

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

PRINTED: 03/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739	
(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 164 SS=D	<p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and staff interviews the facility failed to protect confidential medical information for 1 of 3 sampled residents (Resident #8). The findings included: Resident #8 was admitted to the facility on</p>	F 164	<p>The preparation and/or execution of this plan of correction does not constitute admissions or agreement by the provider of the truth of the facts alleged or the conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by provisions of federal and state law.</p> <p>Resident # 3 no longer resides in health care center. Upon recognition (1-29-16) of resident #8's information being in resident # 3's medical record, the Golden Living Center Corporate office was contacted and the breach was reported. Resident # 8's family was notified of two pages containing hospital medical information were placed and released to another patient's family. Resident #8 has had no negative outcome.</p> <p>A Plan of Correction was put into place on 1-29-16, requiring all copied Medical Records be reviewed by two Golden Living staff members prior to being released. The staff members include the Executive Director, Business Office Manager, Medical Records Manager or the Director of Nursing.</p>	3-17-16

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

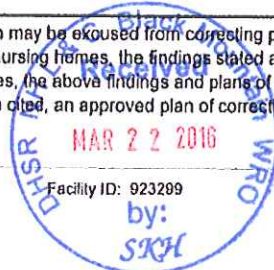
[Signature] Executive Director

TITLE

(X6) DATE

3-21-16

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.



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

PRINTED: 03/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739		
(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 164	Continued From page 1 01/17/14 with diagnoses that included dementia, psychosis, schizophrenia, and anxiety among others. Review of her quarterly Minimum Data Set dated 02/01/16 revealed she was severely cognitively impaired and required extensive assistance with activities of daily living. Resident #8 was observed and questioned in the facility's locked unit. She was alert and friendly, but was confused and unable to answer questions coherently. An interview conducted with the Medical Records Clerk (MRC) on 03/03/16 at 11:40 AM revealed she received a request for a copy of Resident #3's medical record after he expired at the facility. She stated when a request for medical records comes to the facility for any resident, the process involves having all the appropriate releases signed, and verification of the credentials of the person requesting the medical records. The MRC indicated all of the information requested is approved by corporate for release, copied page by page, counted, and placed in a packet. She stated this process was followed when Resident #3's person of authority (POA) requested his medical records. The MRC acknowledged that after Resident #3's POA received the packet of medical records, she called back to the facility, and the MRC was informed that the packet also contained records of Resident #8. The MRC revealed she went back through the records of Resident #3 that were copied, and discovered records of Resident #8 had been included in the packet of Resident #3's records that were given to his POA. The MRC stated that she was ultimately responsible for the mistake and should have made sure Resident #3's medical records were not included in the record packet presented to Resident #8's POA. On 03/03/16 at 2:00 PM an interview was	F 164	Record requests were reviewed by Medical Records Director to identify if other copied records contained information other than the requested patients information. No errors were identified. Medical Record Manger was educated by Golden Living Corporate Medical Records Director on 1-29-16 regarding the necessity of accurate copying of Patient Medical Records. All requested copies of patient Medical Records will be reviewed by two people. The Executive Director, Director of Nursing, Medical Records Manager, or the Business Office Manager. This practice will be ongoing. The Executive Director will review all results of two person reviews for three months. The results of the audits will be reviewed by the QAPI committee monthly for 3 months.	3-17-16	

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

PRINTED: 03/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/03/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - HENDERSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739
--	---

(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 164 Continued From page 2
conducted with the facility Administrator. She stated she was aware of the mistake made by the medical records department when medical records from Resident #8 was included in copied medical records issued to the POA for Resident #3. She stated the facility took the responsibility to provide accurate medical records and maintain resident confidentiality very seriously. The Administrator revealed it was her expectation that copied medical records sent out of the facility were reviewed piece by piece before they were released to insure that only the information requested is provided and does not breach the confidentiality of any other residents.

F 514
SS=D 483.75(I)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE

The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.

The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.

This REQUIREMENT is not met as evidenced by:
Based on record reviews and staff interviews the facility failed to provide accurate medical records for a discharged resident for 1 of 3 sampled residents (Resident #3).

F 164

F 514

Resident # 3 no longer resides in health care center. Upon recognition (1-29-16) of resident #8's information being in resident # 3's medical record, the Golden Living Center Corporate office was contacted and the breach was reported. Resident # 8's family was notified of two pages containing hospital medical information were placed and released to another patient's family. Resident #8 has had no negative outcome.

A Plan of Correction was put into place on 1-29-16, requiring all copied Medical Records be reviewed by two Golden Living staff members prior to being released. The staff members include the Executive Director, Business Office Manager, Medical Records Manager or the Director of Nursing.

3-17-16

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

PRINTED: 03/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - HENDERSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739		
(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 514	<p>Continued From page 3</p> <p>The findings included: Resident #3 was admitted to the facility on 12/31/15 and expired on 01/08/16. His diagnoses included lung disease, cardiac arrhythmias, and peripheral vascular disease. The five day Minimum Data Set indicated he required extensive assistance with most activities of daily living.</p> <p>An interview conducted with the Medical Records Clerk (MRC) on 03/03/16 at 11:40 AM revealed she received a request for a copy of Resident #3's medical record after he expired at the facility. She stated when a request for medical records comes to the facility for any resident, the process involves having all the appropriate releases signed, and verification of the credentials of the person requesting the medical records. The MRC indicated all of the information requested is approved by corporate for release, copied page by page, counted, and placed in a packet. She stated this process was followed when Resident #3's person of authority (POA) requested his medical records. The MRC acknowledged that after Resident #3's POA received the packet of medical records, she called back to the facility, and the MRC was informed that the packet also contained medical records of Resident #8. The MRC revealed she went back through the records of Resident #3 that were copied, and discovered records of Resident #8 had been included in the packet of Resident #3's records that were given to his POA. The MRC stated that she was ultimately responsible for the mistake and should have made sure Resident #8's medical records copied and presented to the POA were accurate and only contained his personal information.</p> <p>On 03/03/16 at 2:00 PM an interview was conducted with the facility Administrator. She stated she was aware of the mistake made by the</p>	F 514	<p>Record requests were reviewed by Medical Records Director to identify if other copied records contained information other than the requested patients information. No errors were identified.</p> <p>Medical Record Manger was educated by Golden Living Corporate Medical Records Director on 1-29-16 regarding the necessity of accurate copying of Patient Medical Records.</p> <p>All requested copies of patient Medical Records will be reviewed by two people. The Executive Director, Director of Nursing, Medical Records Manager, or the Business Office Manager.</p> <p>This practice will be ongoing. The Executive Director will review all results of two person reviews for three months. The results of the audits will be reviewed by the QAPI committee monthly for 3 months.</p>	3-17-16

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

PRINTED: 03/17/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345223	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/03/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - HENDERSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1510 HEBRON STREET HENDERSONVILLE, NC 28739		
(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 514	Continued From page 4 medical records department when medical records from Resident #8 was included in copied medical records issued to the POA for Resident #3. She stated the facility took the responsibility to provide accurate medical records and maintain resident confidentiality very seriously. The Administrator revealed it was her expectation that copied medical records sent out of the facility were reviewed piece by piece before they were released to insure that only the information requested is provided and the record was accurate.	F 514			

