STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265870	A. BUILDING _____ B. WING _____	**06/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTHLAND REHABILITATION & HEALTH CARE CENTER	**4301 NE PARVIN ROAD KANSAS CITY, MO 64117**

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 0600 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that one resident (Resident #1) out of four sampled residents was free from mental abuse when a staff member used his/her cell phone and video recorded the resident in the shower room and posted the video to Snapchat (a popular messaging app that lets users exchange pictures and videos that are meant to disappear after they are viewed). The resident who is blind and hard of hearing was unaware of the video. The resident was naked and his/her body was exposed from the head to the knees in the video. The facility census was 75. The administrator was notified on 6/5/20 at 3:15 P.M., of the Immediate Jeopardy (IJ) Past Non-Compliance which occurred on 5/29/20. On 5/29/20, the administrator became aware of the violation of the facility Abuse and Neglect, and Phone Usage policy. The facility suspended the CNA and in-serviced the staff on Abuse and Neglect, and Phone Usage policy and procedures. The IJ was removed and corrected on 5/30/20. Review of the facility policy, Abuse, Prevention and Prohibition Policy, dated January 2017, showed: -Each resident has the right to be free from abuse. -Residents must not be subjected to abuse by anyone. -This facility prohibits mistreatment, neglect or abuse of residents. -The facility will educate all employees upon hire and at least annually of the definitions of the Abuse Prevention and Prohibition Policy. -In-services may include differences between violations of resident privacy and mental abuse; taking pictures or recordings of residents without the residents' responsible party's consent is a violation or the resident's right to privacy. -Abuse prohibition will be reviewed and discussed at least quarterly to verify staff knowledge and awareness of the plan. -Mental abuse includes but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident. Review of facility Cell Phone Usage and Social Media policy, not dated, showed: -The possession or use of cellular phones is strictly prohibited while on duty. Use of these devices will be restricted to the break room or outside of the facility. -To ensure the privacy of residents, their families, and fell ow team members, the taking of photographs or audio recordings on facility property is strictly prohibited without the explicit permission of the Administrator/Executive Director. -Prohibited activity includes: the use of social media while on duty, any information that violates privacy standards, unauthorized disclosure of resident information that violates the Health Insurance Portability and Accountability (HIPAA), resident rights, and facility policies. 1. Review of Resident #1's quarterly Minimum Data Set (MDS), a federally mandated assessment instrument completed by staff, dated 4/27/20, showed: -Wears hearing aids and has severely impaired vision. -Brief Interview for Mental Status score of 15; indicating no cognitive impairment. -Required one staff assist for dressing and personal hygiene. -[DIAGNOSES REDACTED]. Review of the resident's comprehensive care plan, dated 5/29/20, showed: -Resident was legally blind. -Resident was hard of hearing. -Resident had [MEDICAL CONDITION] depression: dated 11/14/18. -Resident required one staff participation for bathing/personal hygiene: dated 11/14/18. -Resident had suffered a traumatic life event, physical assaults from domestic violence: dated 11/27/19. Review of nurses' notes, dated 5/29/20 at 10:21 P.M. signed by the Director of Nursing (DON) showed: -Visited with resident regarding incident that happened in the shower with employee, explained what happened and offered support, notified next of kin, implemented two staff present for showers at all times, sent in-house psych referral, notified medical director, and will offer ongoing psychosocial support. Review of the undated video recording provided by the facility on 5/30/20 showed: -Video posted to Snapchat and was forty-three seconds in length. -Text across the video screen showed He/She has made me so tired just talking. -Certified Nurse Assistant (CNA) A and the resident in the shower room. -The resident was exposed from his/her head to his/her thighs. -At 00:00 seconds, CNA A starts the recording and steps back beside the resident. The resident was standing up, with no clothes on, and was exposed from his/her abdomen up to his/her head. -At 00:12 seconds, CNA A turned the resident to face the camera. CNA A looked into the camera while holding a towel and dried the resident. The resident stood with arms up and slowly turned slightly to the left. -At 00:27 seconds, CNA A picked up an adult