

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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)		
F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on interview, record review, and policy review the facility failed to ensure Resident #26 and Resident #4 timely received COVID-19 vaccines and failed to develop a policy related to the administration of COVID-19 vaccines for residents. This affected two residents (Resident #4 and Resident #26) out of five residents reviewed for COVID-19 vaccinations and had the potential to affect all 58 residents in the facility. The facility census was 58. 1. Review of the medical record for Resident #26 revealed an admission date of 02/19/2025. Diagnoses included diabetes mellitus, muscle weakness, COPD, and anxiety. The resident was assessed to be cognitively intact. Review of Resident #26's Covid-19 Vaccine Consent Form revealed the resident consented to receive the Covid-19 vaccine on 10/09/25. Review of Resident #26's Immunizations revealed she had not received any COVID-19 vaccines. Review of Resident #26's December 2025 physician orders revealed the facility had not yet ordered the COVID-19 vaccine for the resident. Interview on 12/18/25 at 9:15 A.M. Resident #26 reported she signed a consent in October stating she wanted the COVID-19 vaccine. She continued that she has asked nursing twice about when she will be receiving the vaccine, but they have not been able to give her an answer. A policy regarding COVID-19 vaccination was requested and not available for review. Interview on 12/18/25 at 11:40 A.M. with Director of Nursing (DON) revealed her expectation was after a resident signed a consent for a vaccination the vaccine should be ordered and administered within a week or two of receiving the signed consent. The DON verified Resident #26's COVID-19 vaccine had not been ordered and administered. The DON also verified the facility did not have a COVID-19 vaccine policy. 2. Review of the medical record for Resident #4 revealed an admission date of 10/23/2024. Diagnoses included end stage renal disease, bipolar disorder, and diabetes mellitus. The resident was assessed to be cognitively intact. Review of Resident #4's COVID-19 Vaccine Consent Form revealed the resident consented to receive the COVID-19 vaccine on 10/09/25. Review of Resident #4's Immunizations revealed he had not received any COVID-19 vaccines. Review of Resident #4's December 2025 physician orders revealed the facility had not yet ordered the COVID-19 vaccine for the resident. A policy regarding COVID-19 vaccination was requested and not available for review. Interview on 12/18/25 at 11:40 A.M. with DON revealed her expectation was after a resident signed a consent for a vaccination the vaccine should be ordered and administered within a week or two of receiving the signed consent. The DON verified Resident #4's COVID-19 vaccine had not been ordered and administered. The DON also verified the facility did not have a COVID-19 vaccine policy.		

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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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview the facility failed to ensure Resident #49's fall interventions were consistently implemented. This finding affected one (Resident #49) of five residents reviewed for accidents. Findings include: Review of Resident #49's medical record revealed the resident was admitted on [DATE] with diagnoses including Alzheimer's disease, vascular dementia, and anxiety disorder. Review of Resident #49's Fall Care Plan revealed an intervention dated 06/25/25 to toilet (take to toilet to use restroom) the resident after meals. Review of Resident #49's Fall Risk Evaluation form dated 08/02/25 revealed the resident was at risk for falls. Review of Resident #49's progress note dated 09/03/25 at 12:54 P.M. revealed at approximately 11:40 A.M., the Certified Nursing Assistant (CNA) had witnessed a resident fall onto their bottom in the dining room. The nurse assessed the resident who denied pain and did not hit her head. The resident was able to get up with no injuries. The family and physician were notified. Review of Resident #49's progress note dated 09/14/25 at 6:28 A.M. revealed the resident was found lying on her right side in the hallway. The resident was not hurt and had no injuries from the fall. Vitals were obtained and the family and physician were notified. Review of Resident #49's progress note dated 10/15/25 at 11:20 A.M. revealed the resident was with staff in the A hall shower when the resident jerked away from staff and landed on her right side. The resident sustained a quarter sized knot on the posterior head. The resident's husband and nurse practitioner was notified. Review of Resident #49's Significant Change in Mental Status Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited a memory problem; was frequently incontinent of bowel and bladder and was dependent for toileting. Attempted interview on 12/15/25 at 10:34 A.M. with Resident #49 and the resident was not interviewable. Observation on 12/15/25 at 12:51 P.M. revealed Resident #49 was in the dining room. CNA #626 