

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/22/2024
NAME OF PROVIDER OR SUPPLIER  Capistrano Beach Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  35410 Del Rey Capistrano Beach, CA 92624	

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 - Potential for minimal harm</p> <p>Residents Affected - Some</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** 46787</b></p> <p>Based on interview, medical record review, and facility P&amp;P review, the facility failed to provide the requested medical and billing records for one of two sampled residents (Resident 1). This failure had the potential to violate the resident's rights.</p> <p>Findings:</p> <p>Review of the facility's P&amp;P titled Release of Information revised 11/2009 showed all information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or his/her legal representative, consistent with state laws and regulations. The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative. A resident may have access to his or her records within 48 hours of the resident's written or oral request.</p> <p>Closed medical record for Resident 1 was initiated on 7/22/24. Resident 1 was admitted to the facility on [DATE], and discharged on [DATE].</p> <p>Review of Resident 1's Authorization for the Release of Medical Information form dated 7/2/24, showed Resident 1's RP had requested a copy of Resident 1's medical record.</p> <p>On 7/22/24 at 1120 hours, an interview was conducted with the Medical Records Director. The Medical Records Director stated she received the medical records request for Resident 1 by mail on 7/8/24.</p> <p>On 7/22/24 at 1140 hours, an interview was conducted with the Administrator. The Administrator verified and acknowledged the medical records for Resident 1 had not been sent as requested by the RP.</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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