

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056428	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2026
NAME OF PROVIDER OR SUPPLIER California Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2299 North Indian Canyon Drive Palm Springs, CA 92262	
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)		
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide copies of medical records within two business days after receiving the written request from the resident representative, for one of two residents reviewed, Resident 1. This failure is a violation of Resident 1 and the resident's representative's rights. Findings: A review of Resident 1's medical record indicated he was admitted to the facility on [DATE], with diagnoses which included cancer (growth of abnormal cells) of the intrahepatic bile duct (a part of the liver) and his family member (FM) was listed as the responsible party. On June 9, 2026, at 2:52 p.m., during an interview with the FM, she stated she has been requesting Resident 1's medical record from the facility. The FM stated she mailed a completed and signed release form to the facility on May 28, 2026, via certified mail. The FM stated the certified mail card receipt indicated that the facility received the mail on June 1, 2026. A review of the certified mail card receipt provided by the FM indicated that the facility received the mail on June 1, 2026. On June 11, 2026, at 12:46 p.m., during a concurrent interview, and record review of her e-mails and release form, the Medical Records Director (MRD) stated the residents, or their responsible parties need to complete a Resident Request for Access to Protected Health Information (release form) form when requesting for medical records. The MRD stated it typically takes two to three business days to produce and release medical records after receiving the completed release form. The MRD stated Resident 1's FM had been requesting medical records, but she had not received a release form. The MRD stated she emailed the FM the release form on May 26, 2026. The MRD stated she found the completed release form signed by the FM on May 28, 2026, on June 4, 2026, after the Administrator (ADM) told her he left something on her desk. The MRD stated she emailed the requested medical records to the FM on June 9, 2026 (six business days after June 1, 2026). On June 11, 2026, at 1:17 p.m., during an interview, the Receptionist stated they receive the mail and they put it on the mail slots. The Activity or Business Office Department would bring them to the addressee. On June 11, 2026, at 2:01 p.m., during an interview, the ADM stated, the facility mail sorting goes to the receptionists and activities department would give it to the patients; some mails are for him. The facility's policy for fulfilling medical records request is five days, after receiving the release forms from the residents or their power of attorney (POA). The ADM stated he does not recall receiving any mail from the FM. The ADM stated he assumed the mail from Resident 1's FM has been lost during the sorting process. On June 11, 2026, at 2:15 p.m., during a concurrent interview and record review of the facility's policy and procedure titled, Resident Access to PHI (Protected Health Information), with the ADM, the ADM stated that according to their policy, medical records request are provided within two working days. A review of the facility's policy and procedure titled, Resident Access to PHI (Protected Health Information), dated November 1, 2015, indicated Time and Manner of Access. If the resident and/or their personal representatives requests a copy of the resident's medical record, the HIPAA Privacy Officer will provide the resident or their personal representative with a copy of the medical record within two (2) working days after receiving the written request.		

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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