

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/17/2025
NAME OF PROVIDER OR SUPPLIER Bay Crest Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3750 Garnet Street Torrance, CA 90503	

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** Based on interview and record review the facility failed to provide a copy of medical records upon a written request for one of one residents (Resident 1). This deficient practice violated the rights of Resident 1 and its representative to obtain a copy of Resident 1's medical records. Findings: During a review of Resident 1's admission Record indicated Resident 1 was originally admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses including Chronic obstructive pulmonary disease ([COPD] a group of lung diseases that cause airflow obstruction and breathing difficulties), and Muscle weakness (a reduced ability of muscle to generate force, often resulting in difficulty performing daily tasks or feeling fatigued During a review of the Record Release Form dated 08/04/2025, the Record Release form indicated the facility received a request for release of Resident 1's records on 08/04/2025. The Record Release Form did not indicate that the facility released Resident 1's records per request. During a concurrent interview and record review on 09/17/2025 at 9:05 am with the Medical Record Director (MRD) the MRD stated she received the request to release the medical records on 08/04/25. The MRD stated she sent the request to the facility's legal department because it came from a law office. The MRD stated the legal department replied to the release of records, but the MRD stated she was still working on it and thought she still had two weeks to provide requested copies of records. The MRD stated she misunderstood that she was not supposed to wait for two weeks. The MRD stated the facility had not released copies of Resident 1's record yet, she was still waiting for the nursing department to complete their own section of records. The MRD stated moving forward she will focus on prioritizing her workload, making sure all requested documents are sent out within 2-3 business days because that is the resident's right. During an interview on 09/17/2025 at 2:46 pm with the Administrator (ADM), the ADM stated the facility should provide copies of requested medical records within 2-3 calendar days. The ADM stated the facility does not have a specific policy and procedure (P&P) with time frame. The ADM stated she was not aware of the delay in releasing the medical records until CDPH staff showed up today but will find someone to assist the MRD so all records will be released in a timely manner. During an interview on 09/17/25 at 3:29 pm with the Director of Nursing (DON), the DON stated no one came to him with a letter requesting medical records on behalf of Resident 1. The DON stated he just found out today there was a request from the law office for medical records because all the request goes to the front office and ADM. The DON stated the facility should follow up and act quickly so that all requested documents are sent in a timely manner. The DON stated the facility does not have specific policy and procedure for medical records that will guide the time frame and amount to pay if residents or family members are requesting medical records documents but believe request should be sent within 48 hours as requested. The DON stated the facility would start working on creating a new policy and procedure for the release of medical records.</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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