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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>555435</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><b>09/16/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>RECHE CANYON REGIONAL REHAB CENTER</b>  |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1350 RECHE CANYON RD<br/>COLTON, CA 92324</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><br>Based on interview and record review, the facility failed to provide the requested medical records for one of the three sampled residents (Resident A) upon request and 2 working days of advance notice to the facility. This failure had the potential to result in the resident's prolonged suffering including physical, emotional, and psychological harm. Findings: An unannounced visit was conducted on December 23, 2019 at 1:30 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 Medical Records Director (MRD) on December 23, 2019 at 1:55 PM, she stated the policy and procedure regarding medical record requests are the scan and send the documents to their legal representative first. She stated she processes the requests once the legal representatives are ok or agree. The MRD stated she has fourteen days to process the medical record requests. A record review of the Release of Medical Records Information Log for the month of December 2019, the log indicated the facility received the release of medical records for Resident A on December 5, 2019 and the records were copied / faxed on December 10, 2019. A record review of the facility's policy and procedure, Health Information / Record Manual, dated July 28, 2013, indicated, .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 . During an interview with the Administrator (ADM) on December 23, 2019 at 2:25 PM, the ADM stated he was not aware that their policy and procedure was not updated. |  |   |
| 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.