

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

PRINTED: 04/11/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345281	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2019
NAME OF PROVIDER OR SUPPLIER STANLY MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 BETHANY CHURCH ROAD ALBEMARLE, NC 28001		
(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 583 SS=D	<p>Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii)</p> <p>§483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.</p> <p>§483.10(h)(l) 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>§483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law. This REQUIREMENT is not met as evidenced by: Based on record review and resident and staff interview, the facility failed to provide privacy to a</p>	F 583	Preparation and/or execution of this Plan of Correction does not constitute	4/8/19	

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

TITLE

(X6) DATE

Electronically Signed

03/23/2019

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 583	<p>Continued From page 1</p> <p>resident by taking picture of a resident and posting it on the social media (snapchat) for 1 of 1 sampled resident reviewed for privacy (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was originally admitted to the facility on 5/20/16 with multiple diagnoses including depression. The quarterly Minimum Data Set (MDS) assessment dated 1/9/19 indicated that Resident #1's cognition was intact.</p> <p>The facility's policy on "social media" with the revised date of 10/10/18 was reviewed. The policy under team member responsibilities read in part "Team members are to maintain patient privacy and comply with all Health Insurance Portability and Accountability Act (HIPAA) and privacy policies. Team members are not to use or disclose patient information in social media. It is important to recognize that a patient may be identifiable even if his/her name is not used". The policy under social media guidelines read in part "12. Posting or sharing photos of patients and/or (name of corporation) equipment, property or facilities is prohibited unless approved through Privacy Risk Management and Corporate Communications, Marketing and Outreach".</p> <p>A Facility Reported Incident (FRI) dated 2/4/19 (24 hour report) and 2/8/19 (5 day report) was reviewed. The 24 hour report indicated that the facility was made aware of the incident with Resident #1 on 2/4/19 and the allegation was "a staff member allegedly took a picture of resident and posted on snapchat media". The alleged staff member was Nurse Aide (NA) #1.</p>	F 583	<p>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 and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>F583</p> <ul style="list-style-type: none"> • Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; <p>On 2/4/19, the Administrator interviewed the Resident and Resident Representative and reviewed with them the facility's policy on social media. In addition, the Resident and Resident Representative were informed that NA #1 was suspended pending investigation and a report was made to DHSR Health Care Personnel Investigations. NA #1 returned to work and on 2/8/19, NA #1 was in-serviced on the facility's policy on social media. In addition, the employee received a counseling performance review which stated that the employee would not post resident information on social media and that failure to follow the social media policy could result in termination.</p> <ul style="list-style-type: none"> • Address how the facility will identify other residents having the potential to be affected by the same deficient practice; <p>On 2/4/19 and 2/5/19, alert and oriented</p>		

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F 583	<p>Continued From page 2</p> <p>The 5 day report dated 2/8/19 revealed that NA #1 was in-serviced on social media. The summary of the facility's investigation was NA #1 admitted for taking a picture of resident per resident request. The corrective action was all employees including NA #1 were in-serviced on the policy regarding social media. The report revealed that the allegation was substantiated.</p> <p>On 3/11/19 at 11:40 AM, NA #2 (assigned to Resident #1) was interviewed. She stated that she had worked at the facility for almost 10 months and knew Resident #1 well. NA #2 indicated that she had not seen the picture but she had heard that NA #1 had taken a selfie of the resident and herself and posted it on the snapchat using her cell phone. NA #2 further reported that Resident #1 was not capable of giving a consent to take picture of herself due to her cognition.</p> <p>On 3/11/19 at 11:52 AM, Resident #1 was interviewed. The resident stated that she didn't know that a staff member had taken a picture of her. Resident #1 also reported that she had not given permission or had requested anybody to take a picture of her. The resident indicated that if a picture was taken without her permission she would be mad and she would feel insulted.</p> <p>On 3/11/19 at 12:44 PM, the Director of Nursing (DON) was interviewed. The DON stated that she was made aware of the incident where NA #1 had taken a picture of Resident #1 and posted the picture on snapchat, however the Administrator was the one who investigated the incident. She also indicated that she didn't know Resident #1 well enough if she was on her right mind to give consent to have her picture taken.</p>	F 583	<p>residents were interviewed to determine if any employee had taken pictures of them. No issues were identified. Administrative staff and certified nursing assistance were interviewed by administrator on 2/4/19 and 2/5/19 and determined that no other resident's pictures were posted on social media.</p> <ul style="list-style-type: none"> • Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur; <p>On 1/14/19, staff were educated by the Administrator on facility policies, including social media. Beginning 2/18/19, staff were reeducated on the facility's policy on social media. Inservice focused on employees being prohibited from posting resident information on social media and that failure to follow the social media policy could result in termination.</p> <ul style="list-style-type: none"> • Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. <p>Beginning 3/28/19, Resident Liaison or designee, will conduct interviews with 2 staff members and 5 residents who are alert and oriented or Responsible Representative for cognitively impaired residents a week for 12 weeks, for compliance with the facility's policy on social media. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly. Continued monitoring</p>		

