

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N023024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2021
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF EUDORA		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 CHURCH ST EUDORA, KS 66025		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citation represents the findings of an abbreviated survey at the above named assisted living facility conducted on 08-12-2021 for complaint # 164645.	S 000		
S 140 SS=D	26-39-103 (i) Resident Right Privacy and Confidentiality (i) Privacy and confidentiality. The administrator or operator shall ensure that each resident is afforded the right to personal privacy and confidentiality of personal and clinical records. (1) The administrator or operator shall ensure that each resident is provided privacy during medical and nursing treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups. (2) The administrator or operator shall ensure that the personal and clinical records of the resident are maintained in a confidential manner. (3) The administrator or operator shall ensure that a release signed by the resident or the resident's legal representative is obtained before records are released to anyone outside the adult care home, except in the case of transfer to another health care institution or as required by law. This STANDARD is not met as evidenced by: K.A.R. 26-39-103(i) The facility reported a census of 32 residents. The sample included 1 focus review resident (#102). Based on record review and interview for resident #102, the operator failed to ensure each resident was afforded the right to personal privacy	S 140		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N023024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2021
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF EUDORA		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 CHURCH ST EUDORA, KS 66025		
(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) COMPLETE DATE
S 140	Continued From page 1 when staff member (#B) took a video on his/her privately-owned cell phone of their self with resident #102 and shared the video on a public social media site. Findings included: - Record review for Resident #102 revealed admission on 07-19-2021 with diagnosis of Sleep Apnea, Hyperlipidemia, Essential Hypertension and Unspecified Dementia. The Functional Capacity Screen (FCS) dated 07-19-2021 revealed resident required health care services, Current problems identified included difficulty with memory/recall and impaired decision making. The Negotiated Service Agreement (NSA) dated 07-19-2021 recorded services for assistance with activities of daily living for bathing and management of medications and management of medical treatment. Resident #102's record contained a signed Kansas Resident Rights form dated 07-15-2021 which stated resident has the right to personal privacy and confidentiality. Interview on 08-12-2021 at 11:30AM with Administrative staff #A confirmed the identity of persons in the still picture that was taken from the video, as Staff #B and Resident #102 who was seated behind staff #B. The picture included an arrow pointed to resident #102 with a printed caption that identified the resident by the resident's preferred name. Administrative staff #A confirmed that Staff # B shared the picture on the	S 140		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N023024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/12/2021
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF EUDORA		STREET ADDRESS, CITY, STATE, ZIP CODE 2725 CHURCH ST EUDORA, KS 66025		
(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) COMPLETE DATE
S 140	Continued From page 2 public social media site "Tik Tok" on 08-04-2021. Review of Staff #B personnel records confirm signed acknowledgment dated 12-29-2020 by staff #B of agreement to abide by the policies, procedures and guidelines contained in the employee handbook. Employee handbook contains section titled "Personal cell phones and other electronic devicesBlogs and Social media ...The sharing of HIPAA protected information (including information pertaining to residents' identities, resident care or resident involvement/affiliation at the facility on or by employees personal accounts held on social media is strictly prohibited ...Social media platforms include but are not limited to Facebook, Twitter, YouTube, Instagram, Snapchat, Vimeo, Reddit, Tik Tok, blogs, etc.." For Resident # 102 the operator failed to ensure each resident was afforded the right to personal privacy when a staff member took a video that included the resident on a privately-owned cell phone which ended up being viewed and shared on public media and with persons outside of the facility and not related to the resident.	S 140		