

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055992	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER West Covina Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 850 S. Sunkist Ave. West Covina, CA 91790	

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** Based on interview and record review, the facility failed to implement its policy and procedure (P&P) titled, Release of Information, for one of four sampled residents (Resident 1). This failure violated the rights of Resident 1's responsible party (RP- a relative or friend who handles the patient's finances and helps with medical decisions) to obtain a copy of Resident 1's medical records within the time frame indicated in the facility's P&P on release of medical records. Findings: During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was re-admitted to the facility on [DATE] with diagnoses including cerebral ischemia (blood flow to the brain was blocked or reduced) and type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing). The AR indicated Resident 1's daughter was Resident 1's RP. The AR indicated Resident 1 was discharged on [DATE]. During a review of Resident 1's Minimum Data Set (MDS - a federally mandated resident assessment tool) dated [DATE], the MDS indicated Resident 1 had moderately impaired cognition (ability to think). During a review of Resident 1's Record of Death (ROD) dated [DATE], the ROD indicated Resident 1 expired on [DATE]. During a review of a request for release of Resident 1's medical records from Legal Services 1 (LS1) to the facility dated [DATE], the request indicated it was received by the facility on [DATE]. During an interview on [DATE] at 12:43 pm with the Medical Records Director (MRD), the MRD stated the facility received the request from LS1 on [DATE] to release Resident 1's medical records to LS1. The MRD stated the MRD had difficulty retrieving Resident 1's medical records from the back of the facility because the medical records were in boxes and the MRD had physical limitations. The MRD stated the facility's policy indicated seven working days to send the medical records upon request, but the MRD sent Resident 1's record to LS1 after seven days of request. The MRD stated the MRD initially sent Resident 1's medical records via the link provided by LS1 on [DATE] and again on [DATE]. The MRD stated it was important for the resident's responsible party to have timely access to the resident's medical records because the medical records could be needed for court or litigation. During an interview on [DATE] at 12:20 pm with the facility's Director of Nursing (DON), the DON stated the facility could not easily locate Resident 1's chart, and when they did, the medical records were released to LS1. The DON stated it was the resident or resident's responsible party's right to request a copy of the resident's medical records and receive it timely because it may have been needed for legal purposes and for continuity of care, if the resident was alive. During a review of the facility's P&P titled, Release of Information, revised 11/2009, the P&P indicated medical records may be released by the written consent of the resident or his/her legal representative (sponsor), consistent with state laws and regulations. The P&P indicated, 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. The P&P indicated, a resident may have access to his or her records within 24 hours (excluding weekends or holidays) of the resident's written or oral 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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