STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175525	A. BUILDING _____ B. WING _____	12/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK LANE NURSING HOME	210 E PARK LANE SCOTT CITY, KS 67871

(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 A Targeted Infection Control Survey/COVID-19 Focused Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 12/08/20. The facility was found to be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID 19. A COVID-19 Focused Emergency Preparedness Survey was conducted by the Centers for Medicare & Medicaid Services (CMS) on 12/08/20. The facility was found to be in compliance with 42 CFR §483.73 related to E-0024 (b)(6). The following citation represents the findings of complaint investigation #158447. The 2567 was electronically sent to the facility on 12/17/20. A revised copy of the deficiencies was sent tot he provider on 12/21/20.	F 000		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must-	F 600		

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

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 600	Continued From page 1 §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: The facility had a census of 57 residents. The sample included three residents reviewed for abuse. Based on record review and interview, the facility staff failed to protect one of three sampled residents from emotional abuse, when Certified Nurse Aide (CNA) N and CNA M took a video of Resident (R) 1 and posted it on social media. Findings included: - R1's "Quarterly Minimum Data Set" (MDS), dated 10/13/20, documented the resident had a Brief Interview for Mental Status (BIMS) score of six, indicating severe cognitive impairment. The MDS documented the resident required total staff assistance with locomotion on and off the unit, extensive staff assistance with bed mobility, transfers, dressing, personal hygiene, and supervision with eating. The "Mood Care Plan," dated 10/29/20, directed staff to monitor the resident for any changes in mood such as loss of appetite, decreased interaction with staff members, or verbalization of sadness. The care plan instructed staff to monitor the resident for mental status/mood state changes with the start of new medication or with dose changes. The care plan instructed staff to provide opportunities for expression of feelings related to situational stressors. The facility's "Incident Report," dated 12/06/20, documented on 12/06/20 at 12:38 PM,	F 600		

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F 600	Continued From page 2	F 600		

Administrative Nurse D notified Administrative Staff A of a video involving a staff member and now deceased R1, which had just been sent to Administrative Nurse D. The report documented Administrative Staff A and Administrative Nurse D viewed the approximately 10 second long video that showed CNA M stood next to R1 and CNA N held a phone while CNA M stood in front of the resident. The CNA N stated to R1, "Are you trying to grab [CNA M's] [breasts], what are you trying to do?" The resident reached upward towards CNA M, she backed up out of reach from the resident, and they all laughed. The report documented Administrative Nurse D called CNA M and asked her to come into the office immediately. The report documented CNA M admitted she made the video with CNA N months ago because they thought it was funny and the interaction was jovial. CNA M admitted to photographing two other residents and gave the police office permission to view her photos and videos on her phone, and one other resident's picture was on the phone. The police officer asked her to remove it from her phone and she did. The report documented immediate termination of CNA M and police were called to the facility. The report documented it was unclear who viewed the posted video of R1. The report documented the facility had group meetings with on duty staff on 12/07/20 to re-educate through face to face discussions of privacy, resident rights, social media responsibility, and how to report abuse. Written social media policy reminder was sent to all staff via the Wellsky communication system on 12/07/20. Relias education (online education) and face to face small groups discussion of privacy, resident rights, social media responsibility and how to report was on going and arrangements were being made for further group education.

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The facility's "Transcript for computer education regarding Health Insurance Portability and Accountability Act (HIPPA) (a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge), Do and Don'ts of Electronic Communication and Social Media" documented CNA M completed the training on 11/03/20. The transcript documented CMA M completed "Preventing, Recognizing, and Reporting Abuse" on 03/01/20 and "Protection of Resident's Rights in Nursing Facilities" on 07/08/20.

On 12/14/20 at 10:30 AM, Licensed Nurse (LN) G stated the resident had sexual behaviors at times, but was easily redirected. LN G stated she was unaware of staff taking photos of residents, if she observed this during her shift, she would immediately report it to Administrative Staff A.

On 12/14/20 at 04:00 PM, Administrative Nurse D stated she was unaware of the incident until R1's family member notified her on 12/6/20.

The facility's "Abuse, Neglect, and Exploitation policy," dated February 2017, documented staff were prohibited from social media during working hours or using any facility devices or equipment for social media. The policy documented staff would be prohibited from public discussion or photos of any elder or any person associated with the facility.

The facility failed to protect R1 from emotional abuse, when CNA M and CNA N took a video of him and posted it on social media, placing him at risk for negative psychosocial outcomes such

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F 600	Continued From page 4 anxiety, humiliation, anger, and depression as what any reasonable person may experience in a similar situation. The facility terminated CNA M on 12/06/20, implemented group meetings with on duty staff on 12/07/20 to re-educate through face to face discussions of privacy, resident rights, social media responsibility, and how to report abuse. Written social media policy reminder was sent to all staff via the Wellsky communication system on 12/07/20. Relias education (online education) and face to face small groups discussion of privacy, resident rights, social media responsibility and how to report was on going and arrangements were being made for further group education. This deficient practice was identified as past non-compliance and was corrected on 12/07/20.	F 600		