

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055932	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/02/2025
NAME OF PROVIDER OR SUPPLIER  Four Seasons Healthcare & Wellness Center, LP		STREET ADDRESS, CITY, STATE, ZIP CODE  5335 Laurel Canyon Blvd. North Hollywood, CA 91607	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interview and record review, the facility failed to have a documented process on tracking medical records requests for one of four sampled residents (Resident 1). Resident 1's legal representative sent a request to release Resident 1's medical records on 5/8/2025. This deficient practice violated the resident's rights to secure personal medical records. Findings: During a review of Resident 1's admission Record (undated), the admission Record indicated the facility admitted the resident on 8/2/2024 with diagnoses including cellulitis (a deep bacterial infection of the skin) of the left upper limb, chronic kidney disease (a condition in which the kidneys are damaged and cannot filter blood as well as they should), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar [glucose]). During a review of Resident 1's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 8/9/2024, the MDS indicated the resident's cognition (conscious mental activities including thinking, reasoning, understanding, learning, and remembering) was moderately impaired. During an interview on 7/1/2025 at 12:05 p.m. and a concurrent record review of the Log of Resident Requests for Access to Protected Health Information (PHI), undated, reviewed with the Medical Records Director (MRD), the MRD stated the last entry on the Log of Resident Requests for Access to Protected Health Information was on 10/15/2024. The MRD stated the medical records staff made copies of the documents sent to the requestor and the email or fax confirmation was the facility's proof of the completed medical records request. The MRD stated the residents' medical record requests were not recorded on the log. During an interview on 7/1/2025 at 12:30 p.m. with Medical Records Assistant (MRA) 1, MRA 1 stated he was not aware of the Log of Resident Requests for Access to Protected Health Information and had not used the form before. During an interview on 7/1/2025 at 12:35 p.m. with MRA 2, MRA 2 stated she was not aware of the Log of Resident Requests for Access to Protected Health Information and had not used the form before. MRA 2 stated she was informed to make copies of the residents' requested medical records and that was how the medical records department knew the record request was completed. During an interview on 7/1/2025 at 1:50 p.m. and concurrent record review of the facility's policy and procedure (PnP) titled Resident Access to PHI, last reviewed on 6/25/2025, reviewed with the Administrator (ADM). The ADM stated the PnP indicated the purpose to establish guidelines for reviewing resident or resident's personal representative's requests for access to Protective Health Information (PHI). The PnP indicated the facility will document the following information on HP-08-Form C- Log of Resident Requests for Access to PHI: i. the date of the resident or resident's personal representative's request for access to PHI; ii. the name and title of the facility employee addressing the request; iii. the date of the facility's response. The ADM stated the residents' medical record requests were not documented in the log and had the potential for delays in the process of providing the requested documents. The ADM stated the facility failed to ensure the facility staff were knowledgeable in the process of medical records requests and to ensure requested medical records were provided timely.</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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