

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055105	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Royal Vista Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 909 W. Santa Anita Ave San Gabriel, CA 91776	

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)
<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 45456</p> <p>Based on interview and record review, the facility failed to provide a copy of the medical records for one of one sampled resident (Resident 1) within 48 hours (excluding weekends and holidays) from when the written request was received from the resident's representative on 10/3/2024.</p> <p>This deficient practice has resulted in the delay of access to Resident 1's medical records in a timely manner.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record, the Admission Record indicated the resident was initially admitted to the facility on [DATE] and was transferred to the emergency room (ER) in General Acute Hospital (GACH) on 9/18/2024 via ambulance.</p> <p>During a review of Resident 1's History and Physical (H&P), dated 11/16/2022, with diagnosis of Alzheimer's disease (a brain disorder that slowly destroys memory and thinking skills and, eventually, the ability to carry out the simplest tasks), dementia (impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and generalized weakness. The H&P indicated Resident 1 does not have the capacity to understand and make decisions.</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool), dated 7/5/2024, the MDS indicated Resident 1 had severe cognitive (mental action or process of acquiring knowledge and understanding) skills for daily decision making. The MDS also indicated Resident 1 was dependent (helper does all of the effort, resident does none of the effort to complete the activity) eating, oral hygiene, toileting hygiene, shower/bathe self, upper and lower body dressing, and putting on/ taking off footwear, personal hygiene, roll left and right, chair/ bed - to -chair transfer and tub/shower transfer.</p> <p>During a review of the authorization for the release of Resident 1's medical records dated 9/27/2024, indicated the facility received a request from Resident 1's representative to provide a copy of Resident 1's medical records on 10/3/2024 via electronic mail (email).</p> <p>During a review of the undated Facility's Authorization of Release of Information Form, it did not indicate that facility released Resident 1's records from 10/3/2024 to 10/24/2024.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview of Medical Records Director (MRD) on 10/24/2024, at 9:29 AM, MRD stated, If the resident or family made a request for the copy of the whole medical records. They can pick up the medical records within 48 hours in the facility. They just need to sign the authorization records and that is it.</p> <p>During a concurrent interview of MRD and record review of list of medical record request received by the facility dated 9/30/2024 to 10/24/2024, on 10/24/2024 at 9:55AM, the list indicated there was one request received by the facility on 10/3/2024 and it was from Resident 1's representative. MRD stated, I am not aware of the pending request from Resident 1, but we are working on it, and it is due tomorrow (10/25/2024). We are currently working on their request, and they can get the copy of the chart tomorrow (10/25/2024).</p> <p>During an interview with the Social Services Director (SSD) on 10/24/2024, at 10:10 AM, SSD stated, I received Resident 1's Medical Record Request on 10/16/2024, it was an order from our ADM. ADM asked me to take care of request which I did for the electronic records. It was a portal with a link that was given to me, and I did upload it on (10/18/2024). I was not able to finish the same day and took another day (10/21/2024) because it has to be pulled from months, but I did send it to them last week.</p> <p>During a concurrent record review of the policy titled Release of Information revised on 11/2009, and interview with the ADM on 10/24/2024, at 1:34PM, the policy indicated a resident may have access to his or her records within forty-eight (48) hours (excluding weekend or holidays) upon resident's / resident representative's written or oral request. ADM stated the facility received the request for a copy of Resident 1's medical records from Reisdent 1's representative on 10/3/2024. ADM also stated, I have confirmed the authorization on 10/8/2024. We sent the electronic chart to the link that they provided on 10/18/2024. The chart was paper chart was copies were started 10/21/2024 and tomorrow (10/25/24) was the due date ADM added, the facility passed the 48 hours timeframe of releasing copies of Resident 1's medical records requested by the resident's representative on 10/3/2024. ADM stated the facility did not have medical records personnel from 9/27/2024 to 10/9/2024.</p> <p>During a review of the facility's policy and procedure (P&P) titled Release of Information revised on 11/2009, indicated a resident may obtain photocopies of his or her records by providing the facility with at least 48 hours (excluding weekends and holidays) advance notice of such request.</p>		