

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER #  <b>345561</b>	MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	DATE SURVEY COMPLETE:  <b>2/16/2017</b>
NAME OF PROVIDER OR SUPPLIER  <b>UNIVERSAL HEALTH CARE/FUQUAY-VARINA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 S JUDD PARKWAY SE FUQUAY VARINA, NC</b>		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		
<b>F 153</b>	<p><b>483.10(g)(2)(3) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</b></p> <p>(g)(2) The resident has the right to access personal and medical records pertaining to him or herself.</p> <p>(i) The facility must provide the resident with access to personal and medical records pertaining to him or herself, upon an oral or written request, in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically), or, if not, in a readable hard copy form or such other form and format as agreed to by the facility and the individual, within 24 hours (excluding weekends and holidays); and</p> <p>(ii) The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of:</p> <p>(A) Labor for copying the records requested by the individual, whether in paper or electronic form;</p> <p>(B) Supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media; and</p> <p>(C) Postage, when the individual has requested the copy be mailed.</p> <p>(3) With the exception of information described in paragraphs (g)(2) and (g)(11) of this section, the facility must ensure that information is provided to each resident in a form This REQUIREMENT is not met as evidenced by: Based on record review, responsible party interview, and staff interviews the facility failed to assure requested medical record copies were given to the responsible party for one (Resident # 1) out of two sampled residents whose responsible party had requested records. The findings included:</p> <p>Record review revealed Resident # 1 resided in the facility from 9/20/14 until 1/24/17. Review of the record revealed Resident # 1's responsible party was designated as her general power of attorney (POA) and her health care power of attorney (HCPOA). A copy of the responsible party's HCPOA and POA were on file with the facility.</p> <p>An interview was held with Resident # 1's responsible party on 2/13/17 at 10 AM and again on 2/14/17 at 1:50 PM. The responsible party stated she had requested copies of Resident # 1's medical record in November, 2016 and the requested copies were not given to her until the end of December, 2016. The family member stated the medical records were handed to her between 12/25/16 and 1/1/17. The responsible party stated the regional ombudsman was knowledgeable she had experienced difficulty in obtaining the medical records from the facility.</p> <p>On 2/14/17 at 10:15 AM the medical records staff member was interviewed. The DON (Director Of Nursing)</p>		

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

The above isolated deficiencies pose no actual harm to the residents

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<b>F 153</b>	<p>Continued From Page 1</p> <p>and nurse consultant were also present. The medical records staff member stated when a request for medical record copies is submitted, the resident or responsible party is asked to complete a form. The medical records staff member provided a copy of the form which was completed by Resident # 1's responsible party.</p> <p>The form was entitled "Request for Access to Protected Health Information." The form contained the medical record items of which Resident # 1's responsible party was requesting copies. The requested copies were documented to be "speech therapy note and order from week of 10/31/16-11/4/16 for no food by mouth." There was an explanation on the form provided by the facility noting the costs of medical records. The form included the information, that for the first 25 pages, there would be a charge of .75 cents per page. Resident # 1's form was signed and dated on 11/9/16 by the responsible party.</p> <p>During the interview with the medical records staff member on 2/14/17 at 10:15 AM, the staff member stated the facility system was to provide the records and then keep a receipt which showed the date on which a resident or responsible party paid for and received the records. The medical records staff member stated they had decided not to charge Resident # 1's responsible party for the records and the facility had no receipt or signature showing what date she had been given the medical record copies. The staff member also validated the responsible party's HCPOA and POA were on file on the date of 11/9/16 when the request was placed.</p> <p>An interview was held with the regional ombudsman on 2/16/17 at 10:20 AM. The ombudsman stated she did recall attending a meeting with the administrative staff and Resident # 1's responsible party on 11/22/16. The ombudsman stated she recalled the responsible party speaking up and requesting medical record copies. The ombudsman stated she did not recall any of the staff members speaking up and acknowledging the records had already been given to the responsible party.</p>
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