media.</p> <p>During a review of the video clip sent by the ADM on 6/6/2025 at 3:27 p.m., the video clip showed CNA 1 waving with Resident 1 inside Resident 1's room.</p> <p>During a review of Resident 1's Medical Record for consents and email received from the Medical Records Director (MRD) on 6/16/2025 at 5:25pm, as of 6/7/2025, there was no written consent signed by Resident 1 and/or RP 1 regarding</p>	F 550			

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F 550	<p>Continued From page 13 release of images or recordings.</p> <p>During a review of the facility's P&amp;P titled, "Videotaping, Photographing, and Other Imaging of Residents", dated 1/2025, the P&amp;P indicated, "Residents will be protected from invasion of privacy and/or abuse that might occur from photographs, videotapes, digital images, and recordings during resident care or other facility activities ... Staff may not take or release images or recordings of any resident without explicit written consent. Written consent must be obtained from the resident or representative prior to obtaining images or recordings of the resident for any purposes other than investigation of abuse, neglect or emergencies, and photography obtained for personal/family use at the verbal request of the resident or family. Transmitting unauthorized images of any resident through email, internet or social media is considered a violation of resident rights. Any image or recording taken that may be construed as humiliating or demeaning to a resident or residents is considered resident abuse and will be reported and investigated as such."</p> <p>During a review of the facility's P&amp;P titled, "Resident Rights", dated 1/2025, the P&amp;P indicated "The unauthorized release, access, or disclosure of resident information is prohibited. All release, access, or disclosure of resident information must be in accordance with current laws governing privacy of information issues. All inquiries concerning the release of resident information should be directed to the HIPAA compliance officer."</p> <p>During a review of the facility's P&amp;P titled,</p>	F 550			

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F 550	Continued From page 14 "Telephone, Employee Use of", dated 1/2025, the P&P indicated, "Cellular phones may be used for personal calls and text messaging ONLY when the employee is on authorized meal and break periods. Employee cell phones will remain off and/or silent during all other work hours."  During a review of the facility's P&P titled, "Protected Health Information (PHI), Management and Protection of", dated 1/2025, the P&P indicated, "Protected Health Information (PHI) shall not be used or disclosed except as permitted by current federal and state laws ... It is the responsibility of all personnel who have access to resident and facility information to ensure that such information is managed and protected to prevent unauthorized release or disclosure."	F 550			