

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

PRINTED: 02/04/2020
FORM APPROVED
OMB NO. 0938-0391

*for receipt
2/25/2020
#32668*

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|---|--|---|---|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055344 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 02/04/2020 |
| NAME OF PROVIDER OR SUPPLIER COUNTRY VILLA CLAREMONT HEALTH CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 590 S. INDIAN HILL BLVD. CLAREMONT, CA 91711 | | |
| (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 a complaint investigation. Complaint Intake Number: CA00667252 Representing the Department: HFEN # 36290 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 as a result of the complaint CA00667252. | F 000 | Country Villa Claremont Healthcare Center submits this response and Plan of Correction as part of the requirements under the state and federal law. The plan of correction 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 plan of correction with the intention that is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. | | |
| 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. | F 573 | 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. The facility desires that this plan of correction be considered the facility's allegation of compliance. "Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law." | | |

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 COUNTRY VILLA CLAREMONT HEALTH CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 680 S. INDIAN HILL BLVD. CLAREMONT, CA 91711 | | |
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| F 573 | <p>Continued From page 1</p> <p>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.</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: Based on interview and record review, the facility failed to provide requested medical records within two working days as per policy and procedure for one of four sampled residents (Resident 1).</p> <p>This deficient practice resulted in the violation of the resident's rights to access his/her personal records according to the facility's practice and policy.</p> <p>Findings:</p> <p>On 12/23/19 at 1:25 p.m., during an interview with Attorney 1, Attorney 1 stated that LR 1 requested medical records for Resident 1 from the facility and did not receive the records until 12/23/19.</p> | F 573 | <p><u>F 573 Right to Access/Purchase Copies of Records</u></p> <p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On December 20, 2019, The United Parcel Service delivered medical records to LR 1.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.</p> <p>As of date, there are currently no outstanding requests. No other resident noted to be affected by the deficient practice.</p> | | |

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| F 573 | <p>Continued From page 2</p> <p>On 12/23/19 at 3:01 p.m., the Business Office Manager (BOM) stated that the facility received a Legal Representative 1 (LR 1, from a law firm) letter with a request for medical records on 11/27/19. The BOM opened and gave the letter to the Administrator on the same day.</p> <p>On 12/23/19 at 3:10 p.m., during an interview, the Medical Records stated that on 11/27/19, the Administrator gave her the letter from LR 1 for the medical record request. The Medical Records stated that on 11/27/19, she called LR 1 and asked for delivery of document clarification and LR 1 told to her to mail the requested documents. The Medical Records explained that because of the holidays (Thanksgiving), she would call LR 1 the following Monday on 12/2/19 to provide an invoice. The Medical Records stated that she faxed the invoice for the requested medical records to LR 1 on 12/5/19 and mailed the documents on 12/20/19.</p> <p>On 12/23/19 at 3:25 p.m., during an interview, the Administrator stated that the facility, upon request of medical records, was to provide the records within two business days regardless of holidays.</p> <p>A review of the face sheet indicated Resident 1 was admitted to the facility on 10/9/19 with diagnoses that included difficulty walking, lack of coordination, and gastro-esophageal reflux (digestive disease in which stomach acid irritates the food pipe lining).</p> <p>A review of the Resident 1's Minimum Data Set (MDS, standardized assessment and care screening tool) dated 10/22/19 indicated the resident's cognition was intact.</p> | F 573 | <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>On 12/23/2019 and 01/23/2020 Assistant Administrator provided an-service to Medical Records staff and newly hired Medical Records Director regarding Resident Access to PHI and timely manner of access. Medical Records staff will notify the Administrator of all requests.</p> <p>Once the request for records is received, the Medical Records staff will notify the requester regarding receipt of the request.</p> <p>Staff will prepare and provide a reasonable cost-based fee invoice to the requester within 24 hours.</p> <p>Once the requester agrees to the fees imposed the records will be made available immediately.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Medical Records staff will maintain a log with all medical record requests, which will be monitored by the Administrator.</p> <p>Completion Date: 02/14/2020</p> | | |

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| F 573 | <p>Continued From page 3</p> <p>A review of a medical record request letter dated 11/26/19 indicated LR 1 requested medical records, billing records, photographs, utilization review committee records, and x-rays.</p> <p>A review of the record request invoice dated and faxed to LR 1 on 12/5/19 indicated an amount due of \$266.50.</p> <p>A review of the UPS (United Parcel Service, a package delivery company) tracking service indicated the delivery of the package on 12/20/19.</p> <p>A review of the facility's policy and procedure titled, "Resident Access to PHI (protected health information)," dated 11/1/15, indicated that if a resident and/or their personal representative requested a copy of the medical records, the privacy officer would provide the resident and/or their personal representative with a copy of the medical records within two working days after receiving the written request.</p> | F 573 | | | | | |