STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555251	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Knolls West Post Acute LLC	16890 Green Tree Blvd Victorville, CA 92395

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 ensure medical records were processed and released according to federal regulations for one of four residents (Resident 1).This failure had the potential to jeopardize Resident 1's authorized representative's access to medical records through lawful authorization requests, potentially adversely impacting legal matters related to the resident. Findings: During a review of Resident 1's clinical record, the face sheet (contains demographic and medical information), indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that includes encounter for surgical aftercare following surgery on the digestive system (focuses on pain management, wound care, and gradual dietary changes to avoid complications following operation), encounter for attention to ileostomy (maintenance of stoma [surgically created opening on the stomach that diverts waste]) , and benign neoplasm of transverse colon (non-cancerous, non-spreading growth on the large intestines).During a telephone interview with a staff from Resident 1's legal representative (Legal Staff) on March 30, 2026, at 12:19 PM, she stated as of March 26, 2026, the law office has not yet received the medical records requested from the facility. Legal Staff further stated the initial request was transmitted via fax on February 26, 2026.During a concurrent interview on record review on April 2, 2026, at 1:21 PM, the Medical Record Director (MRD) reviewed the documentation confirming that third-party services for the Law Offices requested medical records for Resident 1 on February 26, 2026. The MRD stated he submitted the requested documents to the Director of Nursing (DON) for review, over a month ago, but has not yet received them back to proceed with the release of medical records.During a concurrent interview and record review on April 2, 2026, at 1:45 PM, with the Assistant Director of Nursing (ADON), The State Operations Manual Appendix PP-Guidance to Surveyors for Long Term Care Facilities, concerning resident's right to access personal and medical records, the regulation specifies . The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The ADON acknowledged that the regulation was not followed by the facility.

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