

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Ocean View Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE  1980 Felicita Road Escondido, CA 92025	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39448</p> <p>Based on interview and record review, the facility failed to respond to a medical records request for one of two sampled patients (1).</p> <p>As a result, the requester did not know if the records were made available to her.</p> <p>Findings:</p> <p>Per the facility's Admission Record, Resident 1 was admitted to the facility on [DATE] with diagnoses to include dementia (a mental and physical decline).</p> <p>On 2/20/25 at 2:19 P.M., an interview was conducted with the Social Worker (SW). The SW stated Resident 1's Responsible Party (RP 1) emailed her a request for medical records on 2/17/25. The SW further stated, they planned on having the medical records ready by 2/21/25 per RP 1's request.</p> <p>On 2/28/25 at 9:28 A.M., an interview was conducted with the SW. The SW stated, the medical records were ready to be picked up on 2/21/25, but she did not respond to RP 1's record request or notify RP 1 that the medical records were ready to be picked up. The SW stated, they received an additional medical records request on 2/24/25, and delivered the records to RP 1 on that day (seven days after the initial medical records request).</p> <p>On 3/6/25 at 2:45 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated, when someone made a medical records request to the facility, the person who was fulfilling the request should have responded to the request to notify them of when the records would have been ready for pickup.</p> <p>Per the facility's policy, titled Release of Medical Records, revised 12/19/22, .Upon receipt of a request for medical record copies, the facility should notify the requesting party, in writing, of the cost for obtaining records and that the records are available 2 days after receipt of payment for copies .</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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