STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365945	A. Building B. Wing	06/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crystal Care Center of Mansfie	1159 Wyandotte Ave Mansfield, OH 44906

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on staff interview and review of the Payroll Based Journal (PBJ) staffing data report, the facility failed to have sufficient staffing. This had the potential to affect all residents who resided in the facility in January 2026. The current census was 60. Findings include:Findings include: Review of the PBJ staffing data report revealed the facility had a one-star staffing rating and was identified to have excessively low weekend staffing for Fiscal Year (FY) Quarter One 2026 (01/01/26 through 03/31/26). Interview on 06/29/26 at 4:00 P.M. with the Administrator verified the facility was aware of the one star staffing rating and the excessively low weekend staffing in quarter one FY 2026. This deficiency represents non-compliance investigated under Complaint Number 3020232.

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