

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056190	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Chestnut Ridge Post Acute LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  525 South Central Avenue Glendale, CA 91204	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48219</p> <p>Based on interview and record review, the facility failed to provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by one of two sampled residents (Resident 1), or in a readable hard copy form or such other form and format as agreed to by the facility and the resident, within 24 hours (excluding weekends and holidays), in accordance with the facility ' s Policy and procedure [P&amp;P] titled Resident Rights and Release of Information.</p> <p>This deficient practice violated the rights of Resident 1 to access personal and medical records pertaining to him or herself.</p> <p>Findings:</p> <p>A review of Resident 1 ' s the Admission Record indicated Resident 1 was admitted to the facility on [DATE], with a primary diagnosis of polyneuropathies (disease affecting nerves).</p> <p>A review of Resident 1 ' s History and Physical dated 7/27/2024, indicated Resident 1 had capacity to understand and make decisions.</p> <p>A review of Resident 1 ' s Minimum Data set (MDS- a federally mandated resident assessment tool) dated 8/9/2024, indicated resident 1 has moderate cognitive impairment (may need extra assistance with daily activities).</p> <p>During an interview on 10/10/2024 at 10:02AM with Resident 1, Resident 1 stated that she initially requested a copy of her medical records in August 2024 and had a discussion with the Administrator (ADM) regarding the process of requesting medical records. Resident 1 stated she had made multiple attempts to obtain her medical records from the facility but had not yet received the medical release form to obtain copies of her medical records.</p> <p>During an interview on 10/10/2024 at 10:34 AM with the Administrator (ADM), the ADM stated he recalled Resident 1 requesting her medical records and had instructed Medical Records [MR] Staff to provide Resident 1 with the medical records release form. The ADM explained that after the request to medical records department was made, he did not follow up with Medical Records staff anymore to ensure Resident 1 received a copy of her records. The ADM stated it is important to allow residents to access to their personal medical records because it is their right as a resident.</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>During an interview on 10/10/2024 at 10:35 AM with Medical Records [MR] Staff, MR Staff stated she had received a text message from the ADM indicating that Resident 1 was requesting her medical records and required a release form to proceed. MR Staff stated that when she approached Resident 1 [unable to provide a date] to provide the medical release form, Resident 1 no longer wished to receive her medical records. MR Staff stated she did not document Resident 1 ' s wishes not to pursue receiving a copy of her medical records.</p> <p>During an interview on 10/10/2024 at 10:51 AM with Resident 1, Resident 1 stated that MR Staff never offered her the opportunity to fill out a medical release form and denied ever having refused or changed her mind in regard to wishing to receive a copy of her medical records.</p> <p>A review of the facility ' s policy and procedure (P&amp;P) titled, Resident Rights, revision date of December 2016, the P&amp;P indicated, Federal and state laws guarantee certain basic rights to all residents of the facility. These rights include the resident ' s right to access personal and medical records pertaining to him or herself.</p> <p>A review of the Facility ' s policy and procedure (P&amp;P) titled, Release of Information ' , revision date of November 2009, the P&amp;P indicated, the resident may have access to his or her records within 5 days (excluding weekends or holidays) of the resident ' s written or oral request.</p>		