

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/20/2024
NAME OF PROVIDER OR SUPPLIER  Upland Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 East Arrow Hwy Upland, CA 91786	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45240</b></p> <p>Based on record review and interview, the facility failed to provide a resident and or representative a copy of medical records following a written request for 1 of 3 residents reviewed for resident rights (Resident 1).</p> <p>This failure could potentially violate Resident 1 (R1) rights to access her medical records.</p> <p>Findings:</p> <p>During a review of Residents 1 ' s (R1) Admission Record (general demographics), the document indicated R1 was admitted to the facility on [DATE] , with diagnosis to include sepsis, (complication of an infection), urinary tract infection ( bladder infection), generalized muscle weakness ( decreased strength in muscle ), type 2 diabetes mellitus ( a long term condition in which the body has trouble controlling blood sugar and using it for energy ), dementia (is a condition that can be caused by a number of diseases which destroy nerve cells and damage the brain).</p> <p>During an interview with Medical Record Director (MRD) on September 16,2024 at 2:04 PM. MRD denies getting a fax request or e-mail requests to release R1 medical records. MRD stated that they have 48 hours to comply with a written request from the resident, responsible party, or legal representative.</p> <p>During an interview with R1 ' s Legal Representative (LR) on September 17,2024 at 10:05am. LR stated they have a successful fax transmittal confirmation on August 22,2024 at 1:06pm faxed to (909) [PHONE NUMBER]. LR stated that a copy of the successful transmittal was sent to California Department of Public Health (CDPH) on August 26, 2024.</p> <p>During a record review on September 17,2024 at 10:10 am, a successful confirmation receipt of facsimile sent to the facility was reviewed.</p> <p>During an interview with Administrator (ADM) on September 18, 2024, at 2:40 PM, ADM stated that the facility never received a facsimile from the law office requesting for the R1 ' s medical records on August 22, 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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<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 with MRD on September 18, 2024, at 3:00 pm, MRD stated that she received a fax on September 18, 2024, requesting for R1 ' s medical record and MRD stated that she also received a follow up phone call from the Law Office.</p> <p>During a concurrent interview and record review, on September 18, 2024, at 2:40 PM, with the Administrator (ADM). A facility Policy and Procedure (P&amp;P), titled, Resident Rights Release of Information revised October 2022, was reviewed. The P&amp;P indicated the following: Our facility maintains the confidentiality of each resident's personal and protected health information. Policy Interpretation .10. A resident may obtain photocopies of his or her records by providing the facility at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged . ADM stated that R1 ' s medical records were not sent. ADM also stated, the facility did not receive a Facsimile on August 22, 2024, requesting for R1 medical records.</p>