

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

PRINTED: 03/18/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/15/2022
NAME OF PROVIDER OR SUPPLIER ACCORDIUS HEALTH AT BREVARD			STREET ADDRESS, CITY, STATE, ZIP CODE 115 N COUNTRY CLUB ROAD BREVARD, NC 28712		
(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 An onsite revisit and complaint investigation was conducted 03/13/22 to 03/14/22 with exit from the facility on 03/14/22. Additional information was obtained offsite on 03/15/22; therefore, the exit date was changed to 03/15/22. A total of 4 allegations were investigated and none were substantiated. Event ID# EX9111.	F 000			
F 583 SS=B	Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §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. §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. §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	F 583		3/16/22	

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

TITLE

(X6) DATE

Electronically Signed

03/16/2022

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>federal or state laws.</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations and staff interviews the facility failed to protect the Private Health Information (PHI) for 1 of 1 resident (Resident #2) by leaving confidential medical information unattended in an area visible and accessible to the public on 1 of 1 north unit medication cart.</p> <p>The findings included:</p> <p>A continuous observation on 03/13/22 from 12:26 PM to 12:31 PM revealed the medication cart on the north unit located by nursing station and was left unattended. A picture and the physician orders for Resident #2 were visible when passing by.</p> <p>During an interview on 03/13/22 at 12:31 PM Nurse #1 revealed she was trying to complete her medication administration assignment before lunch and just forgot to initiate the privacy screen on the computer.</p> <p>During an interview on 03/13/22 at 6:25 PM the Director of Nursing (DON) stated nurses should use the lock icon on the computer screen to hide residents PHI when they step away from the medication cart.</p>	F 583	<p>F583</p> <ol style="list-style-type: none"> 1. The facility failed to protect the Private Health Information (PHI) for 1 of 1 resident (Resident#2) by leaving confidential medical information unattended in an area visible and accessible to the public on 1 of 1 north unit medication cart. Nurse #1 was immediately educated by the Director of Nursing (DON) on Health Insurance Portability and Accountability Act (HIPPA) and Protected Health Information (PHI) and not leaving computer screen unattended with resident information visible when not in use on 3/13/2022. 2. All residents have the potential to be affected by the deficient practice. The DON and Regional Director of Clinical Services made observation rounds on 3/13/2022 to identify any additional computer screens left unattended with resident information visible. No further observations noted during rounds. 3. DON and Administrator educated current facility and agency licensed nurses and nurse aides on HIPPA and PHI and ensuring resident information is 		

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F 583	Continued From page 2 An interview was conducted on 03/13/22 at 6:49 PM with the Administrator. The Administrator revealed the computer screen could be locked and timed out after a certain point. The Administrator expected the nurses to lock the computer screen when the medication cart was left unattended to protect residents PHI.	F 583	not left visible on computer screens when unattended. Initial education will be completed on 3/16/2022. Newly hired facility and agency nurse aides and those who did not receive education on 3/16/2022 will receive education during orientation and prior to working. Effective 3/16/2022 facility and agency licensed nurses and nurse aides will follow HIPPA and PHI guidance and keep computer screens covered to protect residents <input type="checkbox"/> health information when away from computer. 4. Administrator or Designee to audit computers to ensure compliance with protecting health information by completing observation rounds three (3) times a week for four (4) weeks, one (1) time a week for four (4) weeks, and three (3) times a month for two (2) months. During audits any infractions will be corrected at that time. The Administrator will collect data from audits, and it will be brought to the Quality Assurance Performance Improvement (QAPI) committee meeting monthly for 6 months. At that time, the QAPI committee will evaluate the effectiveness of the interventions to determine if continued auditing is necessary. 5. Completion Date: 3/16/2022		