

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055776	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Westview Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 12225 Shale Ridge Lane Auburn, CA 95602	

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** 41206</p> <p>Based on interview and record review the facility failed to provide a copy of medical records for one resident (Resident 1) of three sampled residents when Resident 1's Responsible Party (RP) did not receive the medical record via electronic mail (email) as requested.</p> <p>This failure decreased the facility's potential to provide resident medical records consistent with state laws and regulations.</p> <p>Findings:</p> <p>A review of an admission record indicated Resident 1 was initially admitted to the facility on [DATE] with diagnoses which included chronic respiratory failure with hypoxia (when oxygen is unavailable in sufficient amounts to sustain bodily function). This admission record also indicated Resident 1 had a RP and POA (Power of Attorney, a person chosen as a representative to make health care and/ or financial decisions for a resident who is unable to do so).</p> <p>A review of a facility document titled Patient Authorization for Disclosure of Health Information, dated 10/11/23 at 3 p.m., indicated, .authorize the use or disclosure of my individually identifiable health information as follows .[Resident 1] .Name and address of .organizations authorized to use and/or disclose the information .[Facility Name and address] .Name and address of .persons authorized to receive the information .email .POA .This Authorization applies to the following information (select only one of the following) .All health and billing information pertaining to any medical history, mental or physical condition and treatment received .other than psychotherapy notes .signed by [Resident 1's RP].</p> <p>In an interview on 11/15/23 at 11:30 a.m., the Social Services Director (SSD) confirmed he received Resident 1's request for medical records signed by Resident 1's Responsible Party (RP) on 10/11/23.</p> <p>In an interview on 11/15/23 at 11:50 a.m., the Medical Records staff stated she had Resident 1's medical chart copied and ready for Resident 1's RP to pick up from the facility.</p> <p>The Department requested a copy of the email sent to Resident 1's RP to confirm electronic delivery per the RP's request. The facility was unable to provide documented evidence of the email.</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>A review of the facility's policy and procedure titled Release of Information ., revised November 2009, indicated, .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 2 working days (excluding weekends and holidays) of the resident's written request and receipt of payment. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request.</p>		