

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555740	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/28/2020
NAME OF PROVIDER OF SUPPLIER PALM GROVE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 1665 EAST EIGHTH STREET BEAUMONT, CA 92223	
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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure, for one of three sampled residents (Resident A), the resident's health information was only discussed and/or disclosed to the authorized resident representative. This failure had the potential to result in a violation of the resident's rights in maintaining and upholding confidentiality with the resident's protected health information. Findings: On August 13, 2020, at 3:02 p.m., Resident A's Power of Attorney representative (POA- a person authorized by the resident to act on his or her behalf, by making financial or health care decisions) was interviewed and stated facility staff gave out information in error to the resident's Family Member (FM) who was not authorized to receive any health care information regarding the resident's condition. On August 27, 2020, at 9:36 a.m., an unannounced visit to the facility was conducted to investigate a complaint related to resident rights concerns. Resident A's record was reviewed. Resident A was admitted for temporary placement in the facility on August 5, 2020. Resident A had [DIAGNOSES REDACTED]. The history and physical, dated August 14, 2020, indicated Resident A did not have the capacity to understand and make decisions. Resident A's admission record indicated the Responsible Party (RP) was the POA representative. Two other names, the resident's son and son-in-law, were listed as additional emergency contacts. On August 27, 2020, at 10:58 a.m., the Director of Nursing (DON) was interviewed and stated the RP complained that other family members who were not part of the emergency contact list received information about the resident. She stated she did not know which staff informed the other family members. When asked about the process in disclosing health information, she stated staff should verify information first and ask the RP to whom they can provide health information. She further stated staff should not give information to persons not listed in the emergency contact list. On August 27, 2020, at 11:15 a.m., the Social Services Director (SSD) was interviewed and stated Resident A was confused and did not have the capacity to understand and make decisions. She stated the RP called her on August 13, 2020, and was very furious, stating she was the POA representative of the resident. She stated the RP verbalized the facility staff released health information to the resident's daughter, who was not authorized to get information about the resident. She stated there was confusion with the contact list information from skilled nursing facility (SNF) 1 and 2, where the resident previously resided. She stated information should have been verified by staff prior to providing health information to family members. The facility's policy and procedure titled, Privacy Policies and Procedures, indicated, These Privacy Policies and Procedures are designed to ensure that the Provider complies with all applicable state and federal laws governing the privacy and confidentiality of protected health information. The Privacy Policies and Procedures apply to all health care providers. Protected health information consists of health information about a resident that is in individually identifiable form. It includes all information, regardless of the format, whether in written, oral, or electronic form. The term resident includes the resident's personal representative, unless the sense requires otherwise. A personal representative is any of the following .an agent appointed under a power of attorney for health care, if the resident is incompetent .</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.