

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

PRINTED: 02/04/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055213	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/28/2025
NAME OF PROVIDER OR SUPPLIER  RIALTO POST ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1471 S RIVERSIDE AVE RIALTO, CA 92376		
(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 an investigation of a complaint.  Complaint: CA00942146.  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 CA00942146.	F 000	F 000 Initial  The signing of this plan of correction is not an admission or agreement by this facility of the truth of the facts alleged in this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal laws. This plan of correction serves as the allegation of compliance.  F Tag 573 SS=D right to Access/Purchase Copies of Records		
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 access personal and medical records 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	2)(i)(ii)(3)  ative action  This facility has a policy that resident has the right to access personal and medical records pertaining to him or herself within 48 hours except weekends and holidays upon receipt of request of records.  The law firm representing the resident for legal matter was contacted by the facility legal representative on 01/29/2025.  The facility business office staff where the request for medical record was sent were provided with immediate in-service on 01/29/2025 to deliver such notice of request to Health Record Department for immediate processing.	2/5/25	

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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 ensure a resident was able to exercise the right to access personal and medical records for one of three residents (Resident 1), when medical records for Resident 1 were requested by a law firm for a legal matter but were not delivered within two working days of the request as per the facility's policy.</p> <p>This failure resulted in a violation of Resident 1's right to have access to medical records as requested by a law firm.</p> <p>Findings:</p> <p>During a review of Resident 1 "Face Sheet" (contain resident demographic), the "Face Sheet</p>	F 573	<p><b>Identifications of others at risk</b></p> <p>To prevent this risk from happening again, The DHI reviewed all requests of medical record on 01/29/2025, and again on 02/04-7/2025. There are no pending requests of medical records that were not delivered timely.</p> <p><b>Process to prevent recurrences</b></p> <p>In services were given by the DHI and Administrator on 01/29/2025, and on 02/04-05/2025 to facility staff about policy on "Release of Information" as well as the immediate submission protocol to Health Record Department upon receipt of request that comes in from fax machine.</p> <p><b>Monitoring process</b></p> <p>The CEO/Designee will monitor and review record requests log with Medical Records Director/Designee weekly to ensure compliance x 3 months and as needed.</p> <p>The Administrator/Designee will report to the QAPI committee monthly for review, resolution and follow up.</p>		

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F 573	<p>Continued From page 2</p> <p>" indicated, Resident 1 was admitted on May 10, 2023, with diagnosis [REDACTED]</p> <p>During a review of Resident 1 's Minimum Data Set (facility assessment tool), dated May 17, 2023, under Section C, it indicated her Brief Interview for Mental Status (BIMS) score was 15. (A BIMS score of 13 to 15 suggests the patient is cognitively intact.)</p> <p>During an interview on January 28, 2025, at 12:52 PM with the Director of Health Information (DHI), the DHI stated that she had received a request for medical records via fax, which was time stamped January 16, 2025, at 1:56 PM. The fax was sent to the Business office fax number, but she did not receive it until January 24, 2025. She elaborated that the requested documents had not been dispatched as she was still awaiting approval from the facility's legal team to release them, and she had not yet reached out to the law office representing Resident 1.</p> <p>During a review of a facsimile request from Resident 1 Legal Representative dated January 16, 2025, indicated a request for records to be provided within two working days following the receipt of that correspondence.</p> <p>During a concurrent record review and interview with the DHI, the Director of Nursing (DON), and the administrator (Admin). The facility Policy and Procedure (P&amp;P) titled, "Release of information statement " , November 2009, was reviewed. The P&amp;P indicated, " ...9. A resident may have</p>	F 573			

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F 573	Continued From page 3 access to his or her records within 48 hours (excluding weekends or holidays) of the resident's written or oral request. 10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services. " The DHI acknowledged a delay in the distribution of the documents, noting a shortcoming as the documents were not dispatched within the specified time frame, and both the DON and the Admin concurrently agreed.	F 573			