

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 056431	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER INLAND VALLEY CARE AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 250 W. ARTESIA STREET POMONA, CA 91768	
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 medical records within 48 hours of a written request for one of three sampled residents (Resident 1). This deficient practice violated Resident 1's rights to have the medical records available in a timely manner. Findings: A review of Resident 1's Facesheet (a record of admission) indicated the resident admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS, a standardized resident assessment and care screening tool), dated 11/20/19, indicated that Resident 1 had modified independence (difficulty in new situations only) in cognition (ability to think and process information). The MDS indicated Resident 1 was totally dependent (full staff performance) for bed mobility, personal hygiene, dressing, and toilet use. A review of a letter correspondence from a legal service agency to the facility indicated a request for Resident 1's medical records dated on 4/15/20. During an interview on 6/29/20 at 12:30 p.m., the Administrator (ADM) stated that the facility received a request from Resident 1's legal representative for Resident 1's medical records. The ADM stated that the corporate office's risk management had to review the resident's records before sending it out. The ADM stated the facility mailed Resident 1's medical records on 6/11/20. During an interview on 7/16/20 at 2:30 p.m., the Medical Records Director (MRD) stated she only started working for the facility a month ago. The MRD stated that medical records are usually available within 48 hours of request except during weekends and holidays. The MRD stated that she mailed Resident 1's medical records as requested on 6/11/20. The MRD stated that a legal service agency told the facility that records were missing and she was in the process of mailing the rest of the requested records. A review of the facility's certified mail receipt indicated the facility mailed Resident 1's documents on 6/11/20. A review of the facility's policy and procedures titled, Resident Access to Records, with a revision date of 1/21/19, indicated that the facility will send requested copies of the record by mail, with a return receipt requested, within 48 hours (excluding weekends and holidays) of the receipt of a valid written 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.