Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	054549	06/23/2022
Name of Provider or Supplier	**Street Address, City, State**	
Valley Corf Inc	18425 Burbank Blvd Suite 520, Tarzana, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0023	Policies/Procedures for Medical Documentation CFR(s): 485.68(b)(3) 403.748(b)(5), 416.54(b)(4), 418.113(b)(3), 441.184(b)(5), 460.84(b)(6), 482.15(b)(5), 483.73(b)(5), 483.475(b)(5), 484.102(b)(4), 485.68(b)(3), 485.542(b)(5), 485.625(b)(5), 485.727(b)(3), 485.920(b)(4), 486.360(b)(2), 491.12(b)(3), 494.62(b)(4). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. *[For RNHCIs at 403.748(b) and REHs at 485.542(b):] Policies and procedures. (5) A system of care documentation that does the following: (i) Preserves patient information. (ii) Protects confidentiality of patient information. (iii) Secures and maintains the availability of records. *[For OPOs at 486.360(b):] Policies and procedures. (2) A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records. This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to include, in the emergency preparedness plan policy and procedure, the process of securing the facility's medical records in the event of an emergency. This deficient practice had the potential for unauthorized access to patients' protected health information during an emergency evacuation from the facility.

	Findings: During an observation on 6/22/22, at 11:10 AM, the facility kept the file folders of patients currently undergoing treatment (active patients) in overhead cabinets at the reception desk. The facility kept discharged patients' file folders in overhead cabinets in the staff lounge. During a review of active and discharged patients' clinical records, each file folder included but was not limited to the patient's name, birthdate, address, telephone number, insurance information, physician's information, past medical history, evaluation, and treatment notes. A review of the facility's undated policy titled, "Disaster/Emergency Procedures," indicated "In the event of a fire alarm or in the event that a fire occurs, the Administrator or designee shall immediately initiate an evacuation of the facility." The policy did not include procedures for securing patients' files prior to evacuation. During an interview and review of the facility's Disaster/Emergency Procedures on 6 /23/22, at 2:16 PM, the Administrator (ADM) stated the policy did not indicate procedures for securing patient files prior to an evacuation. The ADM stated it was important to secure patient files, which included social security numbers and personal information, to prevent someone from accessing the patients' information while the facility staff was not present.