STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555796	A. Building B. Wing	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mission Care Center	4800 Delta Avenue Rosemead, CA 91770

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 provide requested medical records within 48 hours, as written in their policy titled Protected Health Information, for one of three residents sampled for access to medical records (Resident 1) when Family Member (FM) 1 (Resident 1's responsible party [RP]) submitted a written request for Resident 1's medical records on 6/2/2026 at 8:42 AM and the facility did not provide the records until 6/5/2026 at 11:52 AM (75 hours later). This deficient practice violated Resident 1 and his RP's right to timely access to medical information and had the potential to interfere with the RP's ability to make informed decisions regarding Resident 1's care.Findings:During a review of Resident 1's admission Record (AR), the AR indicated Resident 1 was originally admitted to the facility on [DATE] with diagnoses including encephalopathy (a neurological disorder characterized by impaired brain function, resulting in symptoms such as confusion, memory problems, or changes in behavior) and a communication deficit. During a review of Resident 1's Minimum Data Set (MDS- a resident assessment tool) dated 5/27/2026, the MDS indicated Resident 1 never/rarely made decisions regarding tasks of daily life and was rarely/never understood. During a review of the facility's records request faxed on 6/2/2026 at 8:42 AM, the faxed record indicated a request for a copy of Resident 1's medical records, billing records, itemized billing statements, charges, payments, adjustments, and radiology imaging be sent to FM 1's law firm. During a review of the facility's e-mail sent from the Medical Records Director (MRD) on 6/5/2026 to FM 1's law firm, the e-mail indicated MRD sent Resident 1's medical records to FM 1's law firm on 6/5/2026 at 11:52 AM. During an interview with the MRD on 6/16/2026 at 1:03 PM, the MRD stated that when residents or their RP requested medical records, the facility had 48 hours to send the medical records. The MRD stated that Resident 1's medical records should have been sent to FM 1's law firm within 48 hours but it was not. The MRD further stated that she failed to follow up on FM 1's request because she believed her assistant sent the records, but her assistant did not. The MRD also stated that she did not follow the facility's policy when she did not send Resident 1's medical records to FM 1's law firm within 48 hours. During an interview with the Director of Nursing (DON) on 6/16/2026 at 2:02 PM, the DON stated that it was a resident's and their RP's right to obtain copies of their medical records, and since if the facility did not provide Resident 1's medical records within the specified timeframe of 48 hours, Resident 1's rights were violated. During a review of the facility's Policy and Procedure (P&P) titled, Protected Health Information and revised/reviewed on 11/2025, the P&P indicated, A resident may have access to his or her records within twenty-four (24) hours. of the resident's written or oral request and A resident may obtain photocopies of his/her records by providing the facility with a forty-eight (48) hour. advance notice of such request .

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