

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Pebble Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 670 Jarvis Rd Akron, OH 44319	

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	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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Pebble Creek Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 670 Jarvis Rd Akron, OH 44319	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, local police report review, interview and facility policy and procedure review, the facility failed to report an allegation of abuse. This affected one resident (#124) of three residents reviewed for abuse. The facility census was 147. Findings include: Review of the medical record for Resident #124 revealed an admission date of 02/02/25. Diagnoses included epilepsy, dementia with agitation, anxiety disorder, and cognitive communication deficit. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #124 had intact cognition and no noted behaviors during the seven-day look back period. Further review of Resident #127's medical record revealed no documented concerns related to alleged abuse. Review of the police report dated 11/11/25 revealed the officer was called to the hospital regarding reported elder abuse that occurred at the nursing facility. The officer spoke with Resident #124 who stated to the officer that she was assaulted sometime within the last two weeks at the nursing facility. Resident #124 claimed that someone placed their hands on her wrists causing injury while she was in her wheelchair. The officer did not observe any visible injury on her wrists. Resident #124 was unable to say who assaulted her or provide any kind of suspect description. The officer went to the facility for follow-up regarding this incident. The officer spoke with Resident #124's case worker, Licensed Social Worker (LSW) #537, in her office. LSW #537 stated that she is unaware of any incidents of assault, and no staff members have any documented incidents with Resident #124. Interview on 11/24/25 at 4:33 P.M. with LSW #537 revealed she recalled speaking with the police officer regarding Resident #124's allegation of abuse, but could not recall who, and also about family trying to steal her money. LSW #537 stated she talked with Resident #124 when she returned from the hospital, and the resident told her that she could not recall anything that happened before she went to the hospital. LSW #537 stated that she told the Director of Nursing (DON) about the police officer's visit. LSW #537 stated the police officer did not leave her a report or report number. Interview on 11/24/25 at 4:51 P.M. with the DON stated she was only told Resident #124 had said something in the hospital about money and when the police came LSW #537 showed them the transactions that family did not have access to the resident's account. The DON stated she knew nothing about her allegation of abuse and this was the first she had heard of it. The DON stated she would have filed a self-reported incident (SRI), reported it, and done an investigation. Review of the undated facility policy titled Ohio Abuse, Neglect, & Misappropriation revealed all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than two hours after the allegation is made, if the events that cause the allegation involved abuse or result in serious bodily injury. If the events that cause the allegations involve abuse and/or serious bodily injury the self-report must be made immediately, but no later than two (2) hours after the allegation is made. For alleged violations of neglect, exploitation, misappropriation of resident property, or mistreatment that do result in serious bodily injury, the facility must report the allegation no later than 24 hours. The self-report will be made by the ED to APS, and State Survey Agency and other local authorities, including but not limited to, local police, if appropriate. All alleged violations involving abuse, neglect, exploitation or mistreatment including injuries of unknown source and misappropriation of resident property, are reported immediately to the Executive Director/designee of the facility. This deficiency represents non-compliance investigated under Master Complaint Number 2673186.</p>		