

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>555773</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>YUCCA VALLEY NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>57333 JOSHUA LANE YUCCA VALLEY, CA 92284</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	<b>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</b>  Based on interview and record review, the facility failed to provide medical records as requested by one of three sampled residents (Resident 1's) legal representative after a written request was received by the facility. This failure resulted in Resident 1's legal representative being denied timely access to Resident 1's medical records which delays Resident 1 having access to these documents. Findings: During an interview on August 19, 2020, at 3:45 PM with Resident 1's legal representative, she stated they had not received Resident 1's medical records and the supporting facility documents as requested in writing on August 12, 2020. During an interview on August 21, 2020, at 12:17 PM, with the administrator (ADM), he stated they received the record request on August 12, 2020, and had not sent them (Resident 1's lawyer) the records yet, but will today. The ADM stated they weren't able to send the records, because his Medical Records Director (MRD) and the assistant contracted COVID-19 and the MRD quit on July 29, 2020. The ADM stated, The nurses were doing their best to fill in. The ADM stated it is his expectation to get records to the person asking within 24 hours. During an interview on August 21, 2020, at 12:23 PM with the MRD, the MRD stated she had not worked at facility from July 15, 2020, to August 17, 2020, because of COVID-19. She stated she found the record request on August 19, 2020 and has not sent the records requested yet. The MRD stated the process for record requests is to get the records to the requester within 24 hours after receiving a request. During a review of the facility's policy and procedure titled, Release of Information dated November 2009, indicated, under Policy Interpretation and Implementation .3. All information contained in the resident's medical record is confidential and may only be released by the written consent of the resident or his/her legal representative (sponsor), consistent with state laws and regulations .9. A resident may have access to his or her records within 24 hours (excluding weekends or holidays) of the resident's written or oral request. 10. A resident may obtain photocopies of his or her records by providing the facility with at least a forty-eight (48) hour (excluding weekends and holidays) advance notice of such 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.