

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/23/2025
NAME OF PROVIDER OR SUPPLIER Meadows Ridge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 E Washington Street Colton, CA 92324	

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** Based on interview and record review, the facility failed to ensure a resident was able to exercise the right to access personal and medical records for one of two residents (Resident 1), when Resident 1 requested her medical records but were not provided within 48 hours of the request as per the facility's policy.</p> <p>This failure resulted in a violation of Resident 1's right to have access to medical records as requested by Resident 1.</p> <p>Findings:</p> <p>During a review of Resident 1 Face Sheet (contain resident demographic), the Face Sheet indicated, Resident 1 was admitted on [DATE], with diagnosis that included polyneuropathy (a condition where multiple peripheral nerves throughout the body are damaged).</p> <p>During a review of Resident 1 ' s Minimum Data Set (facility assessment tool), dated April 5, 2025, under Section C, it indicated her Brief Interview for Mental Status (BIMS) score was 14. (A BIMS score of 13 to 15 suggests the patient is cognitively intact.)</p> <p>During an interview on June 23, 2025, at 9:55 AM with Resident 1, Resident 1 presented emails that she had sent to the Medical Record (MR 1) and the Director of Nursing (DON 1). She indicated that she has not yet received her medical record and has not received any communication from them. She expressed her desire to arrange a meeting with them to discuss this matter.</p> <p>During a concurrent Record Review and Interview on June 23, 2025, at 10:15 AM, in the Medical Record office with Assistant Medical Record (AMR 1). Both incoming and outgoing emails were examined. The incoming emails revealed that on May 13, 2025, the Medical Record Department had received a request for psychiatric records from resident 1. On May 20, 2025, the Medical Record Department had received a request for a complete copy of medical records from resident 1. On May 29, 2025, the Medical Record Department had received a request for a medical release form from Resident 1. On May 30, 2025, the Medical Record Department had received an urgent follow-up email regarding the failure to provide medical records from Resident 1. On June 5, 2025, the Medical Record Department had received a request for a medical record release form from Resident 1. The outgoing emails indicated that an email was sent to Resident 1 on May 23, 2025. AMR 1 confirmed that only one response email was sent to Resident 1.</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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(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>During a concurrent interview on June 23, 2025, at 10:59 AM with Resident 1, the Assistant Medical Record (AMR 1), and the Administrator (Admin 1). Resident 1 indicated that the records department only supplied her with the psychiatric notes she had requested through email on May 13, 2025, but did not respond to her emails concerning her medical record requests. The resident mentioned that she had requested her complete medical record via email on May 20, 2025, and followed up on her request through email on May 29, 2025, again on May 30, 2025, and once more on June 5, 2025. However, she has yet to receive her medical record or any replies to her emails regarding her medical record requests.</p> <p>During a concurrent Record Review and Interview on June 23, 2025, at 11:59 AM, in the Medical Record Office with the Medical Record (MR 1). MR 1 acknowledged that she had received Medical Record request via email from Resident 1 on May 20, 2025, May 29, 2025, May 30, 2025, and June 5, 2025. The MR 1 indicated that, according to her understanding of the policy, she is required to provide Resident 1 with the requested documents within 48 hours. She stated that when a resident requests medical records, it implies a request for the complete record. She acknowledged that Resident 1 has not yet received the complete medical record that was requested and admitted that she did not respond to Resident 1's emails. Furthermore, she could not provide a reason for her lack of response to the emails, nor could she explain why the records have not been released, suggesting that she is simply busy. She noted that, according to policy, in this situation, she is not meeting the expected standards.</p> <p>During an interview on June 23, 2025, at 12:30 PM, in the Medical Record Office with the Admin 1. The Admin 1 expressed his agreement that MR 1 is failing to meet the expectations outlined in the policy regarding the provision of requested documents to residents.</p> <p>A review of the facility Policy and Procedure (P&P) titled, Release of information , dated November 2009, indicate .10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such request. A fee may be charged for copying services .</p>		