

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/04/2024
NAME OF PROVIDER OR SUPPLIER  Valley Village Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  13000 Victory Blvd North Hollywood, CA 91606	

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>48142</p> <p>Based on interview and record review, the facility failed to provide the requested medical records for one of three sampled residents (Resident 1) when a request for medical records was received on 10/24/2024.</p> <p>This deficient practice resulted to Resident 1's right to obtain a copy of the medical records to be violated.</p> <p>Findings:</p> <p>During a review of Resident 1's Face sheet (front page of the chart that contains a summary of basic information about the resident), the Face sheet indicated the facility admitted the resident on 2/29/2024, with diagnoses that included heart failure (long-term condition that occurs when the heart can't pump enough blood to meet the body's needs).</p> <p>During a review of Resident 1's Minimum Data Set (MDS, a standardized assessment and care screening tool), dated 6/6/2024, indicated the resident had severe cognitive (relating to thinking or reasoning) impairment (loss of function).</p> <p>During an interview and record review on 11/4/2024 at 10:34 a.m., the Medical Records Director (MDR) stated the request for copies of Resident 1's medical records was received on 10/24/2024 was not fulfilled by the facility. The MDR confirmed the delay. The MDR stated this failure to provide timely access to medical records potentially violates facility policy and may negatively impact Resident 1, and could lead to compliance issues.</p> <p>During an interview on 11/4/2024 at 11/4/2024 at 11:38 a.m., the Director of Nursing (DON) stated the facility failed to issue the requested documents in a timely manner.</p> <p>During a review of the facility's policy and procedure titled, Release of Information, last revised date of 11/2009, indicated the resident may have access to his or her records within 72 hours (excluding weekends or holiday) of the resident's written or oral request (sponsor).</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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