

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365634	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2025
NAME OF PROVIDER OR SUPPLIER  McCrea Manor Nsng and Rehab Ctr LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2040 McCrea Street Alliance, OH 44601	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to ensure Resident #13 was provided appropriate dishware and silverware to promote the resident's dignity. This finding affected one (Resident #13) of three residents reviewed for dignity while dining. Findings include: Review of the dietary communication list revealed 11 residents currently received disposable utensils/dishes including Resident #9, #11, #13, #14 (requested), #21 (plastic spoon and fork only), #26, #35, #46 (plastic spoon and fork only), #51, #54 and #59. Review of Resident #13's medical record revealed the resident was admitted on [DATE] with diagnoses including major depressive disorder, essential hypertension and generalized anxiety disorder. Review of Resident #13's Diet Communication form dated 07/03/24 revealed the resident was to have disposables only on trays due to smokeless tobacco being discarded into mugs and bowls. Review of Resident #13's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited intact cognition. Review of Resident #13's physician orders revealed an order dated 09/08/25 for a reduced carbohydrate diet, regular texture with a regular thin consistency; and an order dated 11/10/25 (discontinued 11/19/25) for contact isolation due to scabies. Review of Resident #13's care plans revealed the resident was at risk for malnutrition dated 09/23/25. A note dated 12/16/25 revealed the resident's disposable wares were discontinued. Interview on 12/17/25 at 8:38 A.M. with Resident #13 revealed she did not know why she was getting paper products and plastic utensils for meals. Interview on 12/17/25 at 9:00 A.M. with Certified Nursing Assistant (CNA) #641 confirmed both Residents #13 had been receiving paper plates/plastic utensils and she did not know why she was served meals on paper plates with plastic utensils. Interview on 12/17/25 at 1:05 P.M. with Dietary Director #618 confirmed Resident #13 was on paper plates from an intervention in 2024 and she was not reassessed to determine if she should have regular plates and silverware instead of paper plates. Review of the Use of Disposables revised 08/2008 revealed to enhance the dining experience, disposable dishware and utensils shall be used only in emergency situations. This deficiency represents non-compliance investigated under Complaint Number 2655538.</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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