

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555114</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DRIFTWOOD HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4109 EMERALD ST TORRANCE, CA 90503</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility's medical records staff failed to ensure requested records for one sampled resident (Resident A) was made available to the resident's representative. This deficient practice resulted in the representative not receiving requested documents and had the potential for the representative not knowing the medical status of the resident. Findings: A review of Resident A's Admission Records indicated the resident was readmitted to the facility on [DATE]. According to a legal notice and fax confirmation dated 1/2/2020 a request for Resident A's medical records was made of the facility. During a telephone interview on 1/30/2020 at 11:52 a.m., and a subsequent telephone interview, on 2/4/2020, at 10:15 a.m., with the complainant, the complainant stated Resident A's medical records were requested on 1/2/2020 and received on [DATE]20, eight (8) days after the request. However, the facility did not send received the policies as requested. During an interview on 1/30/2020 at 2:50 p.m., the Director of Medical Records (DMR) stated the facility received a request for Resident A's medical records on 1/2/2020 and the records were sent on 1/8/2020. The DMR stated all request for medical records goes to the facility's consultant for clearance before the record is sent out. A review of a facility policy and procedure titled Resident Access to PHI dated 11/1/15 indicated if the resident and/or their personal representative request 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.		
F 0732  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Post nurse staffing information every day.</b> Based on interview and record review the facility's medical records staff failed to ensure posted nurse staff data for the last 18 months was made available to one sampled resident's (Resident A) and/or their representative. This deficient practice resulted in the resident/representative not receiving requested documents and had the potential for the resident/representative not being aware of facility practices. Findings: According to a legal notice and fax confirmation a request for posted nurse staff data for the last 18 months was made on 1/2/2020. During a telephone interview on 1/30/2020 at 11:52 a.m., the complainant stated on 1/2/2020 a request (copy) of the posted nurse staff data for the last 18 months was made. However, the facility and has not sent the copies. On 1/30/2020, at 3:30 p.m., with the DMR, she stated she was not aware of the request for the posted nurse staff data.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.