

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046059	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2023
NAME OF PROVIDER OR SUPPLIER CEDAR LAKE VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 15325 S LONE ELM RD OLATHE, KS 66061		
(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 represent the findings of an abbreviated survey with review of facility report #182985 at the above assisted living conducted on 09/25/23 and 09/27/23.	S 000		
S3026 SS=J	26-41-101 (f) (1) Staff Treatment of Residents ANE (f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation. This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(1)(C) The facility reported a census of 52 residents, with one closed record review. Based on interview and record review, the administrator failed to protect Resident (R) 1 from exploitation when "Certified Medication Aide" (CMA) C took a photo of R1 just after his death, which she texted to her family member and posted to a private group chat through a social media provider. This resulted in immediate jeopardy on 09/05/23 at approximately 04:42 PM. Findings included: - Record review for R1 revealed an admission	S3026		

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

TITLE

(X6) DATE

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S3026	Continued From page 1 date of 06/01/23 with diagnoses of prostate and bladder cancer. The 05/24/23 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with dressing and was unable to perform management of medications and treatments. The 05/31/23 "Negotiated Service Agreement" (NSA) identified facility staff would provide R1 assistance with dressing and undressing with his pants and compression stockings and management of medications and treatments. In an email on 09/19/23 from CMA C to Administrative Nurse B she acknowledged on 09/05/23 She took a photo of R1 just after his death and sent it via text message to her family member and then posted it to social media. The email included a screenshot of the photo with a conversation below it. The photo revealed a body from the neck down on a bed covered with a sheet. R1's feet were covered with non-skid socks, which protruded from the sheet as well as a bare forearm, which could be seen in the photo. The 09/21/23 signed interview between Administrative Staff A, Administrative Nurse B, and CMA C revealed the photo was posted to a social media group of 10-12 close nursing friends and was taken down after 6 six hours when one of her friends expressed concern that it was not a good decision. The 09/25/23 "Facility Investigation Report" sent to the State Agency documented CMA C self-reported an incident regarding privacy when	S3026		

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S3026	Continued From page 2 she took a photo of a resident from the neck down, noted he was 90% covered, and had recently died. She sent the photo to a family member and posted the photo with text regarding the death to a private group chat through a social media provider. The conversation under the photo expressed sadness for the death and gratitude for the support of fellow staff. There did not appear to be any intention of malice. After a friend expressed concern that she may have committed a violation, CMA C reviewed the facility's provided "Health Insurance Portability and Accountability Act (HIPAA) Privacy" course and then reported the incident to Administrative Nurse B. The facility provided the CMA with a final written warning that any further infractions would result in termination. The facility also mandated all staff retake the "HIPAA Privacy" course to be completed within the next 30 days. Review of staff records provided by the facility revealed CMA C completed "HIPAA Privacy" training on 07/21/23 and 09/14/23. Review of "Required Annual Training Topics - 2023" documented all staff were assigned to complete "Abuse and Neglect of the Vulnerable Adult," "HIPAA Privacy," "HIPAA Security," "Protecting Resident Rights in Assisted Living, and "Employee Handbook" online training courses." Interview on 09/25/23 at 01:38 PM CMA D stated she was provided "Abuse, Neglect, and Exploitation" training on the computer. The facility's policy was not to take photos of residents or their rooms and to give them privacy.	S3026		

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S3026	Continued From page 3 Interview on 09/25/23 at 01:57 PM Administrative Staff A stated training was provided to all staff upon hire regarding the facility's policy not to take any photos while at work. Some staff were allowed to keep their personal phone with them during a shift depending on their role . Interview on 09/25/23 at 02:26 PM CMA E stated she had been provided "Abuse, Neglect, and Exploitation" training. The facility's policy was not to take photos and if staff saw or heard of another staff member taking photos they were to report it to Administrative Nurse B. She had not witnessed any staff taking photos while at work. On 09/25/23 at 02:35 PM Administrative Nurse B confirmed a photo was taken of R1 after his death and was posted to a private social media group. She expected staff to follow the facility's policy and not take photos of residents. On 09/26/23 at 10:01 AM during phone interview R1's unidentified family member stated she saw the photo and had no concerns that any identifiable markers were in the photo. She stated the photo should not have been taken and posted to social media, but she believed there was no malicious intent according to the comments along with the photo. The 06/11/21 facility's "Photography and Video Imaging, Patient, Visitor, Workforce Member - Enterprise" policy documented the facility "must take steps to protect patients, visitors, and workforce members from unauthorized photography." A list under the section titled "Impermissible Use of Patient Photography"	S3026		

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S3026	Continued From page 4 including the following items: "Personal use of patient Photography." "Use of patient Photography for entertainment purposes." "Taking or participating in Photography without respect for patient privacy and/or dignity." The 05/18/22 facility's "Social Media - Enterprise" policy documented "Information should never contain information that identifies or potentially identifies a patient's identity or health condition in any way. This includes descriptions of injuries, conditions, or behaviors as well as photos, videos, or any other images of patients, even if not obviously identifiable. . . ." The 06/27/22 facility's "Prohibition and Prevention of Abuse, Neglect, Exploitation" policy documented "All vulnerable individuals residing in and receiving services from the facility will be protected from maltreatment." The administrator failed to protect R1 from exploitation when CMA C took a photo of R1 just after his death, which she texted to her family member and posted to a private group chat through a social media provider. Jeopardy was removed on 09/27/23 when the following actions were documented by the facility in the "Abatement Plan - Resident Privacy Violation with Photo" and accepted by the department at 12:40 PM. 1) Conducted an all-staff meeting on 09/26/23 to discuss the importance of residents' privacy rights.	S3026		

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S3026	Continued From page 5 2) Will issue a final written warning for any further issues regarding resident privacy or HIPAA violations and posted the CMA C's employment file on 09/27/23. 3) Scheduled a meeting on 09/29/23 between the administrator, nurse manager and CMA C to discuss improvements in training to prevent this from reoccurring to be shared with clinical advisor and privacy counsel for training review. 4) Will mandate all staff retake the provided HIPPA Privacy training to be completed by 10/24/23. 5) Scheduled a nursing staff meeting on 10/03/23 and 10/04/23 to discuss resident privacy and HIPAA with mock scenarios and will include take-home printed information.	S3026		