

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 12/18/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the medical record, review of the concern log, review of the incident log, interview with the staff, and review of the facility policy, the facility failed to ensure the resident representative for Resident #146 was notified of a fall. This affected one resident (Resident #146) of three reviewed for falls. Findings Include: Review of the medical record revealed Resident #146 was admitted to the facility on [DATE]. Diagnoses included Parkinsonism, benign neoplasm of the cerebral meninges, hypertensive heart disease, paranoid schizophrenia, anxiety disorder, heart failure, repeated falls, insomnia, major depressive disorder, head injury, muscle weakness and unsteadiness on feet. Resident #146 had a Medical Power of Attorney (MPOA). Review of the Quarterly Minimum Data Set assessment dated [DATE] revealed Resident #146 had moderately impaired cognition, required supervision for transfers and ambulation, and she had one fall since her prior assessment. Review of the incident accident log revealed Resident #146 had a fall without injury on 12/01/25. Review of the nurse note dated 12/01/25 at 9:47 P.M. revealed the nursing assistant found Resident #146 sitting on the floor in the bedroom near her bed. Resident #146 slid out of bed onto the floor and denied any pain or discomfort. The physician and the unit managers were notified. It noted the staff would ensure Resident #146 was wearing non-skid footwear at all times. There was no documentation the resident's representative was notified of the fall. Review of the Concern Log dated December 2025 revealed a family member of Resident #146 had a concern on 12/04/25 regarding notification. The Executive Director was the person who resolved the concern on 12/05/25 by way of education. Review of the Concern Form dated 12/04/25 revealed a family member had a concern that she was not notified of a fall which occurred on 12/01/25. The action to resolve was the Executive Director spoke to the nurse who stated the resident was listed as her own responsible party, so she spoke to the resident about the fall and interventions. The nurse was educated to still call the party responsible. On 12/17/25 at 4:30 P.M. an interview with the Director of Nursing revealed the nurse working during the fall on 12/01/25 for Resident #146 had not called the emergency contact/POA because the resident was listed as her own responsible party on the face sheet. She verified the nurse should have called the POA designated on the face sheet in the residents record. Review of the undated facility policy titled, Notification of Changes in Condition, revealed it was the policy of the facility to provide resident centered care that met the psychological, physical and emotional needs and concerns of the residents. The purpose of the policy was to provide guidance for notification made to residents, resident representatives, and authorized family members for residents change in condition. Changes may include but not limited to accidents, incidents, transfers, changes in overall health status, significant medical changes, therapy services, hospitalizations, or death. This deficiency represents non-compliance investigated under Complaint Number 2693087.</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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