STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365406	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Health Care Center	401 Snyder Ave Barberton, OH 44203

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, resident interview, staff interview, review of facility witness statements, review of facility self-reported incidents, and review of the facility policy, the facility failed to report an allegation of sexual abuse to the State agency. This finding affected one (Resident #47) of three residents reviewed for abuse. Review of the incident witness statement between Residents #47 and #119 authored by the DON dated 08/10/25 revealed the facility received a call reporting Resident #119 was sitting on the roommate's bed having a conversation with him when Resident #47 reported that Resident #119 tried to kiss and grab his genitalia. Resident #47 was assisted out of bed and removed from the room and taken to a common area where he was placed in a recliner. The DON instructed staff to move Resident #47's to a new room with Resident #47's permission. Review of Resident #47's witness statement dated 08/10/25 authored by the DON revealed Resident #119 sat on the resident's bed and tried to kiss and grab the resident (pointing to his groin). Resident #47 pushed Resident #119 away. Resident #47 reported Resident #119 was laughing like nothing happened. Review of Resident #119's witness statement 08/10/25 authored by the DON revealed Resident #119 denied attempts to touch Resident #47 inappropriately and did not recall sitting on Resident #47's bed. Review of Resident #119's closed medical record revealed the resident was admitted on [DATE] and discharged on 08/11/25 with diagnoses including acute respiratory failure with hypoxia, Alzheimer's disease with late onset and dementia. Review of Resident #119's admission Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment.Review of Resident #47's medical record revealed the resident was admitted on [DATE] with diagnoses including anxiety disorder, hemiplegia and hemiparesis following a cerebral infarction affecting the left non-dominant side and hyperlipidemia.Review of Resident #47's admission MDS 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Interview on 08/27/25 at 6:23 A.M. with Resident #47 revealed staff were nice to him except he had one issue with Resident #119. When questioned, Resident #47 stated on 08/09/25 Resident #119 came into his room and sat on his bed and attempted to rub his back and grab his penis. Resident #47 stated he had his pants on, and he pushed Resident #119's hands away when he tried to grab his penis. Interview on 08/27/25 at 7:16 A.M. with the DON revealed Resident #47 did report that Resident #119 tried to kiss him and grab his penis, but Resident #47 pushed Resident #119's hand away. Resident #119 did not connect with Resident #47. The DON stated Resident #47 reported the incident right away but because nothing occurred (did not connect), that was why the facility did not file a self-reported incident (SRI) on abuse. Interview on 08/27/25 at 8:46 A.M. with the Administrator and DON revealed that since the incident between Resident #47 and Resident #119 did not actually occur (no contact), it was not reportable. Review of the facility self reported incidents for August and September 2025 revealed no report to the state agency of the incident between Resident #47 and Resident #119 that the facility investigated on 08/10/25. Review of the Abuse Investigation and Reporting policy dated 09/2024 revealed all reports of resident abuse, neglect, exploitation, misappropriation of resident property, or injuries of unknown source shall be promptly reported to the local, state and federal agencies and thoroughly investigated by facility management. Findings of the abuse investigations would also be reported. This deficiency represents non-compliance investigated under Complaint Number 2580746.