

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/04/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055527</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/01/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOS PALOS POST-ACUTE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1430 WEST 6TH STREET SAN PEDRO, CA 90732</b>		
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F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during the investigation of one complaint.  Complaint Number: CA00920910.  The inspection was limited to the specific complaint investigated and does not represent the findings of a full inspection of the facility.  One deficiency was issued for complaint number CA00920910 at F573.	F 000	F 000  <i>Los Palos Post-Acute Care Center submits this response and Plan of Correction (POC) as part of the requirements under state and federal law.</i>  <i>The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders.</i>  <i>The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party</i>  <i>Any changes to provider policy or procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.</i>		
F 573 SS=D	Right to Access/Purchase Copies of Records CFR(s): 483.10(g)(2)(i)(ii)(3)  §483.10(g)(2) The resident has the right to access personal and medical records pertaining to him or herself. (i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and (ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:	F 573			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Josefina M. de la Cruz* (JOSEFINA M. DE LA CRUZ) ADMINISTRATOR 10/14/2024

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.

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F 573	<p>Continued From page 1</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>§483.10(g)(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form and manner the resident can access and understand, including in an alternative format or in a language that the resident can understand. Summaries that translate information described in paragraph (g) (2) of this section may be made available to the patient at their request and expense in accordance with applicable law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide a copy of medical records upon written request from an authorized legal representative ([LR] a person who is legally authorized to act on behalf of another) for one of three sampled residents (Resident 1) within two working days per the facility's policy and procedure (P&amp;P) titled, "Release of Information."</p> <p>This deficient practice violated Resident 1 and the LR's rights to obtain a copy of the resident's medical record.</p> <p>Findings:</p> <p>During a review of Resident 1 's Admission Record (Face Sheet), the face sheet indicated</p>	F 573	<p><b>F 573</b></p> <p><b>Right to Access/Purchase Copies of Records</b></p> <p><b>CFR(s): 483.10(g)(2)(i)(ii)(3)</b></p> <p>The facility shall ensure that residents are allowed to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility.</p> <p>Specifically the facility shall provide a copy of medical upon written request from an authorized legal representative (LR) within two working days.</p> <ul style="list-style-type: none"> <li>• <b>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</b></li> </ul> <p>The copy of medical records of Resident 1 was provided to the authorized legal representative (LR) on 09/24/2024. The LR sent an acknowledgement to the facility via email that the copy of clinical records was received on 09/24/2024.</p> <ul style="list-style-type: none"> <li>• <b>How will the facility identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</b></li> </ul> <p>All residents have the potential to be affected by the deficient practice identified.</p>		

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F 573	<p>Continued From page 2</p> <p>Resident 1 was admitted to the facility on 2/15/2024 with diagnoses including severe sepsis (a life-threatening condition that occurs when an infection causes organ damage) with septic shock (a life-threatening condition that occurs when a body-wide infection causes dangerously low blood pressure and organ failure), and vascular dementia (a chronic condition that affects the brain 's ability to think, remember, and behave due to poor blood flow).</p> <p>During a review of Resident 1 's Minimum Data Set ([MDS] a federally mandated assessment tool), dated 6/5/2024, the MDS indicated Resident 1 had severe cognitive (ability to think and reason) impairment.</p> <p>During a review of Resident 1 's Authorization for the Release of Information (any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment) faxed form dated 8/13/2024, and faxed 8/14/2024, indicated LR 1 signed a release to disclose the Medical Records Information for Resident 1.</p> <p>During a review of an email dated 9/24/2024, the email indicated the facility provided LR 's requested records on 9/24/2024.</p> <p>During an interview on 10/1/2024 at 10:36 a.m., the Medical Records Director (MRD) stated their policy had been changed 9/2024 to release medical records from 15 calendar days to 48 hours from the time requested by residents or their legal representative.</p>	F 573	<p>To identify other residents having the potential to be affected by the same deficient practice, on 10/03/2024, the Health Information Director (HID) and department assistant performed an audit of the <i>Request of Release of Information</i> (medical records) on-file.</p> <p>The outcome of the audit revealed that there is no outstanding request of information (medical records) that is yet to be released as of 10/03/2024. All requests for copy of medical records have been processed and provided to the requesting LR according to the facility policy and procedure which states:</p> <ul style="list-style-type: none"> <li>a. As a current resident in the facility: Within 24 hours to review or inspect (excluding weekends and holidays), or to purchase photocopies with 2 working days advance notice.</li> <li>b. Discharged resident: <ul style="list-style-type: none"> <li>&gt; Inspection: Within 5 working days after receipt of written request</li> <li>&gt; Providing Copies: Within 15 calendar days after receipt of written request</li> </ul> </li> </ul> <p>• <b>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</b></p> <p>To ensure that the deficient practice does not recur, on 09/17/2024 and 09/27/2024, the <i>Quality Assurance (QA) Nurse and Administrator</i> provided an in-service to the HID and department assistants regarding:</p>		

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F 573	<p>Continued From page 3</p> <p>During an interview on 10/1/2024 at 12:00 p.m., the Administrator (ADM) stated the facility had 48 hours to submit requested records from the resident or representative. The ADM stated LR 's request on 8/14/2024 was sent late by the facility because when a law office requests medical records it had to go through their legal team first.</p> <p>During a review of the facility ' s policy and procedure (P&amp;P) titled "Release of Information" revised 11/2009, the P&amp;P indicated the resident may obtain photocopies of his or her records by forty-eight hours after request excluding weekends and holidays.</p>	F 573	<ul style="list-style-type: none"> <li>○ Strict adherence to the facility <i>Policy and Procedure on Release of Information</i> (medical Records) to comply with F 573 – <i>Right to Access/ Purchase Copies of Records Policy</i></li> <li>○ Create a log of <i>Request of of Information</i> (medical records) from residents and/or their legal representative. The purpose of which is to be able to track down the dates of request of information, so as not to miss providing the copy of medical records within the required timeframe per facility policy and procedure which complies with regulatory requirements.</li> <li>○ Review / audit the aforementioned log / tracker routinely and consistently every day.</li> </ul> <p>The outcome of the daily audit shall be discussed with the <i>Administrator and/or QA Nurse</i> in order to address any deficiency identified, if any.</p> <ul style="list-style-type: none"> <li>• How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC must be integrated into the quality assurance system.</li> </ul>		

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