

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  305045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2025
NAME OF PROVIDER OR SUPPLIER  Pleasant View Center		STREET ADDRESS, CITY, STATE, ZIP CODE  239 Pleasant Street Concord, NH 03301	

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 0777</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain x-rays/tests when ordered and promptly tell the ordering practitioner of the results.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to obtain radiology services for 1 of 1 residents reviewed for radiological services in a final sample of 29 residents. (Resident identifier is #46.) Findings include: Interview on 7/3/25 at 10:00 a.m. with Resident #46 revealed they went to have a CT (Computed Tomography) scan done in March 2025 but left the appointment before it could be completed. Resident #46 did not recall the reason the CT scan was not done. Review on 7/3/25 of Resident #46's medical record revealed an Infectious Disease note, dated 1/3/25, .We decided to re-image the pubic area for any new collections, Pt [patient] is at a high risk for recurrence of infection and thus we opted to continue antibiotic therapy with [NAME] [Outpatient Parenteral Antimicrobial Therapy] until imaging is addressed .Orders Placed CT Abdomen &amp; Pelvis w [with] Contrast . Further review of medical record revealed no results of follow up for the CT scan or radiology imaging. Interview on 7/3/25 at approximately 9:00 a.m. with Staff I (Registered Nurse) stated that Resident #46 went for a CT scan at a local hospital on 3/3/25 but it was rescheduled at another location for 3/7/25. Interview on 7/3/25 at approximately 11:00 a.m. with Staff C (Director of Nursing) stated that Resident #46 refused to go to the CT scan on 3/7/25 and that another appointment had not been made. Staff C stated that they had spoke to Infectious Disease on 7/3/25 and they were instructed to obtain CT scan as originally ordered.</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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