STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	365342	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Carriage Inn of Cadiz Inc	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)
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on funds account review, record review, policy review, and interview, the facility failed to ensure accurate accounting of a resident account. This affected one (Resident #54) of three residents reviewed for Personal Fund Accounts. The facility held funds for 31 current and former residents. The facility census was 53.Findings include:Review of Personal Funds Accounts 05/28/26 with Business Office Manager #100 revealed Former Resident #54's account was closed 05/22/26. The facility was the payee for Resident #54's social security and pension. As of 01/01/26 his personal allowance increased from 50 to 75 dollars. The account had a balance of $100.01 on 01/01/26. Review of the Resident Funds Management Service (RFMS) revealed in January of 2026 the facility allotted a 50-dollar allowance, not the new 75-dollar amount. Resident #54 was hospitalized [DATE] till 02/03/26. In February of 2026 the facility allotted the 75-dollar allowance on 02/03/26 when a social security check for $2791.00 was deposited. The resident transferred to another facility 02/09/26. On 02/20/26 $75.03 (personal allowance plus interest) was withdrawn from the account. A check dated 03/18/26 for $150.06 was sent to the resident's new facility leaving a zero balance. The facility did not send the prorated amount of social security due to the new facility to the resident's power of attorney so she could pay his portion of the bill at the new facility. Interview 05/28/26 at 3:23 P.M. with Co-Owner #104 verified the facility's third-party biller failed to provide the resident with the correct amount of personal funds due. Further verified the facility used the entire February social security check to pay the resident liability instead of sending the prorated amount to the power of attorney for her to pay the resident's new facility his liability due there. The facility was issuing checks for the shorted personal allowance and the entire February check to the power of attorney that day. Review of the facility's Resident Personal Funds policy implemented 02/21/24 included if the resident chooses to deposit personal funds with the facility, upon written authorization of a resident witnessed by a third party individual, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage and account for the personal funds of the resident deposited with the facility. This deficiency represents non-compliance investigated under Complaint Number 2808403.

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