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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>056444</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                       | (X3) DATE SURVEY COMPLETED<br><b>05/21/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR</b>   |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>9620 FREMONT AVENUE<br/>MONTCLAIR, CA 91763</b> |   |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |   |  |   |
| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  |  |   |
| F 0573<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Few              | <b>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</b><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br>Based on interview and record review, the facility failed to provide the requested medical records for two of the three sampled residents (Resident A and Resident B) upon request and 2 working days of advance notice to the facility. This failure had the potential to result in the residents' prolonged suffering including physical, emotional, and psychological harm. Findings: An unannounced visit was conducted on March 2, 2020 at 8:59 AM, to investigate a complaint regarding the facility's failure to provide the requested records within the time frame required by the regulation. During an interview with the Medical Records Director (MRD) on March 2, 2020 at 10:13 AM, he stated he is responsible for processing medical record requests. The MRD stated they process the medical records request from residents and family is within 72 hours to five days, and 72 hours for subpoena of medical records. During a record review of the medical record request from Resident A's legal representative, the request indicated it was faxed and mailed on February 7, 2020. A hand-written notation on the request indicated, shipped [DATE]. The attached copy of the mailing receipt indicated a date of February 14, 2020 at 10:58 AM. During this an interview with MRD on March 2, 2020 at 11:10 AM, the MRD stated they mailed the record requested for Resident A on February 14, 2020 as indicated on the mailing receipt. During a record review of the medical record request from Resident B's legal representative and concurrent interview with MRD on March 2, 2020 at 11:10 AM, the record request from Resident B's legal representative, indicated it was faxed and mailed on November 14, 2019. The MRD stated the records were provided on December 3, 2019. The attached Declaration of Custodian of Records, dated January 1, 2020 and signed by the MRD, indicated that the requested records were provided on December 3, 2019 at 9:39 AM. During a record review of the facility's Health Information / Record Manual, dated July 28, 2013, the policy and guidelines indicated, .3. Time requirements / Making Records Available - Different Regulations allow different times, the most restrictive is the regulation to follow b. Request for Copies of the Record: Send requested copies of the record by mail with return receipt requested within fifteen (15) calendar days of the receipt of a valid written request . |  |   |
| 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.