STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE: 06/22/2011

MCKENDREE VILLAGE INC

STREET ADDRESS, CITY, STATE, ZIP CODE
4347 LEBANON ROAD
HERMITAGE, TN 37076

F 164
463.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS

The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.

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.

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.

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.

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 health care institution; law; third party payment contract; or the resident.

This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, the facility failed to maintain the confidentiality of the medical record for one (#3) of six residents reviewed.

This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction (PoC) does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.

F 164 Privacy/Confidentiality of Records

It is the policy of this facility to safeguard all resident records and to protect the confidentiality of the information. The facility's method for achieving this goal include, breaking down charts into discharge order when residents are discharged from the facility, and providing a secure location with limited access for the storage of medical records and confidential records. No other residents of the facility were affected by the practice because residents number three (3) and six (6) were both discharged from the facility and corrective actions have now been put in place.

All residents that request a copy of their medical records are potentially affected by the cited deficiency. The Director of Nursing or designees will review records that are requested to ensure confidentiality and to prevent reoccurrence. The facility will verify this review through a Medical Record review form which will be signed by the Director of Nursing or their designee.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

Fred R. Levoy, Administrator 7/7/2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the facility 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 discardable 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 discardable 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
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The findings included:

Medical record review revealed resident #3 was admitted to the facility on November 3, 2009, with diagnoses to include Hypertension, Dementia, Closed Head Injury, Seizures, Gastroesophageal Reflux Disease, Osteoporosis, Atrial Fibrillation, Acute Renal Failure, Breast Cancer, and Transient Ischemic Attack. Medical record review of the Minimum Data Set datable April 2011, revealed the resident was moderately cognitively impaired with short and long-term memory deficits; required extensive assistance with bathing, dressing, grooming, toileting, and transfers; used a wheelchair for ambulation; was frequently incontinent of bowel and bladder, and made sounds.

Review of Medication Administration Records (MARs) forwarded to the resident's family revealed the MARs of resident #3 as well as those of resident #6. Review of the medical record of resident #3 revealed the MARs of resident #6 mixed in with the MARs of resident #3 as well as the whole medical record of resident #6 in the midst of the medical record of resident #3.

During interview on June 22, 2011, at 4:40 p.m., in the conference room, the Director of Nursing confirmed documents belonging to resident #6 were found in the medical record of resident #3.

F 164 (continued)

To enhance currently compliant operations and under the direction of the Director of Nursing, on 7-1-2011, the HIM Director and employees in the Medical records department, received an in-service training regarding the state and federal requirements regarding the Privacy and Confidentiality of medical records. This training emphasized the importance of providing complete and accurate medical records. The HIM Director will collect requested information to be reviewed by the Director of Nursing or designee, who will verify records are complete and accurate as documented on the Medical Record Review form.

On 7-1-2011, a quality assurance program was implemented under the supervision of the Director of Nursing to monitor for evidence of this deficiency. The Director of Nursing, Administrator, or designee will review at least ten percent (10%) of all closed charts to verify they are in discharge order and the information is accurate. Any deficient finding will be corrected immediately. Monitoring will occur weekly for four (4) weeks, monthly for two (2) months, and then randomly, as needed. Findings of the quality assurance monitoring will be documented and submitted at the monthly Performance Improvement committee meetings for further review or corrective action, for the next 3 months then as needed.

7-22-2011