

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER Windsor Gardens Convalescent Hospital		STREET ADDRESS, CITY, STATE, ZIP CODE 915 S. Crenshaw Blvd. Los Angeles, CA 90019	

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** 49571</p> <p>Based on interview and record review, the facility failed to provide a copy of the records upon written request on 1/20/2025 from a legal representative of one of three sampled residents (Resident 1).</p> <p>This deficient practice had resulted in the violation of the rights of Resident 1's family member to obtain copy of the records.</p> <p>Findings:</p> <p>During a review of Resident 1's Admission Record dated 2/12/2025, it indicated, Resident 1 was admitted to the facility on [DATE].</p> <p>During a review of Resident 1's Order Summary dated 2/12/2025, it indicated, Resident 1 to transfer to General Acute Care Hospital (GACH) secondary to right shoulder pain for further evaluation.</p> <p>During a review of the Facsimile Transmission Cover Sheet, it indicated, Resident 1's legal representative faxed a record request to the facility on [DATE] at 10:55 AM. The fax transmission result indicated OK for a 10 pages fax delivered to the facility on [DATE] at 10:55 AM.</p> <p>During an interview with the facility's Administrator (ADM), on 2/11/2025 at 4:47PM, the ADM stated, the medical records director was currently on leave, ADM was the responsible person to handle medical record requests. Resident 1's representative faxed the request to a number not accessible by the ADM. The legal representative requested the record did not obtain the right fax number and did not ask to speak to the responsible person handling medical records.</p> <p>During an interview with the Director of Nursing (DON), on 2/12/2025 at 11:35 AM, the DON stated Resident 1 was admitted to the facility in January 2024 for few days and discharged to General Acute Care Hospital (GACH) and did not come back to the facility. The facility did not receive the record request.</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 a review of the facility's policy and procedure (P&P) titled, Authorization for release of information reviewed 2/12/2025, the P&P indicated, Provide access to view all records (including trust fund ledgers, contracts, and other documents between patient/resident and facility) pertaining to a patient/resident to the patient/resident/legal representative as soon as possible and no later than 24 hours from receipt of an oral or written request (excluding weekends and facility holidays). Verify that the patient's/resident's legal representative has necessary authority to review or request the patient's/resident's record. Verification must be done in a timely manner so as not to delay a valid request.</p>		