took the resident to her room and provided incontinence care. The resident was not taken to the restroom toilet at this time to ensure the resident did not still need to void. Interview on 12/15/25 at 1:01 P.M. with CNA #626 revealed she was unsure if Resident #49 was on a toileting plan and did not know if the resident was continent or incontinent. CNA #626 confirmed she provided incontinence care to the resident but did not take the resident to the restroom for toileting. CNA #626 confirmed there was a book at the nurses' station that had resident care needs. Interview on 12/16/25 at 1:02 P.M. with the Director of Nursing (DON) revealed the fall interventions were put into the electronic health record (EHR) as orders for the nurses and on the report sheets for CNAs. Observation on 12/17/25 at 7:40 A.M. revealed Resident #49 was in the dining room for the breakfast meal. Observation on 12/17/25 at 8:35 A.M. revealed Resident #49 was taken back to her room and put in bed. No incontinence care or toileting was provided to the resident. Interview on 12/17/25 at 8:40 A.M. with CNA #610 revealed Resident #49 was not on a toileting program and she was not provided with incontinence care or toileting after breakfast. CNA #610 confirmed incontinence care would be completed after the other residents were out of the dining room because she allows time for the drinks to work through the residents. CNA #610 confirmed there was a book at the nurses' station with resident assistance needs and fall interventions for the staff. Interview on 12/17/25 at 9:36 A.M. with the DON stated the expectation for incontinence care was to be completed every 2 hours. She stated there were residents on a toileting program, including Resident #49 to assist in preventing falls. Regarding incontinence care after breakfast, the DON confirmed the care would be completed prior to breakfast and then completed after breakfast to stay within the two-hour timeframe. She stated even with the CNAs waiting to complete incontinence care after clearing the dining room would stay within the two-hour timeframe. She notified Assistant Director of Nursing (ADON) #608 to go to memory care to remind the CNAs to complete the toileting program for Resident #49. Review of the Fall policy, revised date 08/2024, revealed if underlying causes cannot be readily identified or (continued on next page)		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	corrected, staff may try various interventions, based on assessment of the nature or category of falling, until falling is reduced or stopped, or until the reason for continuation of the falling is identified as unavoidable. In conjunction with the attending physician/Nurse Practitioner (NP) as needed, staff will identify and implement relevant interventions to try to minimize serious consequences of falling. Staff will monitor resident's response to interventions intended to reduce fall or the risks of falling. If interventions have been successful in preventing falling, staff will continue the interventions of reconsider whether these measures are still needed if a problem that required the intervention has resolved. If the resident continues to fall, staff will re-evaluate the situation and whether it is appropriate to continue or change current interventions. As needed, the attending physician will help the staff reconsider possible causes that may not previously have been identified.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. Based on interview, record review, and policy review the facility failed to ensure Resident #26 timely received the pneumococcal vaccine. This affected one resident (Resident #26) out of five residents reviewed for pneumococcal vaccinations. The facility census was 58. Findings include: Review of the medical record for Resident #26 revealed an admission date of 02/19/2025. Diagnoses included diabetes mellitus, muscle weakness, COPD, and anxiety. The resident was assessed to be cognitively intact. Review of Resident # 26's Pneumococcal Vaccine Consent Form revealed the resident consented to receive the pneumococcal vaccine on 10/09/25. Review of Resident #26's Immunizations revealed she has not received any documented pneumococcal vaccines. Review of Resident #26's December 2025 physician orders revealed the facility had not yet ordered the pneumococcal vaccine for the resident. Interview on 12/18/25 at 9:15 A.M. Resident #26 reported she signed a consent in October stating she wanted the pneumococcal vaccine. She continued that she has not yet received the vaccine. Interview on 12/18/25 at 11:40 A.M. with Director of Nursing (DON) revealed her expectation was after a resident signed a consent for a vaccination the vaccine should be ordered and administered within a week or two of receiving the signed consent. The DON verified Resident #26's pneumococcal vaccine has not been ordered and administered. Review of the facility policy, Influenza and Pneumococcal Disease Prevention dated 04/28/25 revealed in order to reduce the disease-mortality and mortality associated with influenza and pneumococcal disease, influenza and pneumococcal vaccines are offered to all residents.		