Name of Provider or Supplier: HUNTINGDON HEALTH & REHAB CENTER

Street Address, City, State, Zip Code: 635 HIGH STREET HUNTINGDON, TN 38344

Summary Statement of Deficiencies:

<table>
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<tr>
<th>N1216</th>
<th>1200-8-6-12(1)(p) Resident Rights</th>
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<td>(1) The nursing home shall establish and implement written policies and procedures setting forth the rights of residents for the protection and preservation of dignity, individuality and, to the extent medically feasible, independence. Residents and their families or other representatives shall be fully informed and documentation shall be maintained in the resident's file of the following rights:</td>
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<td>(p) To have their records kept confidential and private. Written consent by the resident must be obtained prior to release of information except to persons authorized by law. If the resident lacks capacity, written consent is required from the resident's health care decision maker. The nursing home must have policies to govern access and duplication of the resident's record;</td>
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This Rule is not met as evidenced by:
- Type C Pending Penalty #5
- Tennessee Code Annotated 68-11-804(c)5: Each patient has a right to have the patient's personal records kept confidential and private.
- Based on policy review and observations, it was determined 3 of 8 nurses (Nurses #1, 2 and 6) observed administering medications failed to maintain privacy and confidentiality of resident's medical records by not closing the medication administration record (MAR) on 3 of 5 (A, B and D hall) halls.

The facility does utilize processes and systems to ensure that the Residents' health information remains private.

Nurses #1, #2 and #6 as well as other nursing staff that worked during the period of the survey were re-educated over privacy requirements of resident information and the processes to be followed to ensure that Resident MAR's are covered and kept private.

No residents were found to be adversely affected as a result of the concerns noted. Nursing staff responded immediately to ensuring MAR's were covered thereby protecting the privacy of resident information.

Random monitoring of MAR's was initiated and additional re-education pertaining to the concern was provided.

Nursing staff will receive comprehensive re-education over privacy requirements of resident information and the processes to be followed to ensure that Resident
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The findings included:

1. Review of the facility's medication administration general guidelines page 5 of 6 documented, "...18. Resident's health information needs to remain private. The pages of the MAR notebook containing resident health information must remain closed or covered when not in direct use..."

2. Observations during the initial tour of D hall on 6/21/10 at 8:40 AM, revealed the MAR was open and unattended on top of the medication cart located (between rooms 168 and 170) with a resident's health information visible to anyone who passed by.

3. Observations outside of room 109 (A hall) on 6/21/10 at 11:05 AM, Nurse #1 left the MAR open and unattended on top of the medication cart with a resident's health information visible to anyone who passed by.

   Observations outside of room 129 (B hall) on 6/21/10 at 11:30 AM, Nurse #1 left the MAR open and unattended on top of the medication cart with a resident's health information visible to anyone who passed by.

4. Observations outside of room 142 (B hall) on 6/21/10 at 11:10 AM, revealed the MAR was open and unattended on top of the medication cart with a resident's health information visible to anyone who passed by.

5. Observations outside of room 114 (A hall) on 6/21/10 at 3:30 PM, Nurse #2 left the MAR open and unattended on top of the medication cart with a resident's health information visible to anyone who passed by.

N1216 MAR's are covered and kept private by SDC or designee to be completed on or before July 15, 2010.

Privacy covers for the MAR's are being order to aide nurses in keeping MAR's covered.

Weekly monitoring will be conducted for three months by the Director of Nursing or designee. Monitoring will encompass all three shifts each week. After three months monitoring on all three shifts will continue monthly for three months or longer as needed.

The Director of Nursing or designee will report applicable monitoring data to the monthly Quality Assurance Committee for three months.

The QA&A Committee will determine the need for continued audit frequency at this time if 100% compliance has been met.

07/19/10
6. Observations outside of room 172 (D hall) on 6/22/10 at 8:15 AM, Nurse #6 left the MAR open and unattended on top of the medication cart with a resident's health information visible to anyone who passed by.