DEPARTMENT OF INSPECTIONS AND APPEALS

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | S0270 | A. BUILDING: _____ B. WING _____ | C 02/13/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF CRESTON | 1709 WEST PRAIRIE, PO BOX 255 CRESTON, IA 50801 |

| (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 |
|---|---|---|---|---|
| A 000 | 481-67 Initial Comments<br><br>Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.<br><br>General Population Program<br><br>Number of tenants without cognitive disorder: 34<br>Number of tenants with cognitive disorder: 0<br>Total Population of Program at time of on-site: 34<br><br>Dementia-Specific Program by Dedication<br><br>Number of tenants without cognitive disorder: 5<br>Number of tenants with cognitive disorder: 6<br>Total Population of Program at time of on-site: 11<br><br>TOTAL census of Assisted Living Program: 45<br><br>The following regulatory insufficiencies were cited during the investigation of Complaints #64150 and #64152-C : | A 000 | See attached<br>POC 3/2/17 | |
| A 014 | 481-67.3(3) Tenant Rights<br><br>481-67.3 Tenant rights. All tenants have the following rights:<br>67.3(3) To receive respect and privacy in the tenant ' s medical care program. Personal and medical records shall be confidential, and the written consent of the tenant shall be obtained for the records ' release to any individual, including family members, except as needed in case of the tenant ' s transfer to a health care facility or as required by law or a third-party payment contract. | A 014 | | |

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| A 014 | Continued From page 1<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interviews and record review the Program failed to ensure tenants received privacy regarding personal/medical information. This affected 1 of 1 tenant (Tenant #1) identified in complaint investigations #64150-C and 64152-C. Finding follows:<br><br>Record review on 1/31/17 of information submitted to the department revealed the staff of the Program provided personal/medical information to a person/people not authorized to receive that information. During an interview with this person they described conversations regarding Tenant #1's medications and falls.<br><br>Continued record review revealed Tenant Information policy, revised 10/24/16. The policy indicated the Program would "... assure tenants' confidentiality concerning all aspects of their personal life and their involvement with the program..."<br><br>When interviewed on 2/13/17 the Administrator of the Program confirmed staff should only talk about private matters to people listed by the Tenant #1's on the Release of Information (ROI). | A 014 | | |

3/14/17 CAC 3/14/17

**Plan of Correction following Complaint Investigation 1/31/17 – 2/13/17**

RI #1 – A 014 481-67.3(3) Tenant Rights

Based on interviews and record review the Program failed to ensure tenants received privacy regarding personal/medical information. This affected 1 of 1 tenant (Tenant #1) identified in complaint investigations #64150-C and 64152-C.

1. **Staff meeting was held on 2/22/17. HIPAA policy reviewed and all staff signed a HIPAA Compliance Agreement. Reviewed Homestead's policy on releasing information and educated employees on where to find that information, what the forms looked like, and how to respond to someone inquiring for information.**
2. **Upon hire, new employees will review HIPAA policy and sign a HIPAA Compliance Agreement. Release of Information (ROI) form will be covered during orientation with all new hires. Annually, HIPPA policy will be reviewed with all employees.**
3. **Program will be monitored periodically by corporate QA/QI Team for continued compliance of HIPAA policy and orientation review of ROI forms. These items have been added to the agenda for the next visit.**
4. **RI was corrected on 3/2/17 with employee education for those employees who were unable to attend the staff meeting originally held on 2/22/17.**

**The following regulation will be followed in regard to tenant rights:**

**481-67.3 Tenant Rights**

**67.3(3) To receive respect and privacy in the tenant's medical care program. Personal medical records shall be confidential, and the written consent of the tenant shall be obtained for the records' release to any individual, including family members, except as needed in case of the tenant's transfer to a health care facility or as required by law or a third-party payment contract.**