

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555716</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PARKWEST HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>6740 WILBUR AVE RESEDA, CA 91335</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 access to medical records for one out of three residents (Resident 1). This deficient practice violated Resident 1's right to access and obtain a copy of his medical records. Findings: A review of the facility's Admission Record indicated the facility admitted the resident on 2/10/2020, with [DIAGNOSES REDACTED]. The Admission Record indicated Family Member 1 (FM 1) was Resident 1's responsible party. A review of Resident 1's Comprehensive Minimum Data Set (MDS - a standardized assessment and care-screening tool) dated 2/17/2020, indicated the resident had moderately impaired cognition (mental process of thinking and understanding) and required extensive assistance with bed mobility, transfer, locomotion, dressing, eating, toilet use, personal hygiene and bathing. A review of the facility's Authorization for the Release of Medical Information form dated 6/24/2020, indicated FM 1 requested to obtain Resident 1's medical records. On 8/5/2020 at 1:30 p.m., during an interview, FM 1 stated she signed Resident 1 into the facility and signed all consents for his treatment. FM 1 stated she was actively involved in Resident 1's care and had requested a copy of Resident 1's medical records for her files. On 9/9/2020 at 3:30 p.m., during an interview, the Medical Records Director (MRD) stated she could not release Resident 1's records to FM 1 because she had no legal paperwork in place to indicate she designated as Resident 1's legal representative. On 9/21/2020 at 4:35 p.m., during an interview, the Administrator stated since FM 1 was the only immediate family member and involved in Resident 1's care, FM 1 should have been provided with Resident 1's medical records. A review of the facility's policy and procedure titled, Release of Information, revised 11/2009, indicated the resident may initiate a request to release such information contained in his/her record and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed and dated request from the resident or representative. A resident may obtain photocopies of his or her records by providing the facility with at least a 48 hours advance notice of such 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.