

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  365342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/23/2025
NAME OF PROVIDER OR SUPPLIER  Carriage Inn of Cadiz Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  308 West Warren Street Cadiz, OH 43907	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interview, the facility failed to provide safe and secure medication storage, including proper labeling and maintaining temperatures of medication storage refrigerators, of all medications. This had the potential to affect all residents of the facility. The facility census was 51. Findings include: On 12/09/2025 at 9:05 A.M., an observation of the treatment cart in the Kerrozin medication room was performed. The observation revealed Medihoney 1.5-ounce tube which was opened, unlabeled, and undated. The treatment cart observation further revealed a Dermasyn hydrogel wound dressing 3-ounce tube which was opened, unlabeled, and undated. This was confirmed by Registered Nurse (RN) #179 at the time of the observation. On 12/09/2025 at 9:20 A.M., an observation of the medication refrigerator in the medication room of [NAME] Hall revealed the refrigerator held medications and vaccinations for residents. The temperature of this refrigerator was noted to be 60 degrees Fahrenheit (F). This was confirmed at the time of observation by RN #174. On 12/09/2025 at 10:19 A.M., a second observation of the medication refrigerator in the medication room of [NAME] Hall held Apisol, Humalog Kwik Pens and Lantus Solostars, among other medications. Further, this observation revealed the refrigerator temperature was noted to be 50 degrees F. This was confirmed at the time of observation by Licenses Practical Nurse (LPN) #152. A review of storage instructions revealed Apisol (tuberculin testing agent) should be stored in the refrigerator between 36- and 46-degrees F. Lantus Solostar (long-acting insulin pen) should be stored in the refrigerator between 36 degrees and 46 degrees F until it was opened. Review of storage instructions for Humalog Kwik Pen (Insulin pen) revealed the pen should be stored in the refrigerator between 36- and 46-degrees F until opened. Review of a facility form titled, Temperature Log for Refrigerator located on the [NAME] Hall medication room refrigerator, revealed twice daily temperatures for the month of December 2025. On 12/07/25, there was a temperature marked above the 46 degrees at 6:00 A.M., however no actual temperature was noted. The log revealed a temperature of 45 degrees on 12/09/25 at 6:00 A.M. This form had a section for Danger! Temperatures above 46 degrees F or below 36 degrees F are out of range. If found, write these temperatures and room temperatures below. The contents of this form were confirmed by LPN #152 on 12/09/25 at 10:23 A.M. Review of a facility policy titled, Medication Storage, dated 04/06/24 and updated 12/09/25, revealed all medications housed at the facility would be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. The policy indicated temperatures for medications requiring refrigeration were stored in refrigerators located in the pharmacy and each medication room. Temperatures were to be maintained between 36-46 degrees F. This was to be documented daily on the log by the charge nurse. In the event the refrigerator malfunctioned, the Maintenance Department would be contacted immediately.</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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