

California Department of Public Health

PRINTED: 02/21/2024
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA010000940	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2024
NAME OF PROVIDER OR SUPPLIER NOVATO HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1565 HILL ROAD NOVATO, CA 94947		
(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)	(X6) COMPLETE DATE
C 000	Initial Comments The following reflects the findings of the California Department of Public Health during an ABBREVIATED STANDARD SURVEY for Complaints: #CA00875619, CA00875844 and CA00876689 Inspection was limited to the Abbreviated Standard Survey and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: Surveyor #40254 Health Facilities Evaluator Nurse. ONE STATE DEFICIENCY WAS ISSUED FOR COMPLAINT: CA00875619	C 000		
C4430	T22 DIV5 CH3 ART5-72527(a)(11) Patients' Rights (a) Patients have the rights enumerated in this section and the facility shall ensure that these rights are not violated. The facility shall establish and implement written policies and procedures which include these rights and shall make a copy of these policies available to the patient and to any representative of the patient. The policies shall be accessible to the public upon request. Patients shall have the right: (11) To be assured confidential treatment of financial and health records and to approve or refuse their release, except as authorized by law. This Statute is not met as evidenced by:	C4430		3/1/24

Licensing and Certification Division

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

TITLE

(X6) DATE

STATE FORM

0000

W42V11

If continuation sheet 1 of 4

Accepted P.O.C 3/4/24 @ 8:57 a.m with
Surveyor 40254
Administrator Jesus



Novato Healthcare Center W42V11

C4430

POC: W42V11

C4430

Novato Healthcare Center Novato Healthcare Center submits this response and Plan of Correction as part of the requirements under 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 it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are related upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.

What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice

The family who requested the medical records received a copy of the requested records by the end of the week that the complaint was brought forward by the department of health.

How other patients having the potential to be affected by the same deficient practice be identified, and what corrective action will be taken.

Department Managers and Nursing Supervisors were in-service to ensure that if any family member or resident came up to them and requested a copy of the medical record, they would notify the medical records staff either via in person or leave a request form for medical records staff so that they can review the form the next business day.

Accepted P.O.C 3/4/24 @ 8:57a.m with
Surveyor 40254 Administrator
Jesus



Novato Healthcare Center W42V11

C4430

What immediate measures and systemic changes will be put in place to ensure that the deficient practice does recur.

As part of educating department managers and nursing supervisors on ensuring all medical record requests are submitted immediately to medical records, brown folders with request forms were placed at all the nursing stations. That form will be filled out by the requesting party and the staff member who got the request, that staff member will give the filled-out form to Medical Records. This way Medical Records staff will have all the details as far as who requested medical records, how to contact that person, to ensure a smooth and timely process from when medical records were requested to when those records are ultimately received. Which would take up to 48 hours (about 2 days). All in-services were completed by 3/1/2024.

A description of the monitoring process and positions of persons responsible for monitoring (i.e., Administrator, Director of Nursing, or other responsible supervisory personnel). How the facility plans to monitor its performance to ensure corrections are achieved and sustained. The plan of correction must be implemented, corrective action evaluated for its effectiveness, and it must be integrated into the quality assurance system.

The Medical Records Manager, or Designee, will keep all medical records request logs in a binder. Anytime that records are requested, the Medical Records personnel will bring those forms to the morning meeting for review. This process will continue until the requestor of the medical records receives the record.

Dates when corrective action will be completed. The corrective action completion date must be acceptable to the department. The deficient practice should be corrected immediately. This date shall be no more than 30 calendar days from the date the facility was notified of the non-compliance.

The Medical Records Manager will present the results, progress and findings of all medical records requests to the Quality Assurance and Performance Improvement for review and



Novato Healthcare Center W42V11

C4430

recommendations monthly for 3 months or until substantial compliance is achieved. All training and compliance for this plan of correction was completed by March 1, 2024.

