

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2026
NAME OF PROVIDER OR SUPPLIER Masternick Memorial Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5250 Windsor Way New Middletown, OH 44442	

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 review of facility policies, review of facility invoices, review of the Ohio Revised Code, and interviews, the facility failed to charge a reasonable price for request of medical records for Resident #3's representative. This affected one resident (#3) of three residents who requested records. The facility census was 86. Findings include: Review of the medical record for Resident #3 revealed he was admitted to the facility on [DATE]. Diagnoses included acute and chronic respiratory failure with hypoxia, anemia, and malignant neoplasm of the left lung with metastasis to the brain. Resident #3 was listed as his primary contact with his son listed as financial and medical power of attorney (POA). Review of the admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 had mild cognitive impairment. Resident #3 required moderate assistance for all activities of daily living. Review of the care plan dated 02/28/26 revealed Resident #3 desires to return to the community. Resident #3's son and daughter-in-law were involved in his care and discharge plans. Interventions included to involve resident and family in discharge planning and provide contact numbers for community resources. Review of the emails from Resident #3's son to the facility revealed he requested medical records on 04/13/26. He requested them electronically by completing the facility form electronically, and they were provided to him on 04/16/26 electronically. Resident #3's son requested more medical records on 04/27/26. On 04/28/26 he was provided with two invoices, both dated 04/28/26 stating he owed \$315.21 for the first set of medical records and \$334.35 dollars for the second set of medical records. The second set of medical records, the ones requested on 04/27/26, will not be provided until the invoices were paid. Interview on 04/29/26 at 11:15 A.M. with Regional Quality Assurance Manager #519 revealed she did send the first request of medical records to Resident #3's son on 04/16/26. She reported she was not aware Resident #3's son paid the fee for medical records as per the facility policy. So, he sent two invoices on 04/28/26, one for the medical records received on 04/16/26 and the ones requested on 04/27/26. She reported she was not going to send the records requested on 04/27/26 until Resident #3's son paid the invoices. Telephone interview on 04/29/26 at 12:48 P.M. with Resident #3's son revealed he did receive the first set of medical records he requested on 04/13/26 on 04/16/26. He reported he has only requested them electronically and only wanted to receive them electronically. He reported he requested more records on 04/27/26 and received two invoices totaling almost \$800 and did not know why. He also reported staff informed them he would not receive the 04/27/26 records until the invoices were paid. Telephone interview on 04/29/26 at 2:55 P.M. with Corporate Medical Records #521 and Regional Quality Assurance Manager #519 revealed that Resident #3's son requested the medical records on 04/07/26 and the Corporate Medical Records #521 did not receive the request until 04/13/26. She sent the medical records electronically on 04/16/26. She also confirmed the second request was made on 04/27/26 and they were still processing that information awaiting the son to pay the invoices for the first set of medical records and they were not going to send the second set until the invoices were paid. Both parties confirmed the invoices totaled over \$600 dollars based on their fee schedule and he did not receive those invoices until 04/28/26. Both parties also (continued on next page)</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
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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>confirmed that Resident #3's son requested those forms by filling out the request electronically and only wanted electronic copies of the information. Review of the facility policy clinical records, revised May 2018, revealed a clinical medical record is maintained for each resident in accordance with accepted professional principles. All records pertaining to the residents will be provided within 48 hours (excluding weekends and holidays) upon written request from the residents. The charge for making photocopies will be in accordance with ORC Section 3701.742. Review of the facility authorization for release of medical information, revised February 2021, revealed in bold letters, please be advised that there may be fees for copies of the above items in accordance with Ohio Revised Code Section 3701.742. Review of the fee for copy of medical records, undated, revealed the first 10 pages \$3.18 per page, next 40 pages \$0.66 per page, and pages 51 and up are \$0.27 per page. Review of the Ohio Revised Code 3701.742 fees for providing copies of medical records, effective 10/03/23, revealed if the request is made by a person identified in division (B)(1)(a) of this section and the request is for access to digital records or electronically transmitted records, the total cost for that access or for the electronic transmission, and all related services, shall not exceed fifty dollars. This deficiency represents non-compliance investigated under Complaint Number 2989431.</p>		