

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056056	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2020
NAME OF PROVIDER OF SUPPLIER BRIER OAK ON SUNSET		STREET ADDRESS, CITY, STATE, ZIP 5154 SUNSET BLVD LOS ANGELES, CA 90027	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to ensure copies of medical records were provided in two days to the legal representative of one of two sampled residents (Resident 1). The facility received the request for medical records on 6/5/2020 and released them on 6/22/2020 to the legal representative. This deficient practice resulted to Resident 1's rights not being honored. Findings: A review of the Admission Record indicated the facility originally admitted Resident 1 on 12/12/2019 and readmitted on [DATE] with [DIAGNOSES REDACTED]. The Admission Record indicated that the resident representative who requested Resident 1's medical records through a legal representative was the emergency contact person. A review of Resident 1's Minimum Data Set (MDS - a standardized assessment and screening tool), dated 5/22/2020, indicated Resident 1 was cognitively (thought process) mildly impaired. The MDS indicated Resident 1 was totally dependent with one-person assist for activities of daily living including transfer, toilet use, and dressing. A review of a letter, dated 6/5/20, indicated Resident 1's legal representative requested copies of several documents which included Resident 1's medical records, billing records, photographs, charts, writings, all admission agreements, reviews, utilization review committee records, x-rays, and the like. The letter indicated Resident 1's legal representative requested access to the facility's Administrative Policies and Procedures, Patient Care Policies and Procedures, and daily posted nurse staffing data. Attached to the letter were the California Advance Health Care Directive Including Power of Attorney (the authority to act for another person) for Health Care and Authorization For The Release of Medical Information. During an interview on 6/22/2020 at 9:50 AM, the Medical Records 1 (MR 1) stated the request for medical records for Resident 1 was received on 6/05/2020. MR 1 stated the medical records were still not released as of this time pending approval from the Administrator (Admin). During an interview on 6/22/2020 at 10:05 AM, the Admin stated the medical records and other information requested for Resident 1 was not released as of this time. The Admin stated he received the letter request on 6/05/2020. The Admin stated the facility's policy was to provide copies of medical records within 2 business days. During an interview on 6/22/2020 at 10:19 AM, the Director of Nursing (DON) stated the facility's policy was to provide copies of medical records within 48 hours or 2 business days. The DON stated the facility did not provide the requested medical records for Resident 1 within 2 business days. During a telephone interview on 7/30/20 at 9:29 AM, the Assistant Administrator (AAdmin) stated the medical records of Resident 1 were provided to the legal representative on 6/22/20. The AAdmin stated MR 1 was responsible in verifying whether medical records request was legitimate. The AAdmin stated the request for medical records was sent to corporate office and they authorize or deny release of medical records. The AAdmin stated the process should take less than 2 days. During a telephone interview on 7/30/20 at 9:34 AM, MR 1 stated he was responsible in verifying the medical records request. MR 1 stated the request was made by the resident representative through a law firm. MR 1 stated the request for medical records was given to the Administrator on 6/5/2020. A review of the facility's policy and procedure titled, Authorization for Release of Information, revised on 02/10/2020, indicated the purpose which was To allow proper access to view or request records by a patient/resident or legal representative and to determine the validity of an authorization prior to releasing records containing PHI Provide copies of records to patient/resident/legal representative in the form or format requested, if they are readily producible in such form or format, within two (2) working days of a request.</p>		
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.