

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  08/12/2024
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 - 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>32096</p> <p>Based on interview and record review, the facility failed to provide one of three sampled residents (Resident 1's) Resident Representative (RP) with access to the resident's medical records timely.</p> <p>This failure resulted in delay of RP receiving Resident 1's medical records.</p> <p>Finding:</p> <p>Review of Resident 1's ADMISSION RECORD indicated the resident was admitted in May of 2021 and listed a family member as the resident's RP.</p> <p>Review of Resident 1's medical record included a, PATIENT AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION, form signed, dated and timed by the RP requesting Resident 1's complete vaccination records since the resident's admission in 2021.</p> <p>The records request form was dated 8/2/24 at 2:45 p.m.</p> <p>Review of the facility's November 2023 revised policy and procedure, Release of Information, stipulated, A resident may have access to his or her records within 72 hours (excluding weekends or holidays) of the resident's written or oral request.</p> <p>In a concurrent interview and documentation review on 8/12/24 at 11:03 a.m., the Medical Record Director (MRD) stated the facility received the written request on 8/2/24 from the RP and indicated the facility provided the requested medical records on 8/9/24 to the RP electronically. The MRD verified the facility policy was to provide the medical records within 72 hours upon receipt of request.</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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