STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055473	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Vista Post-Acute Care Center	1516 Sawtelle Blvd. Los Angeles, CA 90025

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 requested resident records upon written request for one of three sampled residents (Resident 1). This deficient practice violated the rights of Resident 1's legal representative to obtain requested copies of Resident 1's records.Findings: During a review of Resident 1's admission Records, the Records indicated Resident 1 was initially admitted to the facility on [DATE] and readmitted on [DATE] with a diagnoses including lack of coordination (unsteady movement affecting how you walk and reach for objects), major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with your daily activities of living), unspecified dementia, (loss of memory, thinking, and reasoning). During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool), dated 2/12/2026, the MDS indicated Resident 1 had moderately impaired cognitive skills (mental action or process of acquiring knowledge and understanding) to make decisions on selfcare activities. During a review of Resident 1's legal representative Sent Fax Report record, the Fax Report indicated eleven pages of Resident 1's record request document was successfully sent to the facility on 5/1/2026 at 6:35 PM. During a telephone interview on 5/27/2026 at 11:22 AM with Resident 1's legal representative staff, Resident 1's legal representative staff stated a record request was submitted on 5/1/2026 and follow up phone call was made on 5/5/2026. During the follow up call on 5/5/2026 the legal representative staff spoke to Medical Records director (MR). Resident 1's legal representative staff stated, MR denied receiving a fax sent on 5/1/2026. A second record request was faxed on 5/5/2026. During a follow-up call by Resident 1's legal representative staff on 5/7/2027 with MR, MR informed Resident 1's legal representative, the record request is being processed. Resident 1's representative made a phone call on 5/20/2026 and facility staff failed to call back as promised. During an interview on 6/2/2026 at 9:30 AM with Resident 1, Resident 1 stated, Resident 1's family member has the power of attorney (POA), the POA can make decisions on behalf of Resident 1 including requesting for record. During an interview on 6/2/2026 at 10:28 AM with MR, the MR stated, resident record access is usually provided within a day or two depending on type of records requested. MR acknowledged receiving a medical record request on 5/7/2026 from Resident 1's legal representative. MR stated, the record request is being processed and approval from the facility administrator (ADM), and corporate office is required to release the records. MR will release Resident 1's records once completed processing and approvals from ADM and corporate office of the facility. During an interview on 6/2/2026 at 11:04 AM with the director of nursing (DON), the DON stated, according to the state law and facility policy, resident record should be released within five days after a written request provided. The DON acknowledged reviewing Resident 1's records about a week ago and unaware if the records were released. DON stated, delaying or denying resident medical records can cause harm by delaying needed resident care. During an interview on 6/2/2026 at 11:30 AM with ADM, the ADM stated, resident record access is processed by medical records office. ADM stated, the facility follows the most stringent regulations for releasing medical records. ADM acknowledged Resident 1's medical records access was requested at least three weeks ago. The (continued on next page)

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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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	reason for the delay is due to a complicated electronic and hard copy record keeping process at the facility. ADM stated, delaying or denying access to resident records is a violation of resident rights. During a review of the facility's Policy and Procedure (P&P) titled Release of Records reviewed 07/11/2025, the P&P indicated It is the policy of the facility to provide access by any resident or their authorized representative, to insect and /or obtain copies of health information/records. The time requirements for release of records are specified by HIPAA Omnibus, OBRA Federal regulations and the State of California. These are as follows: State of California Health and Safety Code- Access within 5 working days after written request and copies available within 15 days. It is recommended that the most restrictive time requirements be followed.