| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 255272 | A. BUILDING _____ B. WING _____ | C 06/27/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MYRTLES NURSING CENTER, LLC** | **1018 ALBERTA AVENUE COLUMBIA, MS 39429** |

| (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 000 | INITIAL COMMENTS<br><br>The State Agency (SA) conducted Complaint Investigations (CI) at the facility 6/26/24 through 6/27/24. During the survey, the SA determined the facility was not in compliance with the requirements for participation in Medicare and Medicaid. CI MS #25408 was investigated related to abuse. CI MS #25411 was investigated related to abuse. CI MS #25587 was investigated related to discharge rights and other and F583 was cited.<br><br>The facility held a license for 98 beds, with a census of 86. | F 000 | | |
| F 583 SS=D | Personal Privacy/Confidentiality of Records<br>CFR(s): 483.10(h)(1)-(3)(i)(ii)<br><br>§483.10(h) Privacy and Confidentiality.<br>The resident has a right to personal privacy and confidentiality of his or her personal and medical records.<br><br>§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.<br><br>§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. | F 583 | | 7/26/24 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/05/2024

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| F 583 | Continued From page 1<br>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.<br>(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.<br>(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.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff and Resident Representative (RR) interviews, record review, and facility policy, the facility failed to protect private health information for one (1) of six (6) sampled residents. (Resident #6)<br><br>Findings Include:<br><br>A review of the facility's policy titled, "Confidentiality of Resident Information," with a revision date of 05/18 revealed, " Policy: The health record is the property of the health care facility and is maintained to serve the resident, the health care providers, and the institution in accordance with legal regulatory requirements. All resident care information shall be regarded as confidential and available only to authorized users ..."<br><br>On 6/26/24 at 10:30 AM, during a telephone interview with the RR for Resident #3, she stated that on 6/18/24, she went to the facility to retrieve copies of her brother's medical records from the facility Administrator. The RR stated that she also received three (3) pages of the medical records of Resident #6. | F 583 | By submitting the enclosed materials, we are not admitting to the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceeding and submit these responses pursuant to our regulatory obligations.<br><br>On June 27, 2024 a plan was put into place to remove the network copier to a more secure location behind a locked door. The copier was physically relocated on 7/2/2024. On 6/27/2024, the RR of Resident #6 was notified of the receipt of medical records by the RR of Resident # 3.<br><br>All Residents receiving medical records requests have the potential to be affected by this deficient practice.<br><br>On June 27, 2024 the facility Administrator initiated in services for all staff on The Health Insurance Portability and Accountability Act, Residents Rights, and Confidentiality of Medical Records | |

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| F 583 | Continued From page 2<br><br>A record review of copies of the three (3) pages of medical records belonging to Resident #6 that were given to the RR of Resident #3, revealed that they were copies of a Dialysis "Transfer Summary," dated 6/18/24 for Resident #6.<br><br>On 6/26/24 at 2:48 PM, during an interview with the Administrator, she confirmed that on 6/18/24, she provided the RR of Resident #3 with 1,300 pages of medical records belonging to Resident #3. The Administrator confirmed that she reviewed his medical records prior to giving them to the RR and that to her knowledge, she provided no other residents' medical records. The Administrator stated that the facility is supposed to protect the residents' health records. Since the RR received copies of medical records belonging to Resident #6, then she must have accidentally given the RR of Resident #3 medical records that did not belong to Resident #3.<br><br>A record review of the "Face Sheet," for Resident #3 revealed the facility admitted the resident on 5/6/24. The resident had diagnoses that included Hemiplegia, of the Left Non-dominant Side and Chronic Obstructive Pulmonary Disease.<br><br>A record review of the "Face Sheet," for Resident #6 revealed the facility admitted Resident #6 on 6/6/24. The resident had diagnoses that included End Stage Renal Disease and Type 2 Diabetes Mellitus. | F 583 | On 6/28/2024, the facility Administrator began monitoring by reviewing each page of any medical records request received, no requests were received during that time. Auditing will continue once a week for 3 months, any deficient practice will be brought to the Quality Assurance Committee. A Quality Assurance and Improvement meeting is scheduled for 7/26/2024 to discuss findings from auditing medical records request and will continue for a total of three months. | |