

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: 505401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2026
NAME OF PROVIDER OR SUPPLIER Parkside Care		STREET ADDRESS, CITY, STATE, ZIP CODE 308 West Emma Union Gap, WA 98903	
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 working days as required for 1 of 1 resident (Resident 1), reviewed for access to medical records. Additionally, the facility failed to ensure its medical records policy was consistent with regulations pertaining to skilled nursing facilities. This failure placed the residents and/or representative at risk of not being fully informed of services and treatments provided and violated their rights. Findings included. Review of the facility [DATE] policy titled, Medical Records Request/Release of Information, showed when the facility received a request for medical records, they were to have an authorization form completed and provide records for an active within two working days and records requested for those who were deceased /discharged residents within 15 days. Review of the medical record showed Resident 1 was admitted with diagnoses including Multiple Sclerosis (MS) a chronic disease where the immune system attacks the nerve coverings in the brain and spine), diabetes (condition where the body's blood sugar levels are too high and does not use insulin appropriately), malnutrition (deficiency in nutrition intake), tube feedings, trouble swallowing, respiratory (lung) issues and multiple other chronic physical conditions. The [DATE] comprehensive assessment showed Resident 1 required dependent assistance of one to two staff members for activities of daily living. Resident 1 was alert and oriented. During an interview on [DATE] at 5:46 PM, Resident 1's representative (RR), stated they had requested Resident 5's records and the facility would not provide them. Review of an email dated [DATE], showed the RR requested Resident 5's records and they were not provided. Review of a facility document titled Authorization for Release of Information, showed the RR completed the document and provided to the facility on [DATE]. Further review of the documents showed the facility provided Resident 5's records on [DATE], nine days later, despite being verbally requested prior to [DATE]. During an interview on [DATE] at 12:10 PM, Staff D, Medical Records Director, stated the process for a records request was when a resident was a current resident the facility had two days to provide them. Staff D stated that when the resident was no longer a current resident the facility had 15 days to provide the records. Staff D stated when they received the verbal request, they would provide the release of records form to be filled out and when the form was returned, they would process the records. Staff D had e-mailed the RR, and the RR returned the information and payment to have a copy of Resident 1's medical record. During an interview on [DATE] at 1:00 PM, Staff A, Administrator, stated they had to follow their company's policy of having 15 days to provide a copy of Resident 1's medical record to the RR. Reference WAC: 388-97-0300(2)(a)(b)		

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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