

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555896</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARROWHEAD HEALTHCARE CENTER, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4343 N. SIERRA WAY SAN BERNARDINO, CA 92407</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 failed to provide the requested medical records for the three sampled residents (Residents A, B, and C) 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 December 17, 2019 at 12:34 PM, 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 Administrator Assistant (AA) on December 17, 2019 at 12:50 PM, she stated she handles the medical record requests. A record review of the facility's Record Request Log, the log indicated the following for the sampled Residents A, B, and C: - Resident A: medical record request received on November 26, 2019 - release pending to this date - Resident B: medical record request received on July 12, 2019 - provided on July 18, 2019 - Resident C: medical record request received on December 2, 2019 - release pending to this date A record review of the Admission Record for Resident A, dated December 18, 2019, the record indicated Resident A was admitted to the facility on [DATE]. A record review of the Admission Record for Resident B, dated January 15, 2018, the record indicated Resident A was admitted to the facility on [DATE]. A record review of the Admission Record for Resident C, dated December 18, 2019, the record indicated Resident C was admitted to the facility on [DATE]. During an interview with AA on December 17, 2019 at 1:10 PM and concurrent record review of the facility's policy, Medical Record Review / Photocopying, dated December 18, 2019, the policy indicated. Should photocopies of records be requested, the resident or their assigned representative, must give the facility an oral or written request after which, the facility will provide the requested copies within 2 working days of the received request. The AA stated the above requests were not processed within two working days.		
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.