

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER Corner View Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6655 Frankstown Avenue Pittsburgh, PA 15206	
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 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview it was determined that the facility failed to provide medical record access for one of seven residents (Resident R1). Findings include: Facility documentation indicated Resident R1 was admitted on [DATE]. Review of Resident R1's MDS (minimum data set a periodic assessment of basic needs) dated 12/11/24, revealed diagnoses of diabetes mellites, end stage renal disease and atherosclerosis of the arteries (disease of the arteries characterized by the deposition of plaques of fatty material on their inner walls). Review of facility provided documentation indicated a request for medical records 4/22/25 by a law firm. Resident R1's daughter, who was her emergency contact was listed on her death certificate. During an interview on 7/23/25, at 3:30 p.m., the Nursing Home Administrator could not provide documentation that the medical records were sent and that the initial request was made several months ago. 28 Pa. Code 201.29(a) Resident rights.		

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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