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	05/07/2026

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. Based on interview and record review, the facility failed to ensure medical records were processed and released in accordance with facility policy and 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.During a review of Resident 1's face sheet (contains demographic and medical information), it indicated Resident 1 was admitted to facility on April 2, 2025, with diagnoses that included chronic obstructive pulmonary disease (lung condition that makes breathing difficult due to damaged), acute respiratory failure (life threatening sudden inability of the lungs to oxygenate blood or carbon dioxide), and type 2 diabetes mellitus (disorder characterized by high blood sugar). During a telephone interview with the Law Office Staff, on May 6, 2026, at 8:43 AM, she stated their law office had been requesting Resident's 1 medical records from the facility since January 28, 2026 (more than three months ago). She further stated they have re-submitted the request multiple times, but they still have not received the requested records for Resident 1. During a review of the facility provided document titled Fax Cover Sheet, sent by the Law Office Staff to the facility on April 2, 2026, at 3:19 PM, and received by the facility the same day at 3:20 PM, it indicated .Our office has made multiple attempts to obtain the requested medical records from your facility regarding the above-referenced patient. Despite repeated calls, we are consistently routed to voicemail and have not received any response . Further review of the facility provided document titled Fax Cover Sheet, dated April 2, 2026, it indicated a phone call was made by the facility to the Law Office Staff on May 7, 2026, at 2:00 PM (35 days after the fax was received). During a follow up telephone interview with the Law Office Staff, on May 8, 2026, at 10:38 AM, she stated the Administrator (Admin) contacted her on May 7, 2026, and informed her that the facility would mail Resident 1's medical records within 48 hours after receiving the payment. The Law Office Staff further stated this was the first time the facility had reached out to them. During a concurrent telephone interview and record review, on May 12, 2026, at 3:57 PM, with the Director of Nursing (DON), the DON reviewed and acknowledged the facility's policy and procedure (P&P) titled, Privacy, with a subject, Resident/Personal Representative Access to Protected Health Information, dated January 2026, which indicated, The facility will provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual (if it is readily producible in such form and format, including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays) [CFR(s): 483.1 0(g)(2)(i)]. and 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.

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