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

Administrator

3/1/2024

NOVATO HEALTHCARE CENTER

CLASS TITLE: Residents' Rights to Request Medical Record

Instructors' Signature:

PROGRAM: In-service POC: W42V11 ID PREFIX TAG C4430

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
<p>At the end of the training session, participants should be able to:</p> <p>Identify the process or facility established guidelines when a resident or responsible party requests a copy of their medical records.</p> <p>Understand the importance of providing resident medical records promptly upon requests.</p>	<p>Review Facility Survey Deficits:</p> <p>The facility failed to follow its policy to provide requested medical records to a resident's responsible Party promptly.</p> <p>Review Facility Plan of Correction:</p> <p>-In-service Department Managers and Nurse Supervisors on Facility Policy & Procedures regarding Resident Access to PHI.</p> <p>-All requests by a resident or a residents' personal representative for access to PHI must be directed to the HIPAA Privacy Officer.</p> <p>- A resident who requests access to his or her PHI shall be given a copy of HP-08-Form A – Resident Request for Access to Protected Health Information.</p> <p>- The Facility may accept a written request submitted in an alternative form.</p>	<p>Lecture</p> <p>Handout (Policy & Procedure regarding Resident Access to PHI)</p> <p>Question & Answer</p>	<p>Verbal knowledge and validation: Question & Answer</p>

NOVATO HEALTHCARE CENTER HEALTHCARE ETHICS

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
	<p>-The resident does not need to specify the reason they wish to see their record.</p> <p>-If the resident refuses to complete HP-08 Form A, the HIPAA Privacy Officer, or designee, will complete the form based on the resident's request and indicate on the signature line that the request was made orally.</p> <p>-If the request is made orally, the Facility will provide the resident with a copy of HP-08-Form A completed by the HIPAA Privacy Officer, or designee, to inform the resident of his/her rights with regard to the request.</p> <p>Review Time and Manner of Access:</p> <p>-If the HIPAA Privacy Officer grants the resident's request, in whole or in part, the Facility will provide the resident with access for inspection of the PHI, a copy of PHI, or both.</p> <p>-The HIPAA Privacy Officer will allow the resident and/ or their personal representative to access to inspect the resident's medical record at the facility within</p>		

NOVATO HEALTHCARE CENTER

BEHAVIORAL OBJECTIVES	COURSE CONTENT	TEACHING METHOD	EVALUATION
	<p>twenty-four (24) hours of receipt of a written request for access, excluding weekends and holidays.</p> <p>-If the resident and /or their personal representative requests a copy the resident's medical record, the HIPAA Privacy Officer will provide the resident and /or their personal representative with a copy of the medical record within two (2) working days after receiving the written request.</p>		

Resident Access to PHI

Medical Records Manual – HIPAA

Purpose

To establish guidelines for reviewing resident or resident's personal representative's requests for access to Protected Health Information ("PHI").

Policy

- I. The Facility recognizes the resident's right to have access to his/her PHI maintained by the Facility in the Designated Record Set.
- II. All requests for access must be in writing.
- III. Residents will be permitted to have access to their PHI except as set forth in Section I below.
- IV. If the Facility denies a resident access to a portion of his/her PHI, the resident will be permitted to have access to the rest of their PHI.

Procedure

I. Procedure for Providing Access to PHI

- A. Upon admission, residents will receive a copy of the Facility's Notice of Privacy Practices (HP – 01 – Form A – Notice of Privacy Practices), which provides general information on resident's rights to access PHI.
- B. All requests by a resident or a resident's personal representative for access to PHI must be directed to the HIPAA Privacy Officer.
 - I. A resident who requests access to his or her PHI shall be given a copy of HP – 08 – Form A – Resident Request for Access to Protected Health Information. The Facility may accept a written request submitted in an alternative form.
 - II. The resident does not need to specify the reason they wish to see their record.
 - III. If the resident refuses to complete HP – 08 – Form A, the HIPAA Privacy Officer, or designee, will complete the form based on the resident's request and indicate on the signature line that the request was made orally.
 - a. If the request is made orally, the Facility will provide the resident with a copy of HP – 08 – Form A completed by the HIPAA Privacy Officer, or designee, to inform the resident of his/her rights with regard to the request.
- C. The HIPAA Privacy Officer will review all resident requests for access to PHI.
- D. Electronic PHI
 - I. If the Facility keeps the records in electronic format, the resident may choose to receive PHI in electronic format and may direct the provider to transmit a copy directly to another entity or person.
 - II. The resident's request must be clear, conspicuous and specific. The resident may designate which electronic form and format in which they wish to receive their PHI (i.e. PDF on a CD-ROM). If Facility Staff members have questions, they should confirm with the resident.
- E. The HIPAA Privacy Officer may deny a resident access to inspect or obtain a copy of PHI in the following circumstances:
 - i. The individual is requesting access to PHI that does not belong to them;

