

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Diablo Valley Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 3806 Clayton Road Concord, CA 94521	

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>43771</p> <p>Based on observation, interview, and record review the facility nursing staff did not provide the resident ' s Responsible Party access to medical records within 24 hours of written request.</p> <p>For Resident 1, the failure to access readily available medical records resulted in delayed treatment at another facility, which had the potential for injury or harm.</p> <p>Findings:</p> <p>During review of Resident 1's Face Sheet, Face Sheet indicated Resident 1 was admitted to the facility in 2024. The Face Sheet also indicated Resident 1 had a responsible party (RP 1) for emergency contact and financial decisions.</p> <p>During a telephone interview on 5/30/24, at 3:44 p.m., with Representative Party (RP 1), RP 1 requested for release of medical records for Resident 1, to facility Medical Records Director (MRD 1) via telephone. MRD 1 informed RP 1 facility will need a signed Durable Power of Attorney (DPOA) from RP 1 prior to release of medical records. RP 1 stated she sent the DPOA via email to facility ' s MRD 1's work email address on 7/11/24, at 3:56 p.m. RP 1 stated MRD 1 responded on 7/12/24 that he would send the requested documents following Tuesday, 7/16/24. RP 1 stated medical records documents were emailed to her on 7/19/24. RP 1stated the facility did not provide all the records she was looking for.</p> <p>During a telephone interview on 9/9/24 at 0950 a.m., with MRD 1, MRD 1 stated the facility was busy the week RP had sent in the DPOA. MRD 1 stated facility had a lot of Additional Documentation Request (ADR) from Medicare, about 15 to 16 requests. MRD 1 stated the facility's normal process is, once facility gets the request for medical records, it takes facility two days after release form has been signed.</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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