

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/20/2024
NAME OF PROVIDER OR SUPPLIER Menifee Lakes Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 27600 Encanto Drive Sun City, CA 92586	

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** 47202</p> <p>Based on interview and record review the facility failed to ensure access to personal and Medical Records (MR) was provided within two working days for one of two sample residents (Resident 3).</p> <p>This failure has the potential to result in a delay of care and treatment for Resident 3 affecting the resident's physical wellbeing.</p> <p>Findings:</p> <p>On June 20, 2024, at 8:50 a.m., an unannounced visit to the facility was conducted to investigate a resident's rights issue.</p> <p>A review of Resident 3's Admission Record, indicated, Resident 3 was admitted to the facility on [DATE] at 7:17 p.m.</p> <p>A review of the facility document titled Admission, Discharges, Room/Bed Transfers, indicated, Resident 3 was discharged from the facility on July 27, 2024 at 8:05 p.m.</p> <p>A review of Resident 3's Medical Records/Release of Information, request, indicated the following:</p> <ul style="list-style-type: none"> - Dated May 28, 2024, indicated, (name) requester .Please consider this as (name) resident request and through this office as legal representative, that all writings related to him within you care, custody and control . that be made available within two working days from the receipt of this correspondence . - Dated June 3, 2024, indicated, (name) requester .Please consider this as (name) resident request by and through this office as legal representative, that all writings related to him within you care, custody and control . that be made available within two working days from the receipt of this correspondence . <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>During a concurrent interview and record review of Resident 3's Medical Records/Release of Information request form, with the Medical Records Director (MRD) 1, she explained the process for handling requests for a resident's medical records from a law firm. The MRD stated, such requests must be sent to the facility's legal team, and an approval response must be received before any records are released. MRD 1 stated the records would be released to the requester within 48 to 72 hours. MDR 1 stated on May 30, 2024, the facility received a request for Resident 3's medical records from Resident 3's legal representatives (LR). MDR 1 further stated, MRD 2 sent the request to the facility's legal team and informed Resident 3's LR that the request did not match Resident 3's name with the facility's records. MRD 1 stated on May 31, 2024, MRD 2 called Resident 3's LR and was informed that a new request for Resident 3's medical records would be sent to the facility on [DATE]. MRD 1 stated she received the new medical record request from Resident 3's LR on June 10, 2024. MRD 1 further stated, she did not send the request to the facility's legal team until June 14, 2024. MRD 1 stated, she should have sent the new request to the legal team upon receiving it on June 10, 2024 and she should have sent Resident 3's medical records to the requester within 72 hours in accordance with the facility policy.</p> <p>During an interview and record review with the Interim Director of Nursing (IDON), he stated, the facility received Resident 3's new medical records request on June 10, 2024. The IDON further stated, MRD 1 did not send the the new request to the facility legal team until June 14, 2024. The IDON stated, MRD 1 should have sent the new medical records request to the legal team after receiving it, and Resident 3's medical records should have been released to the requester within 72 hours. The IDON further stated, MRD 1 did not follow the facility policy and procedure.</p> <p>During a review of the facility policy and procedure, Release of Medical Records dated December 19, 2022, indicated, .Medical records will be released with a valid request and in accordance with state and federal laws .The resident's record is accessible to him/her within 24 hours notice .The resident may have a legal representative who can exercise the same rights as the resident .The Resident or his/her legal representative may receive a copy of his/her record within 2 days after the request has been made .</p>		