

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Montclair Manor Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5119 Bandera Street Montclair, CA 91763	

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>47206</p> <p>Based on interviews and record review, the facility failed to provide medical records to the party responsible for one of four residents (Resident 1) in a timely manner, in accordance with the facility policy. This failure had the potential to compromise Resident 1 ' s rights which had the potential for Resident 1 ' s responsible party to experience psychosocial harm (mental harm and suffering).</p> <p>Findings</p> <p>During a concurrent interview and record review, on April 15, 2025, at 2:30 PM, with the Medical Records Director (Director), the facility ' s AUTHORIZATION FOR THE RELEASE OF CLINICAL INFORMATION, the authorization indicated, on March 19, 2025, the responsible party requested medical records. This information is verified and confirmed by the director. Director stated the party responsible was provided with the current records after 3 (three) days upon request; however, not all requested records were given.</p> <p>During a concurrent interview and record review on April 30, 2025, at 1:31 PM, the Director stated records should be provided within 72 hours upon request. During review of the policy and procedure (P&P) titled Access to Personal and Medical Records, dated May 2017, was reviewed. The P&P indicated Access to the resident's personal and medical records will be provided to the resident within 72 hours (excluding weekends and holidays) of his or her request. The Director stated the policy was followed.</p> <p>During a concurrent interview and record review on April 30, 2025, at 1:55 PM, the DON stated release of medical records should occur in a timely manner, specifically within 72-hour time frame. During review of the policy and procedure (P&P) titled Access to Personal and Medical Records, dated May 2017, was reviewed. The P&P indicated Access to the resident's personal and medical records will be provided to the resident within 72 hours (excluding weekends and holidays) of his or her request. The Director stated she does not have an answer regarding whether the policy was followed.</p> <p>During a concurrent interview and record review on April 30, 2025, at 2:11 PM, the administrator stated the expectation for releasing medical records is within 72 hours upon request. During review of the policy and procedure (P&P) titled Access to Personal and Medical Records, dated May 2017, was reviewed. The P&P indicated Access to the resident's personal and medical records will be provided to the resident within 72 hours (excluding weekends and holidays) of his or her request. The Director stated the policy was followed.</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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