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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555878	A. Building B. Wing	10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Granite Hills Healthcare & Wellness Centre, LLC	1340 E Madison Ave El Cajon, CA 92021

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** 36471 Based on interview and record review, the facility failed to ensure resident rights were honored for 1 of 3 sample residents (1) when the Medical Record Department (MRD) could not provide evidence that Resident 1's representative received copies of the medical record requested in a timely manner. As a result, there was a delay in reviewing Resident 1's medical record. Findings: Resident 1 was admitted to the facility on [DATE] with diagnoses which included hemiplegia, per the Admission Record. On 10/2/24 at 2:20 P.M., an unannounced onsite visit at the facility was conducted for an complaint investigation related to a medical record request. On 10/2/24 at 3 P.M., an interview was conducted with the Medical Record Director (MRD). The MRD stated she did not have a log of the names of the residents or representatives who requested access to medical records. The MRD further stated their process was for the resident or representative to complete the request form. The MRD then asked the corporation via e-mail for approval to release the medical records, and once the request was approved, she prepared the documents. The MRD stated she was unsure when the resident or the representative should receive a hard copy of the medical record. The MRD stated Resident 1's representative wrote them a letter dated 6/25/24 requesting to get a copy of Resident 1's medical record. She completed the request form and e-mailed the corporate on 7/23/24. The MRD stated the corporation responded to her e-mail on 7/30/24. The MRD printed Resident 1's medical record, and the representative picked up the copies around 8/2/24. A follow-up interview and policy review were conducted with the MRD. The MRD stated the representative did not receive the medical record within two working days and should have. On 10/2/24 at 4:30 P.M., an interview was conducted with the Director of Nursing (DON). The DON stated that the facility's policy and procedure for requesting medical records should have been followed. (continued on next page)

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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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Per the facility's policy and procedure, dated 10/1/15, titled Resident Access to PHI [Protected Health Information], .provide the resident and/or their personal representative with a copy of the medical record within two (2) working days after receiving the written request .Documentation A. The facility will document the following information on HP-08-Form C- Log of Requests for Access to PHI .The date the Facility's response .