Resident Access to PHI

Medical Records Manual – HIPAA

- ii. A Licensed Facility Staff member has determined, in the exercise of his or her professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person;
 - iii. The PHI makes reference to another person (who is not a health care provider) and a Licensed Facility Staff member has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
 - iv. The request for access is made by the individual's personal representative and a Licensed Facility Staff member has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.
- G. The resident has the right to access PHI that the Facility maintains in the resident's designated record set, except for the following types of information:
- i. Psychotherapy Notes;
 - ii. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; or
 - iii. PHI that is subject to the Clinical Laboratory Improvements Amendments of 1988.
- H. If the HIPAA Privacy Officer grants the resident's request, in whole or in part, the Facility will provide the resident with access for inspection of the PHI, a copy of the PHI, or both. The HIPAA Privacy Officer will complete the appropriate portion of HP – 08 – Form B – Response to Resident Request for Access to PHI to notify the resident of his or her decision.
- i. Time and Manner of Access –
 - a. The HIPAA Privacy Officer will allow the resident and/or their personal representative to access to inspect the resident's medical record at the Facility within twenty-four (24) hours of receipt of a written request for access, excluding weekends and holidays.
 - b. If the resident and/or their personal representative requests a copy of the resident's medical record, the HIPAA Privacy Officer will provide the resident and/or their personal representative with a copy of the medical record within two (2) working days after receiving the written request.
 - c. If the resident request for access directs the Facility to transmit a copy of the medical record directly to a third party, the Facility will provide the copy to the person in accordance with Policy No. HP – 06 – Determining Validity of Authorizations for Release of PHI.
 - ii. The Facility is not required to provide copies of X-rays or tracings derived from electrocardiology, electroencephalography, or electromyography to the resident or the resident's personal representative
 - iii. Form of Access:
 - a. The Facility will provide the resident with access to the PHI in the form requested by the resident if it is readily producible in such format. If it is not readily producible in the format requested, the Facility will provide the resident with a readable hard copy or other format as agreed to by Facility and resident.
 - b. Summary of PHI –

Resident Access to PHI

Medical Records Manual – HIPAA

- (a) The Facility may provide the resident with a summary of the PHI requested in lieu of providing access to the PHI, or may provide an explanation of the PHI if:
 - (i) The resident agrees in advance to such a summary or explanation; and
 - (ii) The resident agrees in advance to the fees imposed, if any, by the Facility for such summary or explanation.
- (b) If a summary is to be provided, the summary shall contain the following information for each injury, illness, or episode:
 - (i) Chief complaint or complaints including pertinent history;
 - (ii) Findings from consultations and referrals to other health care providers;
 - (iii) Diagnosis, where determined;
 - (iv) Treatment plan and regimen including medications prescribed;
 - (v) Progress of the treatment;
 - (vi) Prognosis including significant continuing problems or conditions;
 - (vii) Pertinent reports of diagnostic procedures and tests and all discharge summaries; and
 - (viii) Objective findings from the most recent physical examination, such as blood pressure, weight, and actual values from routine laboratory tests.
- (c) The summary shall also contain a list of current medications prescribed including dosage, and any sensitivities or allergies to medications recorded by the provider.

