

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/28/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055706	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2020
NAME OF PROVIDER OR SUPPLIER THE ORCHARD - POST ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 12385 E. WASHINGTON BLVD WHITTIER, CA 90605		
(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: CA00697689. Representing the Department of Public Health: HFEN #37662. 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 CA00697689.		F 000	Preparation and/or execution of the Plan of Correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1907	
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		F 573	<u>Corrective action(s) for resident found to have been affected by the deficient practice:</u> On 8/3/20 resident 1's medical record was released to requesting entity. <u>Identification of other residents with the potential to be affected and corrective action:</u> All residents have potential to be affected. An audit of all record requests was conducted on 9/3/20 by the Medical Director and Administrator to ensure that there were no outstanding requests for medical records.	9-15-20

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

TITLE

(X6) DATE

ADMINISTRATOR

9-4-20

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 086708	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/28/2020
NAME OF PROVIDER OR SUPPLIER THE ORCHARD - POST ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 12385 E. WASHINGTON BLVD WHITTIER, CA 90606		
(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 573	<p>Continued From page 1</p> <p>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 provide a copy of medical records within two (2) working days for one of three sampled residents (Resident 1).</p> <p>This deficient practice had the potential for a delay in receiving important medical information and violated the resident's rights.</p> <p>Findings:</p> <p>A review of Resident 1's Admission Record indicated Resident 1 admitted to the facility on 10/23/15. Resident 1's diagnoses included</p>	F 573	<p><u>Measures that will be put into place to ensure that the deficiency does not recur</u></p> <p>The facility policy and procedure regarding release of resident information was revised and an inservice regarding the revised policy was provided to Medical Records and Administrative staff on 9/3/20, by the Medical Records Director and Administrator.</p> <p>Additionally, the Administrator will monitor all requests for resident records over the next quarter to ensure compliance.</p> <p><u>Measures that will be implemented to monitor effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur</u></p> <p>The Medical Records Director/designee will report any concerns to the QA & A Committee quarterly for further review and to verify that the corrective actions are followed to ensure compliance.</p>	9-15-20	

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F 573	Continued From page 2 dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) with behavioral disturbance, anxiety disorder (feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and hypertension (high blood pressure). A review of Resident 1's annual Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 12/6/19, indicated Resident 1 rarely/never made self-understood and rarely/never understood others. Resident 1 required extensive assistance (resident involved in activity, staff provided weight-bearing support) from staff for dressing, toileting, and personal hygiene. During a phone interview with the Medical Records Director (MRD) on 8/11/20 at 3:13 pm, MRD stated the facility received a fax request for Resident 1's medical records on 7/1/20. MRD stated she found the request on her desk on 7/14/20. MRD stated she does not know where the request was from 7/1/20 to 7/13/20. MRD stated she sent the request to the facility's legal department on 7/14/20. During a phone interview on 8/13/20 at 9:33 am, Complainant 2 stated the request was faxed on 7/1/20 and that she did not receive Resident 1's medical records until 8/4/20. During a phone interview on 8/13/20 at 1:43 pm, the Administrator (ADM) stated the facility's process for medical records request starts with filling out a request form and submit to medical records. ADM stated they would get the copies and provide it after they verified their	F 573			

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NAME OF PROVIDER OR SUPPLIER THE ORCHARD - POST ACUTE CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 12185 E. WASHINGTON BLVD WHITTIER, CA 90606		
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F 573	<p>Continued From page 3</p> <p>authorization to receive the records. ADM stated the facility would quickly get those copies to the requesting party and their practice is to get the records out in 2-3 days. When asked what should have been done regarding the situation, ADM stated their practice should be in accordance with the federal regulation.</p> <p>During a follow up phone interview on 8/13/20 at 2:08 pm, Complainant 2 stated the facility delayed providing the medical residents and deprived the their client (Client 1) the right to get access to the medical records.</p> <p>A review of the facility's policy and procedure, "Inspection of and Copying Protected Health Information," with a revision date 3/24/16, indicated the covered entity would permit individuals to inspect and/or copy their PHI (protected health information) within the designated record set no later than thirty (30) days after receipt of the request; or in accordance with state law regarding timely action.</p>	F 573			