STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555854	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mesa Glen Care Center	638 E Colorado Avenue Glendora, CA 91740

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 Note: The nursing home is disputing this citation.	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 provide one of three resident's (Resident 6's) medical records within two working days after receiving a valid medical request from the law firm representing Resident 6's legal representative (RP 1). This failure violated Resident 6's rights and resulted in RP 1 not receiving Resident 6's medical records within the required timeframe.During a review of Resident 6's admission Record (AR), the AR indicated the facility admitted Resident 6 on 10/24/2025 with diagnoses including type 2 diabetes mellitus (DM-a disorder characterized by difficulty in blood sugar control and poor wound healing) and Parkinson's disease (a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movements). During a review of Resident 6's History and Physical (H&P, physician's clinical evaluation and examination of the resident), dated 10/27/2025, the H&P indicated Resident 6 could make needs known but could not make medical decisions.During a review of a request for medical records (RMR) from the law firm representing RP 1, dated 5/15/2026, the RMR indicated the RMR was sent to the facility via fax on 5/15/2026.During a review of Resident 6's Authorization for the Release of Medical Information (ARMI), dated 5/15/2026, the ARMI indicated RP 1 gave the facility authorization to send Resident 6's medical records to the law firm representing RP 1. During a concurrent interview and record review on 5/28/2026 at 2:00 p.m. with the Medical Record Director (MRD), the ARMI, dated 5/15/2026, was reviewed. The MRD stated the medical record request from the law firm was received by the facility on 5/15/2026 and the MRD had until 5/30/2026 to send Resident 6's medical records to the law firm in accordance with the facility's policy and procedure (P&P). The MRD stated the facility's P&P indicated record request should be inspected within five (5) working days after a written request was received and copies must be transmitted within 15 days.During a concurrent interview and record review on 5/28/2026 at 3:00 p.m. with the Administrator (ADM), the facility's P&P, Chapter IV Privacy and Security 4025 Resident Access to Records, dated 12/14/2020, was reviewed. The P&P indicated, Request for Copies of the Record: Send requested copies of the record by mail with return receipt requested within 48 hours (excluding weekend and holidays) of the receipt of a valid written request. The ADM stated the facility had 15 days to send medical records to law firms upon receipt of a valid medical records request from the law firm.

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