

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525656	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER FOUR WINDS MANOR		STREET ADDRESS, CITY, STATE, ZIP 303 S JEFFERSON ST VERONA, WI 53593	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0842 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility did not maintain medical records on each resident that are complete, accurately documented, readily accessible, and systematically organized in accordance with accepted professional standards and practices for 1 of 3 (R2) sampled residents. When R1 was discharged from the facility to the hospital, R1's family found papers with R2's medical information in R1's belongings. The facility did not maintain R2's confidential medical records according to standards of practice. This is evidenced by: The facility's HIPAA (Health Insurance Portability and Accountability Act) Policy dated 2/2019, notes in part: Purpose: To ensure the privacy and security of health insurance information for the residents . is protected. The Privacy Rule establishes national standards for the protection of certain health information, protects the the privacy of individually identifiable health information . Findings: R1 was admitted to the facility on [DATE] and discharged from the facility to the hospital on [DATE]. On 9/3/20 at 2:00 PM, Surveyor interviewed R1's FM C (Family Member) on the phone, FM C reported on 5/22/20, FM C came to the facility to pick up R1's belongings, there was a plastic bag containing items with R1's name on it. When FM C got home and went through the bags, FM C found papers in R1's bag containing R2's medical information. FM C stated she returned R2's papers to the facility but did not know who she returned them to. On 9/3/20 at 2:45 PM, Surveyor interviewed MR D (Medical Records) about R2's confidential medical records being returned to the facility, when R1's FM C found them in R1's belongings. MR D was not aware that this had occurred and had no information. On 9/3/20 at 3:00 PM, Surveyor interviewed NHA A (Nursing Home Administrator) about R2's personal health information leaving the facility in R1's belongings. NHA A stated she was not aware that this had occurred and stated this should not have happened. On 9/3/20 at 4:00 PM, Surveyor interviewed SW E (Social Worker) asking about how R2's documents with R2's medical information got into R1's belongings. SW D was unaware that this had occurred. SW D explained to Surveyor that housekeeping staff typically packs up resident belongings at discharge and did not know how R2's paperwork got into R1's personal belonging bag. The facility should have ensured R2's papers with medical information was protected and did not.		

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.