

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105300	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER Martin Coast Center for Rehabilitation and Healthc		STREET ADDRESS, CITY, STATE, ZIP CODE 9555 SE Federal Hwy Hobe Sound, FL 33455	

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>29151</p> <p>Based on record review and interview, the facility failed to develop a protocol for the release of medical records requested on behalf of the resident's legal representative, failed to verify if the request was legitimate; and failed to release the resident's records for 1 of 2 sampled residents (Resident #1).</p> <p>The findings included:</p> <p>Record review revealed the medical record request log dated 01/2024 thru 09/2024 lacked evidence of entries related to Resident #1.</p> <p>Interview with the Medical Records staff conducted on 09/04/24 at 12:21 PM, revealed she recalls receiving two requests for release of medical records regarding Resident #1.</p> <p>The staff explained the requests were forwarded to the former owners, any record request prior to March 2024 would be handled by the previous owner, and there is no tracking mechanism to verify if the request was completed. The Director of Nursing, who was present during the interview, discussed implementing a process to ensure medical records has a protocol for handling requests that cannot be honored by them and when she sends them to the previous owners.</p> <p>Interview with the Nursing Home Administrator, NHA, conducted on 09/09/24 at 9:12 AM revealed further clarification of the medical records requests for Resident #1. Legal request for medical records are sent to a third-party vendor to validate the legitimacy of the request. The first request was denied. The NHA will research the outcome of the second request, that was sent via certified mail and arrived at the facility on 04/18/24.</p> <p>Subsequent interview with the NHA conducted on 09/09/24 at 1:19 PM revealed after further research, it looks like the medical record, staff sent the request to the wrong person and there is no evidence the request has been approved, denied or fulfilled. The NHA explained the staff is new to the position, and there is no written policy or protocol for medical records to ensure legal requests submitted on behalf of the resident's representative are honored.</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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