

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 115730	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2020
NAME OF PROVIDER OF SUPPLIER OCEANSIDE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 7 ROSEWOOD AVENUE TYBEE ISLAND, GA 31328	
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	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record reviews, review of the facility policy titled Release of Information, and staff interviews, the facility failed to ensure that copies of medical records were provided upon written request within two working days for two residents (R) reviewed (#4 and #5). Findings include: 1. Resident #4 was admitted to the facility on [DATE]. Review of facility documents revealed medical records were requested in writing for R#4 on 3/19/19 and were not sent to the representative until 2/20/20. 2. Resident #5 was admitted to the facility on [DATE]. Review of facility documents revealed medical records were requested in writing for R#5 on 12/19/19 and were not sent to the representative until 6/26/20. During an interview on 6/23/20 at 2:20 p.m., the Administrator stated that the facility had 48 hours to provide medical records to the resident and/or his representative after a written request was received. She confirmed that a written request for medical records was received initially on 6/11/18 for R#4. She confirmed that medical records for R#5 had been requested on 11/20/19. She stated that before she began as the Administrator and prior to 9/1/19, all medical records requests were going straight to the Medical Records Department and that they were not being sent out in a proper timeframe. She stated that at this time, all requests come through her office, they are forwarded to the Home Office for approval and the records are sent out as requested. The Administrator stated that medical records for R#4 and R#5 were not sent out timely, per the facility policy. During an interview on 7/2/20 at 10:55 a.m., Medical Records Director PP stated that she has only been in this position for about a month. She stated that the process used is that she will receive the list of records to be copied from the Administrator. She ensures there is a Release of Information signed and she gathers the information. She then provides the information to the Administrator or the Director of Nursing for their review prior to it being sent out. She stated that she tracks what documents she copies, the date and time and where the copies are sent. She also stated that it takes anywhere from one to three days to complete this process and if there was any delay in the information being sent out it was not with her. Review of the facility policy titled Release of Information revised November 2009 revealed under Policy Interpretation and Implementation: 8. The resident may initiate a request to release such information contained in his/her records and charts to anyone he/she wishes. Such requests will be honored only upon receipt of a written, signed and dated request from the resident or representative (sponsor). 9. A resident may have access to his or her records within 72 hours (excluding weekends or holidays) of the resident's written or oral request.</p>		
F 0836 Level of harm - Potential for minimal harm Residents Affected - Many	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and staff interviews, the facility failed to ensure the Administrator of the facility held a current license from the State during the timeframe of [DATE] through [DATE]. Findings include: Upon entering the facility on [DATE], the current Administrator was unable to provide a copy of the previous Administrator's license. Review of the previous Administrator's license on http://verify.sos.ga.gov/verification/ revealed the license expired on [DATE]. During an interview with the previous Administrator on [DATE] at 5:17 p.m., she stated that her license expired on [DATE] and that she had proof of payment from the Secretary of State, for that license being accepted and paid for in [DATE]. She stated that she has been suspended pending the outcome of the investigation. She acknowledges that the facility was without a licensed Administrator from [DATE] through [DATE]. During an interview with the Corporate Human Resources Director UU on [DATE] at 10:52 a.m., she stated that the previous Administrator was suspended [DATE] pending the outcome of the investigation by the Secretary of State. She indicated that the previous Administrator's hire date was [DATE] and she had a current Administrators license at that time.</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.