

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555136	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Poway Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 15632 Pomerado Road Poway, CA 92064	
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 provide copies of medical records within two business days of the request for one of two sampled residents (1). As a result, Resident 1's family member was not aware of her medical status. Findings: Per the facility's admission record, Resident 1 was admitted to the facility on [DATE] with diagnoses to include a history of falls. On 8/21/25 at 12:20 P.M., an interview was conducted with the Medical Records Director (MRD). The MRD stated, Resident 1's family member submitted a request for copies of medical records from the facility on 8/15/25 (four business days prior to the interview) and the facility was still working on completing the record request. The MRD stated that she planned on completing the record request within five business days of the request. Per the facility's Authorization Form For the Release of Health Information, dated 8/15/25, the family member of Resident 1 requested copies of Resident 1's medical records. Per the facility's policy, titled Release of Information, revised November 2009, 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 a request.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 555136	Facility ID: 555136 If continuation sheet Page 1 of 1