

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 055685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/31/2020
NAME OF PROVIDER OF SUPPLIER BRIGHTON PLACE SPRING VALLEY		STREET ADDRESS, CITY, STATE, ZIP 9009 CAMPO ROAD SPRING VALLEY, CA 91977	
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. Based on interview and record review the facility failed to ensure one of two sampled residents (1) had access to their medical records. This failure prevented Resident 1 the right to have access to his medical record in a timely manner as prescribed by law. Findings: During an interview with the Administrator (admin) on 11/8/18 at 3:42 P.M., the admin stated when a resident or their representative contacted the facility requesting medical records he alerted the Medical Record Director (MR director) of the request. During an interview with the MR director on 11/8/18 at 3:44 P.M., the MR director stated most requests were done by residents in person. The MR director stated the resident or other person authorized to access records would fill out the facility form that specified which records they wanted copied. The MR director stated once they had the specific information they could usually complete the request within 24 hours. The MR director stated she did receive an email forwarded by the admin regarding Resident 1's request for records. The MR director stated she had pulled Resident 1's record and was waiting for the requestor to follow up regarding which documents were needed. The MR director stated, I dropped the ball by not following up. The MR director stated she should have notified the requestor the file was ready for review and clarified which documents they wanted copied. During an interview with the admin on 11/8/18 at 4:13 P.M., the admin stated they should have had better communication and clarified the specific documents needed so they could have completed the request timely. According to a review of the facility's policy, titled Resident Access to PHI (Protected Health Information), dated 11/15, I. Procedure for Providing Access to PHI . D. ii. .If Facility Staff members have questions, they should confirm with the resident . H. i. Time and Manner of Access- b. If the resident and/or their personal representative requests a copy of the resident's medical record, the HIPPA (Health Insurance Portability and Accountability Act- US law to provide privacy standards to protect patients' health information) Privacy Officer will 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 .		
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.