

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056124	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER TARZANA HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 5650 RESEDA BLVD TARZANA, CA 91356	
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	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide copies of clinical record to Resident 1's Representative 1 (RR1) in a timely manner for one of one sampled resident (Resident 1). This deficient practice resulted to a violation of RR1's right to obtain clinical records in a timely manner. Findings: A review of Resident 1's Face Sheet (admission record) indicated Resident 1 was re-admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS- standardized assessment and care-screening tool) dated 10/1/19, indicated Resident 1 had severely impaired cognition (ability to think, understand and reason). The MDS stated Resident 1 required extensive assistance from staff with bed mobility, dressing, eating, toilet use and personal hygiene On 2/27/20 at 10:30 a.m., during an interview with the Director of Nursing (DON), she stated she was not sure what the time frame was for providing copies of medical records to RR1. On 3/3/20 at 11:40 a.m., during an interview with the Medical Records Personnel (MRP), he stated he was aware copies of medical records should have been provided to RR1 within two working days after receiving the written request. The MRP stated RR1 requested for copies of Resident 1's clinical records on 2/3/2020. The MRP stated he processed the request however he was instructed to send the copies of Resident 1's clinical records to the facility's legal department instead. The MRP verified there was no documented evidence from the legal department regarding the status of the requested copies of Resident 1's clinical record being sent to RR1. A review of the shipping carrier receipt indicated Resident 1's clinical records were sent to RR1 on 2/28/20 and expected delivery date was 3/2/20 (20 working days after the requested date). A review of the facility's policy and procedure titled, Resident Access to Protected Health Information, with a revision date of 2/2017, indicated residents or legal representatives may view the resident's record upon written or oral request within 24 hours of the receipt of the request. A resident or legal representative may purchase copies of his or her records, or any portion of them, within two working days of a request to purchase copies of the record.		
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.