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F 583	<p>Continued From page 3</p> <p>The DON further reported that apparently NA #1 was showing pictures to Resident #1 from her cell phone's snapchat page and the resident was enjoying watching the pictures. NA #1 then took a selfie of herself and the resident and posted the picture on the snapchat. Another staff member had seen the picture on her cell phone's snapchat page and reported it to the Administrator. The DON indicated that she had seen the picture of Resident #1 and NA #1 on the snapchat page of another staff member's cell phone. Resident #1 was smiling on the picture. The DON further stated that she expected NA #1 to follow the facility's policy on social media regarding taking picture and posting resident information.</p> <p>On 3/11/19 at 1:25 PM, NA #1 was interviewed. NA #1 stated that she was unable to remember the exact date of the incident but it was on the first week of February, 2019. She stated that she was assigned to Resident #1 that day. Resident #1 was anxious that day and in order to calm her down she showed her pictures on her cell phone's snapchat page and the resident was happy looking at the pictures. NA #1 reported that using her cell phone she took a selfie with the resident and she posted the picture on her snapchat page. The picture was showing her face and Resident #1's face. Resident #1 was wearing her oxygen on the picture. NA #1 stated that she knew she was not supposed to take picture of a resident and she knew it was wrong. She indicated that it was a dignity issue but it was just a lack of judgement on her part and she should have not done it. NA #1 stated that Resident #1 was not on her right mind to give consent for the picture. She also reported that she didn't ask permission from Resident #1 to take the picture but the resident was aware that a</p>	F 583	<p>will be determined by the QAPI Committee, based on compliance results.</p> <ul style="list-style-type: none"> • Include dates when corrective action will be completed. <p>4/8/19</p>		

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F 583	<p>Continued From page 4</p> <p>picture was taken after the picture was shown to her. After the picture was shown to Resident #1, she asked if other people could see the picture and she answered her "not a lot". NA #1 reported that 4-5 friends on snapchat page had seen the picture and reported her to the Administrator. NA #1 further indicated that Resident #1 did not request to have her picture taken.</p> <p>On 3/11/19 at 2:10 PM, Nurse #1 was interviewed. She stated that she had seen the picture of NA #1 with Resident #1 on her cell phone's snapchat page. She stated that staff members were not supposed to take picture of resident and to post resident's information on the social media.</p> <p>On 3/11/19 at 2:42 PM, Nurse #2 was interviewed. She stated that she had seen the picture of Resident #1 with NA #1 on her snapchat page. She added that she was trained not to take picture of resident and not to post pictures of residents on social media.</p> <p>On 3/11/19 at 3:42 PM, a telephone interview was conducted with the Administrator. She stated that a staff member reported that a staff member had taken a picture of Resident #1 and posted it on the snapchat. She immediately suspended the alleged employee and started her investigation. The alleged employee admitted taking a picture of Resident #1 and posted it on the snapchat. All staff members including NA #1 were in-serviced on social media. She reported the incident to the state and to law enforcement agency and had given NA #1 a verbal coaching. When asked if any audit or monitoring had been conducted, the Administrator replied that there were no other social media incidents reported by the staff and</p>	F 583			

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F 583	Continued From page 5 there's nothing to monitor. The Administrator further stated that she expected the staff to follow the facility's social media policy. On 3/11/19 at 7:25 PM, a telephone call was received from NA #3. The NA verified that she had seen the picture of Resident #1 with NA #1 on her snapchat page.	F 583		