

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>055076</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRING VALLEY POST ACUTE LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>14973 HESPERIA ROAD VICTORVILLE, CA 92392</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to release medical records requested in writing by an attorney on behalf of Resident 2 within the required time line per the facility's policy and procedure period. This failure had the potential to result in Resident 2's denial of a timely due process. Findings: An unannounced visit was made to the facility on [DATE] at 9:23 AM, to investigate a complaint regarding Administration. During an interview with the Medical Records Assistant (MRA 1) on October 23, 2019, at 9:39 AM, MRA 1 confirmed Resident 2's lawyer sent a written letter dated September 5, 2019, which requested the release of Resident 2's medical records. When MRA 1 was asked if a copy of Resident 2's medical records were sent to the lawyer, MRA 1 stated, I don't see anything to say it (copy of Resident 2's medical records) was sent. MRA 1 was unable to state when the facility sent a copy of Resident 2's medical records to the lawyer. MRA 1 was not able to provide documented proof that the facility sent a copy of the medical records to Resident 2's lawyer. During an interview with the Administrator on October 23, 2019, at 11:03 AM, Administrator stated, the request for Resident 2's medical records was not completed in a timely manner per their policy and procedure. The Administrator could not provide proof that a copy of the records was sent to the lawyer. Facility Policy and Procedure titled Resident/Personal Representative, Access to Protected Health Information dated February 2014 indicated Policies: 1. The facility shall allow an adult resident or his/her representative to inspect or receive copies of his/her protected health information (PHI) in a designated record set with an oral or written request .2. The requested PHI shall be provided timely, when appropriate, as follows: .b. discharged resident: Inspection: within 5 working days after receipt of written request .Providing copies: Within 15 calendar days after receipt of written request .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.