- c. Duplicate Information – If the same information is in more than one location or more than one designated record set, the Facility will only produce the information once per request.

iv. Fees

- a. If the resident requests a copy of the PHI or agrees to a summary of the PHI, the Facility may impose a reasonable, cost-based fee, providing the fee includes only the cost of copying the PHI (including labor costs), postage when the resident has requested the copy be mailed, supplies for creating the paper copy or electronic media if the resident requests that the electronic copy be provided on portable media, and preparing an explanation or summary of the PHI if agreed to by the individual. The fee for copying the records shall not exceed twenty-five cents (\$0.25) per page or fifty cents (\$.50) per page for records copied from microfilm.
- b. If a summary of the resident's medical record is provided, the Facility may charge a reasonable fee based on actual time and cost for the preparation of the summary. The cost shall be based on a computation of the actual time spent preparing the summary for availability to the resident or the resident's representative.
- c. Requests for Access to Medical Record for a Public Benefit Program

Resident Access to PHI

Medical Records Manual – HIPAA

- (a) If the resident or resident's representative is requesting copies of his or her medical record for the purpose of supporting an appeal regarding eligibility for a public benefit program (including Medi-Cal, Social Security Disability Insurance benefits, or Supplemental Security Income/State Supplementary Program for the Aged, Blind and Disabled), the Facility will provide the resident with one copy of his/her medical record free of charge.
 - (b) If the request for records for a public benefit program appeal is submitted by the resident's private attorney, the Facility may impose a reasonable, cost-based fee, providing the fee includes only the cost of copying the PHI (including labor costs), postage when the resident has requested the copy be mailed, and preparing an explanation or summary of the PHI if agreed to by the individual. The fee for copying the records shall not exceed twenty-five cents (\$0.25) per page. A "private attorney" means an attorney who is not employed by a nonprofit legal services entity.
- I. If the HIPAA Privacy Officer denies the request, in whole or in part, the resident will be provided with a timely, written denial by completing the appropriate portion of HP – 08 – Form B – Response to Resident Request for Access to PHI.
 - I. If the HIPAA Privacy Officer denies the resident's request to PHI only in part, the Facility will provide the resident with access to the PHI that has been approved for access, according to the procedures set forth in Section I(H) above.
 - J. If the Facility does not maintain the PHI requested by the resident, but it knows where the requested information is maintained, the Facility will inform the resident where to direct the request for access.
- II. Review of Denial of Access to PHI**
- A. If the HIPAA Privacy Officer denies a resident access to inspect or obtain a copy of PHI, on the basis of a Reviewable Ground for Denial (as explained in Section II(C)(i) below), the resident has the right to have the denial reviewed. If the HIPAA Privacy Officer denies a resident access to inspect or obtain a copy of PHI on the basis of a Non-Reviewable Ground for Denial (as explained in Section II(C)(ii) below), the Facility is not required to provide the individual with a right to have the denial reviewed.
 - B. The Facility will designate a Licensed Health Care Professional to act as a reviewing official. This Individual must not have participated in the HIPAA Privacy Officer's original decision to deny access.
 - I. The HIPAA Privacy Officer will promptly refer a request for review of denial to the designated reviewing official.
 - C. The designating reviewing official will determine, within a reasonable period of time, whether to deny the access requested based on the following standards:
 - I. The denial of access to PHI is reviewable if:
 - a. A Licensed Health Care Professional has determined, in the exercise of his or her professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the resident or another person; or

