

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2026
NAME OF PROVIDER OR SUPPLIER Pleasant View Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 401 Snyder Ave Barberton, OH 44203	
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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, interview, and facility policy review, the facility failed to ensure oral care was provided daily as required for four residents (#81, #82, #100, and #101) of five residents reviewed for oral care. The facility census was 116. Findings include: 1. Review of the medical record for Resident #81 revealed an admission date of 04/27/18. Diagnoses included but were not limited to Alzheimer's dementia, vascular dementia with psychotic disturbance, and unspecified protein-calorie malnutrition. Review of the annual Minimum Data Set (MDS) 3.0 assessment dated [DATE] for Resident #81 revealed a Brief Interview of Mental Status (BIMS) score of 08 which indicated moderate cognitive impairment. Review of activities of daily living (ADLs) revealed the resident required maximum assistance for oral hygiene. Review of the care plan for Resident #81, which was last reviewed on 01/26/26, revealed she was dependent on staff assistance for oral hygiene. Review of the task called Denture care AM for the past 30 days for Resident #81 revealed morning (AM) denture care was provided on 03/11/26, 03/12/26, 03/18/26, 03/19/26, 03/26/26, 04/02/26, 04/03/26, 04/06/26. It was marked as not applicable on 03/10/26, 03/13/26, 03/14/26, 03/16/26, 03/17/26, 03/20/26, 03/22/26, 03/23/26, 03/24/26, 03/30/26, 03/31/26, 04/04/26, 04/05/26, and 04/07/26. No morning denture care was noted on 03/08/26, 03/09/26, 03/15/26, 03/21/26, 03/25/26, 03/27/26, 03/28/26, 03/29/26, 04/01/26. Out of 30 opportunities for morning oral care, it was only recorded as provided eight times. Review of task called, Denture Care PM for the past 30 days for Resident #81 revealed evening (PM) denture care was provided on 03/10/26, 03/13/26, 03/14/26, 03/15/26, 03/17/26, 03/20/26, 03/22/26, 03/27/26, 04/01/26, 04/02/26, and 04/07/26. It was indicated as not applicable on 03/11/26, 03/12/26, 03/18/26, 03/19/26, 03/22/26, 03/24/26, 03/25/26, and 04/08/26. Out of 30 opportunities for evening denture care, it was only recorded as provided 11 times. 2. Review of the medical record for Resident #82 revealed an admission date of 02/11/22. Diagnoses included but were not limited to hemiplegia and hemiparesis following cerebrovascular disease, vascular dementia, peripheral vascular disease, dysphagia, and chronic pain syndrome. Review of the five-day MDS 3.0 assessment dated [DATE] for Resident #82 revealed a BIMS score of 15 which indicated intact cognition. Review of activities of daily living (ADLs) revealed the resident required maximum assistance for oral hygiene. Review of Resident #82's care plan reviewed it was last reviewed on 03/22/26. Resident #82 was indicated as being dependent upon staff for oral hygiene. Review of the task called Brush teeth with AM and PM care for the past 30 days for Resident #82 revealed brushing teeth was only offered one time a day for 03/10/26, 03/11/26, 03/12/26, 03/13/26, 03/14/26, 03/17/26, 03/18/26, 03/19/26, 03/20/26, 03/22/26, 03/26/26, 04/03/26, 04/04/26, 04/05/26, 04/06/26, and 04/07/26. There was no evidence brushing teeth was provided on 03/15/26, 03/21/26, 03/25/26, 03/27/26, 03/28/26, 03/29/26, 04/01/26, and 04/02/26. Brushing teeth was marked not applicable on 03/16/26, 03/23/26, 03/24/26, 03/30/26, and 03/31/26. Out of 60 opportunities to brush teeth, it was only recorded as provided 16 times. 3. Review of the medical record for Resident #100 revealed an admission date of 09/23/20. Diagnoses included but were not limited to Paranoid schizophrenia, obesity, and dysphagia. Review of the annual MDS 3.0 assessment dated [DATE] for Resident #100 revealed a BIMS score of 14 which indicated intact (continued on next page)		

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
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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	cognition. Review of activities of daily living (ADLs) revealed the resident required set up for oral hygiene. Review of the care plan for Resident #100 revealed it was last reviewed on 03/26/26. Resident #100 was noted to require maximum staff assistance for oral hygiene. Review of the oral care task for the last 30 days for Resident #100 revealed oral care was provided twice a day on 03/10/26, 03/11/26, 03/12/26, 03/15/26, 03/16/26, 03/17/26, 03/18/26, 03/20/26, 03/21/26, 03/23/26, 03/24/26, 03/25/26, 03/26/26, 03/28/26, 03/29/26, 03/30/26, 03/31/26, 04/01/26, 04/02/26, 04/03/26, and 04/04/26. It was provided one time a day on 03/13/26, 03/14/26, 03/22/26, 03/27/26, 04/05/26, 04/07/26 and 04/08/26. It was indicated as not applicable on 03/22/26, and 04/05/26. Out of 60 opportunities for oral care, 51 times. 4. Review of the medical record for Resident #101 revealed an admission date of 03/25/25. Diagnoses included but were not limited to cerebral ischemia, influenza and pneumonia, and stage III chronic kidney disease. Review of quarterly MDS 3.0 assessment dated [DATE] for Resident #101 revealed a BIMS score of 09 which indicated moderate cognitive impairment. Review of activities of daily living (ADLs) revealed the resident required maximum staff assistance for oral hygiene. Review of Resident #101's care plan revealed it was last reviewed on 02/23/26 and indicated Resident #101 required maximum assistance for oral hygiene. Review of the task called Denture Care AM for Resident #101 revealed over the past 30 days, it was offered on 03/10/26, 03/12/26, 03/13/26, 03/14/26, 03/15/26, 03/16/26, 03/21/26, 03/23/26, 03/27/26, 03/28/26, 03/29/26, 03/31/26, 04/01/26, 04/02/26, 04/03/26, 04/04/26, 04/05/26, 04/06/26, and 04/07/26. It was not recorded as offered on 03/08/26, 03/09/26, 03/11/26, 03/17/26, 03/18/26, 03/19/26, 03/20/26, 03/22/26, 03/24/26, 03/25/26, and 03/30/26. Out of 30 opportunities for denture care, it was recorded as provided 20 times. Review of the task called Denture Care PM for Resident #101 revealed over the past 30 days, it was offered on 03/11/26, 03/12/26, 03/13/26, 03/16/26, 03/17/26, 03/18/26, 03/20/26, 03/21/26, 03/24/26, 03/25/26, 03/26/26, 03/30/26, 04/02/26, and 04/08/26. It was indicated as not provided on 03/29/26, 04/01/26, 04/03/26, and 04/04/26. It was indicated as not applicable on 03/10/26, 03/22/26, and 03/23/26. Out of 30 opportunities, PM denture care was recorded as provided 14 times. Interview on 04/08/26 at 11:51 A.M. with the Director of Nursing (DON) revealed oral care is to be provided in the morning and evening and as needed and is to be recorded on the tasks section in the electronic medical record (EMR). The DON confirmed oral care was not provided as required for Residents #81, #82, #100 and #101. Review of the facility policy last reviewed 09/25 called Oral Care Policy revealed (staff) are to review the resident's care plan to assess for any special needs and to notify the nurse of any complaints of mouth pain or refusals. The policy did not specify frequency of oral care or documentation requirements. This deficiency represents non-compliance investigated under Complaint Number 2970282.		