soiled brief or underwear that was discolored, showed it into the camera, shook his/her head and smiled. -From 00:31 seconds to 00:43 seconds, showed the resident standing in the shower room exposed, with his/her left side facing the camera and slightly moving his/her upper body back and forth. CNA A is not visible in the video during this time. During an interview on 6/1/20 at 8:47 A.M., Dietary Staff Member A said: -On 5/29/20 evening, while off duty, he/she opened Snapchat and could see the resident in the circle of CNA A's story (where a picture or video can be posted on social media and viewed by friends for up to twenty-four hours). When he/she opened the story, it showed CNA A and the resident. The resident had no clothes on in the video. CNA A turned the resident towards the video and then took the video and walked around the resident, spinning the resident. CNA A also pulled the resident's brief or underwear from the floor showing that it was dirty. -The story timeline showed it was posted forty-four minutes prior. -He/She immediately used another phone to record the video in order to save a copy, notified the facility administrator, sent the administrator the video and then deleted it. -The resident is blind and cannot see. -It is against facility policy to put residents on social media or videotape them. -He/She had never seen anything like this before on Snapchat. -He/She felt shocked that someone would post a video like that. -He/She was unable to report the video to Snapchat before CNA A blocked him/her, however the DON was able to report the video. During an interview on 5/30/20 at 8:09 A.M., the facility Administrator said: -On 5/29/20, off duty Dietary Staff Member A reported a video on Snapchat of the resident by CNA A. -The video was reported to Snapchat. -He/She had a copy of the video. -CNA A was suspended and will be terminated. -CNA A admitted he/she recorded the resident and posted it to social media. -All staff were immediately in-serviced regarding Abuse and Neglect, HIPAA, and Videotaping. -Two staff are required to assist the resident with showers effective immediately. -The resident is blind. During an interview on 5/30/20 at 2:00 P.M., the resident said: -The Administrator and DON notified him/her last night of a recording performed by a staff member in the shower. -He/She felt upset, surprised anyone would do that, kind of scared, and kind of shook up. -It's a terrible feeling, scary, when one cannot see or hear. -It caused a terrible nightmare last night, it felt so real; he/she woke up fighting the mattress. -Earlier this morning he/she broke down crying in the bathroom; his/her nerves got the better of him/her. -It affected him/her mentally, physically, and emotionally. -He/She cannot get rid of the feeling of CNA A coming after him/her. -It puts a scar on you; something you do not get over overnight. -It makes you want to isolate yourself. During an interview on 6/2/20 at 9:00 A.M., CNA A said: -On 5/29/20, he/she recorded the resident after a shower at 7:00 P.M. -On 5/29/20, at approximately 8:00 P.M., the administrator called him/her to their office and confronted him/her about the video, informed him/her of suspension and was escorted out of the building. -The resident did not know he/she was being videotaped. -He/She knows the facility policy and that cell phones are not allowed during work and videotaping is not allowed. -He/She is upset that he/she videotaped the resident, knowing that it should not have happened; he/she knew better. -He/She takes full blame for his/her actions. -He/She posted the video on Snapchat. -He/She knew it was not right and not funny; performed the recording

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265870	A. BUILDING _____ B. WING _____	**06/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
NORTHLAND REHABILITATION & HEALTH CARE CENTER	**4301 NE PARVIN ROAD KANSAS CITY, MO 64117**

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 0600 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 1) out of boredom and for entertainment. During an interview on 6/2/20 at 9:22 A.M., Family Member A said: -On 5/29/20, the Administrator and DON both notified him/her of the video recording and that the police and state agency were notified. -It was disturbing to hear. -The resident is blind. Throughout multiple interviews, starting on 5/30/20 and a final interview on 6/5/20 at 3:00 P.M., the Administrator and DON said: -CNA A was suspended immediately and will be terminated from his/her employment at the facility. -A police report has been filed and next of kin were notified. -Effective 5/29/20 all staff were in-serviced and the resident had two staff assisting with all showers. -The resident is receiving one on one visits by nurses as well as social services; -The resident's counselor and psychologist were contacted to set up visits. MO 794