

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 215268 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/30/2025 |
| NAME OF PROVIDER OR SUPPLIER Pleasant View Healthcare Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 4101 Baltimore National Pike Mount Airy, MD 21771 | |

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) |
|--|---|
| <p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <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** Based on complaint, interviews with facility staff, and reviews of all pertinent administrative records, it was determined that the facility failed to provide Resident #1's representative with a copy of the Resident's #1 medical record in a timely manner. This was evident for 1 of 3 residents reviewed during a complaint survey. The findings include: Review of complaint #2624577 on 10/28/2025 revealed an allegation the facility did not honor Resident #1's representative's request to obtain a copy of Resident #1 medical record on 04/08/2025 and 09/18/2025. Resident #1 was admitted to the facility on [DATE] with diagnosis that are not limited to a cerebrovascular accident, Parkinsonism, and vascular dementia. Resident #1 was deemed incompetent by 2 physicians at the previous long term care facility on October 30, 2024. A review of Resident #1's admission face sheet, dated 12/02/2024, listed Resident #1's daughter as emergency contact #1 and the healthcare surrogate for Resident #1. On 09/23/2025 the Office of Health Care Quality received a complaint regarding Resident #1 alleging that an authorization form for the release of Resident #1's medical records was submitted to the facility twice during Resident #1's residency at the facility. Resident #1's representative was informed that the medical record request would need to be referred to the facility's legal team. In an interview with the facility administrator on 10/28/2025 at 1:50 PM, the facility administrator advised the nurse surveyor that the 2 written requests for Resident #1's medical record were sent to the corporate staff and they said they would not release Resident #1's medical records to Resident #1's responsible party.</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 correction is requisite to continued program participation.

| | | |
|---|-----------|--------------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 215268 |
| | | If continuation sheet Page 1 of 1 |