

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/18/2021
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NAME OF PROVIDER OR SUPPLIER FOSTER HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE CHICAGO, IL 60625
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(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
S 000	Initial Comments Complaint Investigation 2185350/IL136447	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.3320 a) 300.3320 b)</p> <p>Section 300.3320 Confidentiality a) The Department, the facility and all other public or private agencies shall respect the confidentiality of a resident's record and shall not divulge or disclose the contents of a record in a manner which identifies a resident, except upon a resident's death to a relative or guardian, or under judicial proceedings. This Section shall not be construed to limit the right of a resident or a resident's representative to inspect or copy the resident's records. b) Confidential medical, social, personal, or financial information identifying a resident shall not be available for public inspection in a manner which identifies a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that residents personal information was safeguarded from unauthorized disclosure without the resident's and/or the resident's representative's consent for four of four residents (R2, R3, R10, and R11) reviewed for privacy. This deficient practice resulted in residents' personal information being disseminated to unauthorized individuals.</p> <p>Findings include:</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>On 7/29/21 at 9:37 AM, V16 (R1's Family Member) said, she had pictures V12 (CNA) provided to V16, including R3's personal information. V16 said she obtained R2's personal information, stating, "I'm not gonna lie, I went behind the desk and got it".</p> <p>V16 provided pictures (undated) of texts that were sent to her by V12 (CNA). Included in these text messages is a picture of R3's information sheet that includes R3's demographics and the names of R10 and R11, with the message "who died unclaimed."</p> <p>On 7/30/21 at 3:18 PM, V1 (Administrator) said R10 and R11 were former residents who passed away.</p> <p>On 8/3/21 at 1:29 PM, V17 (R3's Family Member) said, "I received a random phone call from (V16). (V16) told me that (V12) gave her (V17) my brother's (R3) personal information, she even sent me a picture of his personal information (SSN, address, admission information referral, admitting physician, dated 7.23.21). (V16) should not have been provided with my brother's personal information. My brother is a very private person."</p> <p>Facility's undated "HIPPA Compliance "(Health Insurance Portability and Accountability Act, federal law that requires standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge) form found in V13's employee folder states it is a condition of your employment with (facility) that you comply with the privacy of patient healthcare information. The form further states: 1. You will abide by the rules on the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>privacy and disclosure of healthcare information.</p> <p>3. You will treat all patient healthcare information as private and confidential.</p> <p>V12's and V13's employee folders document both employees received this information upon hire.</p> <p>(B)</p>	S9999		