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

PRINTED: 05/31/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) DATE SURVEY COMPLETED		
		056185	B. WING				С
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MENIFEE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	2760	EET ADDRESS, CITY, STATE, ZIP CODE 00 ENCANTO DRIVE N CITY, CA 92586 PROVIDER'S PLAN OF CORRECTIO		5/25/2023
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BF	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F O	00			
	The following reflect California Department investigation of a conception of the Complaint Number:	Mr. or		8	The statements made in this Pla Correction are not an admission or an agreement with the stated deficiencies. To remain in compliance with	n to l	
		aluator Nurse(s): 38479			Federal and State Regulations, facility has taken or will take actions set forth in the following	the	. 02
	complaint investigat the findings of a full	limited to the specific ted and does not represent inspection of the facility.			Plan of Correction. This Plan Correction constitutes the facility Allegation of Compliance such all stated deficiencies have been	of ity's i that	6.9.23
F 573 SS=D	number: CA0083487	77. chase Copies of Records	F 57	73	will be corrected by the specific date/s.		
	access personal and to him or herself. (i) The facility must paccess to personal apertaining to him or lawritten request, in the by the individual, if it form and format (incorformat when such electronically), or, if rform or such other for by the facility and the (excluding weekends (ii) The facility must a copy of the records of (including in an elect such records are ma	herself, upon an oral or ne form and format requested it is readily producible in such cluding in an electronic form in records are maintained not, in a readable hard copy form and format as agreed to be individual, within 24 hours			It is the practice of this facility release medical records timely. A) This patient no longer resides in the facility. Medical records were released to the requesting agency on (date) B) This practice has the potential to affect patients who have medical record requests pending. A new Medical Record Director was hired on 6.5.2023 audit was done on 6.6.2023 and	ds .An	

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

TITLE

(X6) DATE

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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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MENIFEE STREET ADDRESS, CITY, STATE, ZIP CODE 27600 ENCANTO DRIVE SUN CITY, CA 92586 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOR CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 573 Continued From page 1 STREET ADDRESS, CITY, STATE, ZIP CODE 27600 ENCANTO DRIVE SUN CITY, CA 92586 (EACH CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 573 Continued From page 1 F 573				27600 ENCANTO DRIVE				
1 010	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETION DATE	
facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of: (A) Labor for copying the records requested by the individual, whether in paper or electronic form; (B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and (C) Postage, when the individual has requested the copy be mailed. §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. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure copy of requested medical record was released timely to the authorized representative for one of four residents (Resident 1). The facility failure had the potential for the requesting party to delay services or for whatever purposes they intended to use the medical records on other medical records on of the medical records on of the medical records on of the provised to each resident of the patient at their request and expense in accordance with applicable law. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure copy of requested medical record was released timely to the authorized representative for one of four residents (Resident 1). The facility failure had the potential for the requesting party to delay services or for whatever purposes they intended to use the medical records on of the monitor for compiliance and make recommittee for the purpose of analyzing and identifying tren	F 573	facility. The facility restricted that the fee (A) Labor for copying the individual, wheth (B) Supplies for creelectronic media if the electronic copy be pand (C)Postage, when the copy be mailed. §483.10(g)(3) With described in paragrasection, the facility ris provided to each the resident can accompliate information (2) of this section may be accordance with approximate the information (2) of this section may be accordance with approximate the information (2) of this section may be accordance with approximate the information (2) of this section may be accordance with approximate the information (3) of this section may be accordance with approximate the information of	may impose a reasonable, the provision of copies, se includes only the cost of: ng the records requested by ther in paper or electronic form; eating the paper copy or the individual requests that the provided on portable media; the individual has requested the individual has requested the individual has requested the exception of information raphs (g)(2) and (g)(11) of this must ensure that information resident in a form and manner cess and understand, mative format or in a language in understand. Summaries that in described in paragraph (g) may be made available to the lest and expense in oplicable law. NT is not met as evidenced or and record review, the facility by of requested medical record or to the authorized one of four residents (Resident and the potential for the delay services or for whatever used to use the medical	F	outstanding requests were processed. C) In-service was preser Medical Records Director by Administrator regarding the trelease of medical records on 6.5.2023. D) Compliance will be monitored by the Medical ReDirector by a spreadsheet of requests and releases for 4 we and then monthly x 2 months Findings will be presented m to Quality Assurance Perforn Improvement committee for purpose of analyzing and identifying trends, and to mo for compliance and make	the imely cords eeks conthly nance the		

On April 20, 2023, at 9:30 a.m., an unannounced

DEPARTMENT OF HEALTH AND HUMAN SERVIC SES

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STATEMEN	LOE DEE CIENCIES	(X1) PROVIDER/SUPPLIER/C II IA	(X2) MLH	LTIDLE CONDIDUCTION	OMB NO. 0	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C ■ IA IDENTIFICATION NUMBE ■:	A BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE S COMPLI	URVEY ETED
		056185	B. WING		C 05/25	/2023
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF	ODE OSTES	2023
LIFE CARE CENTER OF MENIFEE			1	27600 ENCANTO DRIVE		
LIILOA	RE CENTER OF WIEN	FEE		SUN CITY, CA 92586		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULE SC IDENTIFYING INFORMATIO ()	ID PREFI) TAG		ON SHOULD BE CO HE APPROPRIATE	(X5) OMPLETIOI DATE
F 573	Continued From pa	ge 2	F 5	72		
, 5.5		at the facility to investig ate a	1 3	73		
	Resident 1 was adr with diagnoses which inflammatory demydeneurological disordeneurological disordeneurolo	elinating polyneuropathy (a per that involves progressive ced senses in the arms and paged to the fat-based son nerves). Summent titled, "Authorization for prds," indicated the prelease of records was made 2023.				
	OF CUSTODIAN O facility processed the as evidenced by the bottom of the form. On April 20, 2023, a concurrent interview Resident 1's record Director (MRD), the or a representative a medical record, the within two (2) busines that the request for 2023, and the facility April 11, 2023. The I requested and not por the resident representations of the copy to what	Iment titled, "DECLARAT ION F RECORDS," indicated the e request on April 11, 2023, affixed signature at the t 1:43 p.m., during a and record review of with the Medical Record MRD stated that if a resident requested a copy of their facility should give the copy ess days. The MRD stated copy was made on March 2, and forwarded the copy on MRD stated that if a copy was rovided on time, the resident essentative will not be able to teed they have no documented.				

evidence they have corresponded to Resident 1's representative about the delay in forwarding the

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3) D	O. 0938-0391 ATE SURVEY OMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN X (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
	requested medical of the cost for obtaining t	at 2:14 p.m., the Director of interviewed on the issue of uest. The DON stated the ercord request for Resident 1, and on April 11, 2023. The DON delay in forwarding the copies distributed are not provided delay their timeline for mey need the documents for every need the documents for every need the documents for esentative, and the ADM as a delay in processing the frecords. The ADM stated and on time could delay their tever reason they intended to distribute the distribute of the distribute o	F 5	.73		