Resident Access to PHI

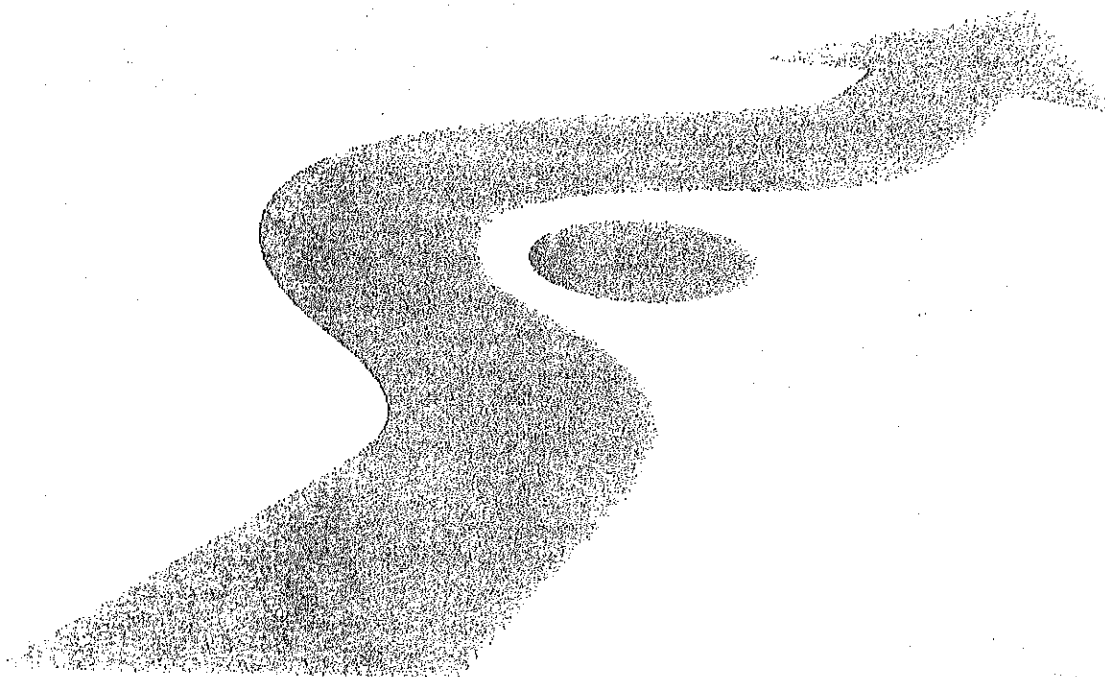
Medical Records Manual – HIPAA

<ul style="list-style-type: none">b. The PHI makes reference to another person (who is not a health care provider) and a Licensed Health Care Professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; orc. The request for access is made by the resident's personal representative and a Licensed Health Care Professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the resident or another person. <p>ii. The denial of access to PHI is <u>not</u> reviewable if:</p> <ul style="list-style-type: none">a. The PHI is exempted from the right of access as described in Section I(G) above; orb. The Facility is acting under the discretion of a correctional institution, receives a request from an inmate for a copy of PHI, and providing such copy would jeopardize the health, safety, security, custody, or rehabilitation of the individual, other inmates, or the safety of an officer, employee or other person at the correctional institution;c. A resident's access to PHI created or obtained in the course of research which includes treatments that may be temporarily suspended while the research is in progress; ord. A resident's access to PHI that is contained in records subject to the Privacy Act (i.e. maintained in a system of records by federal agencies) if the denial of access would meet requirements of the Privacy Act; ore. If the PHI was obtained from someone other than the Facility under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information. <p>D. The Facility will provide or deny access in accordance with the determination of the reviewing official.</p> <p>E. The Facility will promptly provide the resident with written notice of the designated reviewing official's determination, and will take action to carry out the determination pursuant to Section I(G) or I(H) above.</p> <p>III. Documentation</p> <p>A. The Facility will document the following information on HP – 08 – Form C – Log of Requests for Access to PHI, and retain such information in for a period of ten years:</p> <ul style="list-style-type: none">i. The date of the resident or resident's personal representative's request for access to PHI;ii. The name and title of the Facility employee addressing the request;iii. The date of the Facility's response;iv. The action taken by the Facility in response to the request; andv. Whether the resident asked for a review of the Facility's initial response.
References
Sources: 45 C.F.R. §§ 164.502, 164.524. 42 C.F.R. § 483.10(b). CAL. HEALTH & SAFETY CODE §§ 123105(e), 123110, 123115(a), 123130. CAL. CIV. CODE § 56.101.
Forms: HP – 08 – Form A – Resident Request for Access to Protected Health Information

