

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 045254	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER VILLAGE SPRINGS HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1208 NORTH HIGHWAY 7 HOT SPRINGS, AR 71909	
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 0583 Level of harm - Potential for minimal harm Residents Affected - Some	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Complaint # (AR 274) was substantiated, all or in part, with these findings: Based on record review and interview, the facility failed to maintain personal privacy and confidentiality for 1 (Resident #5) of 1 case mix resident who had not authorized use of their photograph for non-medical purposes. This failed practice had the potential to affect 10 residents who did not authorize the facility to use their photographs, according to a list provided by the Administrator on 8/14/2020 at 12:28 p.m. The findings are: Resident #5 had [DIAGNOSES REDACTED]. The Quarterly Minimum Data Set with an Assessment Reference Date of 6/8/2020 documented the resident scored 3 (0-7 indicates severe impairment) on a Brief Interview for Mental Status and required extensive assistance with most activities of daily living. a. The resident's Patient Choices and Consent form dated 8/29/2019 and signed by the resident's Power of Attorney documented, I do not authorize the facility to use photos, motion pictures, or voice transcriptions of the Patient for educational material, promotional material, and / or news releases to the media . this includes billboards, brochures, and fliers, and print, video, radio, telephone, and television advertising, as well as other marketing materials and products . b. On 8/12/2020 at 4:22 p.m., a newspaper clipping was provided to the surveyor with information which documented one of the residents in the article, Resident #5, had not given consent for the nursing home to use her photograph unless it was for medical purposes. c. On 8/13/2020 at 3:27 p.m., the Administrator was asked about the resident's picture being in the newspaper. She stated, I didn't know anything about this until you started asking questions. I called the Sheriff's Office and talked to (Deputy). She's one of their deputies. She said she couldn't remember that far back and won't write a statement. She said she organized the event and called the newspaper and had them come. At that point I called for the editor of the newspaper. He said he would have to call us back. He called back and he stated that picture was taken on 11/19/19 and that they took it early because they knew about the event coming up, and that his photographer would have come in to a desk and asked to take pictures. And that's when I told him there is no way a photographer is going to walk in with a camera and my staff not call me. He said his staff can't take pictures without getting permission, but that she will ask for permission from anybody. He told me it was our problem and that we should train our staff better. The picture was taken inside on Hall 300. (Deputy) came in and she had like six people with her. I saw the photographer come in the door. She was looking for (Deputy), so I went to (Deputy) and the reporter and told them both that we were new, and we had no idea who had consents to have their pictures taken, so no photos. (Deputy) stated we will not take pictures of residents. We will only take pictures of Garland County staff. d. A facility policy titled Confidentiality of Information and Personal Privacy provided by the Administrator on 8/14/2020 at 9:41 a.m. documented, .Our facility will protect and safeguard resident confidentiality and personal privacy .</p>		
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.