

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/09/2026
NAME OF PROVIDER OR SUPPLIER Spring Creek Nursing and Rehabilitation Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 401 N Broadway St Green Springs, OH 44836	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident interview, staff interview, police officer interview, review of Self-Report Incident (SRI) #269318, review of the facility investigation, and review of the facility policy, the facility failed to protect a resident from misappropriation. This affected one resident (#2) of three reviewed for misappropriation. The facility census was 71. Findings include: Review of the medical record for Resident #2 revealed an admission date of 12/04/13. Diagnoses included Multiple Sclerosis (MS), diabetes mellitus type two, chronic obstructive pulmonary disease (COPD), heart failure, chronic kidney disease (CKD) stage three, atrial fibrillation (A-fib), hypertension, and peripheral vascular disease (PDV). Review of the quarterly Minimum Data Set (MDS) dated [DATE] for Resident #2 revealed the resident had mild cognitive impairment. Review of the statement submitted by Resident #2, dated 01/02/26, revealed the resident reported she reviewed her most recent bank statement and it had charges on the statement that Resident #2 did not make. Resident #2 further stated she was unable to find the debit card. Additionally Resident #2 already called the bank and the debit card was cancelled and the bank was sending paperwork. Review of the police report dated 01/02/26 timed at 3:30 P.M. revealed a police report was filed for stolen credit card from Resident #2. Further review of the police report revealed several transactions were made from various locations and various amounts that totaled to be \$514.31 was reported as stolen. The police report further revealed Resident #2 wished to proceed with charging the perpetrator if that person was able to be found. Review of the bank statement addressed to Resident #2 dated 12/23/25 revealed several charges posted against the debit card from 12/19/25 through 12/22/25. The statement revealed there were 12 total charges were in the amount range from \$2.69-\$104.00. Interview on 03/04/26 at 1:20 P.M. with Resident #2 stated a staff member stole her credit card and used it without permission. Resident #2 further stated the police officer had been to her to report any findings and the last update she was provided was the perpetrator was identified and was going to be prosecuted. Interview on 03/09/26 at 8:28 A.M. with Police Officer #501 stated he was dispatched to the facility for report of stolen credit card with unauthorized use and upon interview with the victim an investigation began and if the perpetrator was found charges would be filed. Police Officer #501 then stated through the investigation the perpetrator (Certified Nursing Assistant - CNA #340) was identified and the case was turned over to the prosecutors office for indictment and then charges filed. Review of the personnel file for former CNA #340 revealed a termination date of 01/06/26. Review of the SRI dated 01/02/26 revealed the facility substantiated misappropriation. CNA #340 was linked to at least one charge on the credit card and police were still investigating and following through with charges against the CNA. Review of the facility policy titled, Abuse, Neglect, Misappropriation of Resident property, and Exploitation, revised 10/23 revealed the purpose is to provide residents an environment that is free from resident abuse, neglect, misappropriation of resident property, or exploitation. Misappropriation defined as the deliberate misplacement or wrongful use of a residents belongings or money without the resident's consent.</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