

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 555340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/03/2020
NAME OF PROVIDER OF SUPPLIER MARINA POINTE HEALTHCARE & SUBACUTE		STREET ADDRESS, CITY, STATE, ZIP 5240 SEPULVEDA BLVD CULVER CITY, CA 90230	
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 a copy of the medical records to the responsible party (RP) for one of three residents (Resident 1) when requested in writing This deficient practice resulted in over a 90-day delay of the RP receiving the medical records per the facility's policy. Findings: A review of Resident 1's Admission Face Sheet indicated the resident was admitted to the facility on [DATE] and re-admitted on [DATE]. Resident 1's [DIAGNOSES REDACTED]. A review of Resident 1's Minimum Data Set (MDS), a standardized assessment and care-screening tool, dated 01/31/2020, indicated the resident's cognition (ability to reason and make decisions) was impaired. A review of Resident 1's History and Physical (H&P), dated 12/24/19, indicated the resident does not have the capacity to understand and make decisions. During an interview with Resident 1's RP on 02/20/2020 at 8:50 a.m., the RP stated on 11/27/19 the facility provided a fax number to request the resident's medical records, however, the facility had not provided the medical records. During an interview with the director of nursing (DON) on 02/20/2020 at 2:20 p.m., an inquiry was made regarding the request from RP for the medical records of Resident 1. The DON replied the medical record staff was out of the facility and she would follow up with medical records. A review of the facility's policy and procedure titled Release of Information indicated the resident or responsible party may have access to the records within 72 hours (excluding weekends or holidays) of the written or oral 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.