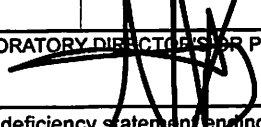


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2022
NAME OF PROVIDER OR SUPPLIER COUNTRY OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 215 W PEARL ST POMONA, CA 91768		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a complaint. Complaint number: CA00795575 Representing the Department: Health Facilities Evaluator Nurse: 36288 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 identified for the complaint number: CA00795575.	F 000			
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	F 573	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident 1's legal representative was provided access to Resident 1's personal and medical records in the form and format as agreed by the facility and Resident 1's authorized representative. The records were hand delivered to Resident 1's legal representative by the facility's representative on the on 8/5/22.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE
			Administrator		9/9/2022

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>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:</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 ensure one of three sampled residents (Resident 1) was able to exercise the right to access own personal and medical records in a form and format as agreed by the facility and resident 's authorized representative.</p> <p>This deficient practice had the potential to cause a negative impact on the resident 's psychosocial well-being related to lack of self-determination.</p> <p>Findings:</p> <p>A review of Resident 1 's Admission Record</p>	F 573	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>A review of record requests was conducted by the facility's Medical Records Director and the Administrator on 8/5/22 and no other residents were identified to have had the potential to be affected by the alleged deficient practice.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>The facility's Medical Records Director will ensure that residents are able to exercise the right to access own personal and medical records in a form and format as agreed by the facility and the facility's authorized representative in accordance with the facility's policy. Additionally, a new MRD started on 9/7/22 and was provided with the facility's policies and procedures related to her department including the policy regarding record release. MRD will notify the facility's Administrator as soon as a request is received so that the Administrator can ensure the timely release of records.</p> <p>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 is integrated into the quality assurance system:</p>		

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F 573	<p>Continued From page 2</p> <p>indicated the resident was initially admitted to the facility on 5/3/2019 with multiple diagnoses that included dementia (chronic disorder of mental processes marked by memory disorders, personality changes, and impaired reasoning), seizures, and type 2 diabetes mellitus (chronic condition in which body either does not produce enough insulin or resists insulin, causing high blood sugar).</p> <p>A review of Resident 1 ' s History and Physical, dated 2/13/2022, indicated the resident did not have the capacity to understand and make decisions. The History and Physical indicated the surrogate decisionmaker for Resident 1 was Responsible Party 1 (RP 1).</p> <p>A review of Resident 1 ' s Minimum Data Set (MDS, a standardized resident assessment and care-planning tool), dated 6/1/2022, indicated the resident had severe impairment in cognitive skills (are the core skills your brain uses to think, read, learn, remember, reason, and pay attention) for daily decision making (never or rarely made decisions).</p> <p>A review of Resident 1 ' s Post Discharge Plan of Care and Summary, dated 6/23/2022, indicated the resident was discharged to home with RP 1 on 6/23/2022 with hospice care (type of health care that aims to optimize comfort and quality of life of a terminally ill individual) follow-up.</p> <p>A review of the letter from Resident 1 ' s legal representative, dated 7/22/2022, indicated a request of all of Resident 1 ' s personal and medical records while under the facility ' s care and custody to be made available in writing within two (2) working days upon receipt of the</p>	F 573	<p>Ongoing compliance will be monitored by the facility's Administrator. The MRD will continue to notify the Admin when records are requested so that the Admin can ensure timely release. Findings of noncompliance, untimely release of records, will be discussed with the QA committee for further recommendation during the monthly meetings until compliance is consistently achieved.</p>	9/7/22	

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F 573	<p>Continued From page 3</p> <p>correspondence. The letter included an authorization for the release of medical information signed by RP 1 on 6/27/2022.</p> <p>During an interview and concurrent review of the letter of Resident 1 ' s legal representative on 8/5/2022 at 12:15 p.m., the Medical Records Director (MRD) stated she received a copy of Resident 1 ' s legal representative letter via fax and U.S. mail on 7/22/2022 (Friday). The MRD stated she called the legal office indicated on the letter on 7/25/2022 but did not receive a response. The MRD stated on 7/26/2022, she spoke with the legal office staff, who confirmed the legal office ' s request to have written copies of Resident 1 ' s personal and medical records sent to the legal office.</p> <p>During an interview on 8/5/2022 at 2:18 p.m., the Administrator, in the presence of the Director of Nursing (DON), stated all medical records requested by the residents and/or the responsible parties must be provided within two (2) business days. The Administrator stated if the medical records were requested by a lawyer, the facility would forward the request to their legal department and would essentially follow the deadlines specified in the lawyer ' s letter or request. In addition, the Administrator stated because Resident 1 had an existing lawsuit against the facility, the facility did not provide the requested records within two (2) working days, because the request for all records must be first, "cleared," by the facility ' s legal department.</p> <p>A review of the facility ' s policy and procedures titled, "HIPAA Manual: Release of Information on/Resident Access to Record Policy," undated, indicated the following:</p>	F 573			

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F 573	Continued From page 4 1. The facility must allow any adult resident or any resident ' s representative access to inspect, to obtain copies or a summary of his health records. 2. The Record Department Director in coordination with the Administrative Staff would be responsible to responding to all requests for resident access to resident records. 3. For a request for copies of the record, the requested copies of the record must be sent by mail with return receipt requested within two (2) calendar days of the receipt of a valid written request.	F 573			