Resident Access to PHI

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HP – 08 – Form B – Response to Resident Request for Access to Protected Health Information	
HP – 08 – Form C – Log of Resident Request for Access to Protected Health Information	
Employee(s): Facility Staff	
Version No. 2.0	Date Revised: November 01, 2015



NOVATO HEALTHCARE CENTER


In-Service/Meeting Sign-In Sheet
Date: 02/26/2024

Start Time: 3⁰⁰ PM End Time: 3¹⁵ PM

Course Title: (DOC: W42VII TAG C4430) RESIDENTS' RIGHTS TO REQUEST MEDICAL RECORD

Lesson Plan Attached: ☒

Instructor Name: GAY A. ROCHA, DBO


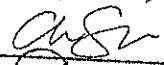
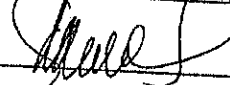
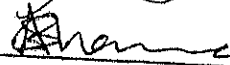


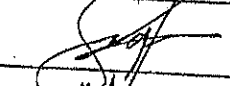
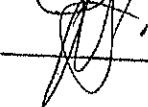
Instructor Signature: 

Target Audience (check all that apply):

☐ All Staff ☐ Licensed Nurses ☐ Certified Nurse Assistants ☒ Other: DEPT. MANAGERS + NURSE SUPERVISOR DQ&A

Teaching Method: (check all that apply):

☒ Lecture ☐ Demonstration ☐ Video

Printed Name	Signature	License / Certification Number	Department	Shift
1. JOSEPH CAMITOKIA			PM	AM
2. Andrea Sanchez		694239	Nursing	AM
3. MARJORIE DACALOS		288743	NSG	AM
4. Ana Sharma			SS	AM
5. Hyacinth Brana		95314114	NSG	AM
6. Aimee Kay			Admission	AM
7. Philippe Sibuniga		95332317	NSG	AM
8. Ana Marie Tumondan		95321508	Nursing	AM
9.				
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NOVATO HEALTHCARE CENTER

In-Service/Meeting Sign-In Sheet
Date: 02/27/2024

Start Time: 9:30 AM End Time: 9:45 AM

Course Title:

(POC: W42Y11 TAG C 4430) RESIDENTS' RIGHTS TO REQUEST MEDICAL RECORD

Instructor

Name: GAY A. ROCHA, DSO

Instructor

Name:

Lesson Plan Attached: ☒

Instructor

Signature: *[Signature]*

Instructor

Signature:

Target Audience

(check all that apply):

☐ All Staff

☐ Licensed Nurses

☐ Certified Nurse Assistants

☒ Other: DEPT.

MANAGERS +

NURSE SUPERVISOR

& Q&A

Teaching Method:

(check all that apply):

☒ Lecture

☐ Demonstration

☐ Video

Printed Name	Signature	License / Certification Number	Department	Shift
1. Elizabeth Savage	<i>[Signature]</i>		BOM	AM
2. Paul Tokun	<i>[Signature]</i>	95059175	NSG	AM
3. LJ Lucindo	<i>[Signature]</i>	243489	CM	AM
4. Sandra Hernandez	<i>[Signature]</i>		Lab	AM
5. G. Bernardo	<i>[Signature]</i>	131576	NSG	AM
6. Aisha Kay	<i>[Signature]</i>		Dietary	AM
7. Gilde Curran	<i>[Signature]</i>		Wood Hoz	AM
8. Marcel Salazar	<i>[Signature]</i>		Therapy	PM
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Version 1.0

Last Revised: February 20, 2020

CONFIDENTIAL AND PROPRIETARY INFORMATION

Form A
Policy No. - HR-02
Page 1 of 2

SURVEYOR NOTES WORKSHEET

Facility Name: NOVATO

Surveyor Name: LISA MEACHAM

Provider Number: _____

Surveyor Number: 40254 Discipline: NFEN

Observation Dates: From 3/4/24 To _____

TAG/CONCERNS

DOCUMENTATION

850 ARMY

JESUS

ACCEPTED P.O.C. 3/4/24 @ 8:57a.m