

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 455684	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2026
NAME OF PROVIDER OR SUPPLIER Longview Hill Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3201 N Fourth St Longview, TX 75605	
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 interview and record review, the facility failed to ensure the resident or the resident's representative had the right to access all records pertaining to the resident, including current clinical records, within 24 hours (excluding weekends and holidays) upon oral or written request, and to obtain copies of such records within two working days upon request for 1 of 4 residents (Resident #1) reviewed for resident rights. The facility did not provide Resident #1's MPOA access to Resident #1's urinalysis (UA) lab results in December 2025 when she verbally requested access. This failure could place residents at risk for delayed medical decision-making, lack of informed consent, and potential harm due to the representative's inability to timely review laboratory results and participate in care planning. Findings included: Record review of an admission record dated 02/07/26 indicated Resident #1 was a [AGE] year-old male who initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Cerebral Infarction due to unspecified occlusion or stenosis of right middle cerebral artery (a stroke affecting the right side of the brain, which can cause left-sided bodily weakness, speech issues, and vision problems), dementia without behavioral disturbance (a diagnosis of dementia where the patient experiences cognitive decline (memory, language, reasoning) without accompanying behavioral issues like aggression, wandering, or psychosis), hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side (complete paralysis of the arm, leg, and often the face on one side of the body), cognitive communication deficit (This impairment can lead to difficulty with aspects of cognition such as attention, memory, organization, problem-solving and reasoning, processing speed, language, and executive function. A cognitive communication disorder can affect many aspects of a person's life, in a variety of ways. Activities of daily living that were once manageable and automatic, may be more challenging.) and seizures (sudden, uncontrolled bursts of electrical activity in the brain that cause temporary, involuntary changes in body movement, behavior, sensation, or awareness). Record review of Resident #1's Medical Power of Attorney documents dated 1/6/23, indicated that Resident #1 appointed Family member #1 as his Medical Power of Attorney (Agent) under the laws of the State of Texas. The document grants the Agent (Family Member #1) authority to make healthcare decisions on his behalf if Resident #1 is unable to make decisions independently. Article Three - Legal and Administrative [NAME] and Provisions: Section 3.01 Health Insurance Portability and Accountability Act - In addition to the other powers granted by this document, my Agent may serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 and its regulations (HIPAA) immediately upon my signing this document. Pursuant to HIPAA, I specifically authorize my Agent as my personal representative under HIPAA to do any of the following via traditional or electronic means: (i) request, receive, and review any information regarding my physical or mental health, including, without limitation all medical and hospital records and other HIPAA protected health information; (ii) execute on my behalf any</p> <p>(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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F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	complete such a form, or by the appropriate Authorized Party. If the medical records release request is executed by an Authorized Party, the appropriate appointment paper should be attached for review by the Legal Department. The appropriate documentation may be a durable business power of attorney, a medical power of attorney (if the medical power of attorney allows for the release of medical records and not just for decision making related to care), or an order of the court appointing a person guardian over the person or estate of Resident.		