

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366043	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Carlisle Manor Health Care Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 730 Hillcrest Drive Carlisle, OH 45005	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on medical record review, resident and staff interviews, review of police department report, review of the facilities Self-Reported Incidents (SRI) and policy review, the facility failed to report an allegation of misappropriation to State Survey Agency. This affected one (#22) of three residents reviewed for misappropriation. The facility census was 45. Findings include:Review of the medical record for Resident #22 revealed an admission date of 09/25/25. Diagnoses included left femur fracture, diabetes mellitus, depression, chronic ischemic heart disease, and anxiety.The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #22 was cognitively intact.Review of the police department report dated 10/05/25 revealed Resident #22 called 911 and reported a theft of \$1,000. The police report stated Resident #22 stated he had over \$1,000 in cash but could not recall the date the cash went missing. The police report stated Unit Manager #207 stated she had not seen the cash since 09/30/25 after Resident #22 refused to put the money in a locked box. Unit Manager #207 stated Resident #22 had visitors on 09/30/25 and 10/01/25. Per the report, the police department were unable to determine if the cash was stolen or if Resident #22 had given the money to a visitor. Review of the facilities SRI from 10/05/25 to 11/19/25 revealed there were no allegations of misappropriation involving Resident #22 reported to the State Survey Agency.Interview on 11/20/25 at 8:32 A.M. with Resident #22 stated he had a bunch of cash stolen about three weeks ago. Resident #22 stated he had about \$1,000 in cash that he gave to a nurse to put in his nightstand and then the nurse later put the money in the bottom of her medication cart. Resident #22 stated the next day the nurse gave all his money to a visitor who was one of the two ladies who came to visit him, but he could not recall her name. Resident #22 stated he called the police department and filed a report. Resident #22 stated he had not received any money back.Interview on 11/20/25 at 9:05 A.M. with Social Service (SS) #215 stated she received a message on 10/05/25 that Resident #22 stated he was missing money. SS #215 stated she interviewed Resident #22 on 10/06/25 who stated he was missing \$1,000 and that he had filed a police report. SS #215 stated a soft file was started for the allegation of misappropriation by the management staff which included witness statements by the Director of Nursing (DON), Certified Nursing Assistant (CNA) #205 and Unit Manager #207. SS #215 stated she was not aware if any other residents were interviewed for concerns related to misappropriation.Interview on 11/20/25 at 9:15 A.M. with the Administrator confirmed the facility had not reported the allegation of misappropriation to the State Survey Agency.Review of the facility policy titled Abuse, Neglect, Exploitation revised 01/01/24 stated it was the policy of the facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent the abuse, neglect, exploitation, and misappropriation of resident property. Misappropriation of property meant the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a resident's belongings or money without the resident's consent. The policy stated an immediate investigation was warranted when suspicion of abuse, neglect, or exploitation or reports of abuse, neglect, or exploitation occur. The reporting of alleged violations to the Administrator, State Agency, adult protective services and to all other required agencies should be done not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in bodily injury.This deficiency represents non-compliance investigated under Complaint Number 2668565.</p>		