

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 702 North 16th Avenue Yakima, WA 98902	

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** 45939</p> <p>Based on interview and record review, the facility failed to provide copies of personal and medical records, as required, to 1 of 3 residents (Resident 1), reviewed for resident rights. This deficient practice placed residents at risk of not having access to their complete medical history, potentially affecting their ability to make informed decisions, and violated their resident rights.</p> <p>Findings included .</p> <p><Resident 1></p> <p>Review of the medical record showed Resident 1 was admitted to the facility on [DATE] with diagnoses of muscle wasting, contusion (bruise) of the scalp, and repeated falls. Review of the comprehensive assessment completed on day of discharge, dated 12/04/2023, showed Resident 1 had intact cognition and required set up and supervision assistance with personal cares.</p> <p>Review of record requests received by the facility showed a written request, dated 07/29/2024, was submitted to the facility on behalf of Resident 1 by a local attorney's office. The records request included a Consent for Release/Exchange of Confidential Information, signed by Resident 1 and a letter that outlined the time frame, the category of records, the preferred method of receiving the records (electronically) and the e-mail address to submit them to. The records request was received via fax machine and was delivered to the facility on [DATE] at 2:30 AM.</p> <p>Review of a statement dated 08/29/2024, from Staff D, Medical Records Assistant, showed they received a records request on 07/30/2024 for Resident 1. Staff D's statement showed they informed Staff A, Administrator and Staff C, Medical Records Director, by e-mail of the record request and began gathering some of the records.</p> <p>During an interview, on 08/29/2024 at 1:40 PM, Staff C stated the facility received a records request for Resident 1 on 07/30/2024, and they received a follow-up phone call from the requesting attorney's office on 08/08/2024. Staff C stated a clarified list of requested records was discussed and they confirmed the records were to be sent electronically. Staff C stated the phone call ended, and they realized they had not confirmed the e-mail address to send the records to.</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 the same interview, Staff C stated they attempted to contact the local attorney's office to confirm the recipient's e-mail address on 08/16/2024 but was unsuccessful. Staff C stated they were still waiting for the local attorney's office to confirm the recipient e-mail address, and as of 08/29/2024 (22 working days later), no requested records had been submitted.</p> <p>During an interview, on 08/29/2024 at 2:45 PM, Staff A stated they were aware the facility received a records request for Resident 1 but was unaware that the request had not been responded to. Staff A stated they expected record requests to be responded to in a timely manner and did not consider 22 working days to be timely. Staff A stated they were unaware the facility had a response time requirement for record requests.</p> <p>Reference: WAC 388-97-0300 (2)(a)(b)</p>