

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Mountain View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 Solace Place Mountain View, CA 94040	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37409</p> <p>Based on interview and record review, the facility failed to secure the confidential medical records for two of three residents (1 and 2) when the facility released Resident 1's and Resident 2's medical records to persons who were not the legal representatives of these two identified residents. This failure violated the residents' rights to privacy and confidentiality.</p> <p>Findings:</p> <p>Review of Resident 1's Admission Record indicated she was admitted to the facility on [DATE] with dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life) diagnosis.</p> <p>Review of Resident 1's Health Care Power of Attorney (HCPOA, a legal document that allows someone to designate another person to make medical decisions on their behalf if they are unable to do so), dated 8/20/15, indicated Resident 1's husband was her health care agent.</p> <p>Review of Resident 1's Authorization for the Release of Protected Health Information (PHI, any health information that can identify an individual and is related to their past, present, or future health), dated 3/8/24, indicated it was signed by Resident 1's son, an emergency contact, and Not Applicable was filled in the Individual/Organization Authorized to Release PHI section.</p> <p>During an interview with the medical records director (MRD), on 8/28/24 at 2 p.m., she confirmed that she received Resident 1's Authorization for the Release of PHI from Resident 1's son, and she released Resident 1's medical records to him in 3/2024.</p> <p>Review of Resident 2's Admission Record indicated he was admitted to the facility on [DATE]; Resident 2 was his self-responsible party (RP, an individual who assists the resident in placement or assumes varying degrees of responsibility for the well-being of the resident), and one of his daughters was the substitute decision maker.</p> <p>Review of Resident 2's Authorization for Use or Disclosure of Medical Information, dated 4/23/24, indicated another daughter of Resident 2, an emergency contact, was the person who requested and received Resident 2's medical records.</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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the director of nursing (DON), on 9/3/24 at 4 p.m., he reviewed Resident 1's Authorization for the Release of PHI and Resident 2's Authorization for Use or Disclosure of Medical Information and confirmed that Resident 1's and Resident 2's medical records were released to emergency contact persons. The DON stated the resident's medical records should be released to the resident or the resident's legal representative and not to unauthorized legal representative</p> <p>Review of the facility's policy, Release of Medical Records, dated 6/1/23, indicated . 2. Upon request to access or obtain copies of the medical records, the facility should review the authorization to ascertain access rights of that person. Authority to access or release records is only granted by the resident or the resident's legal representative.</p>		