STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	366108	A. Building B. Wing	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Vancrest of New Carlisle	1885 N Dayton Lakeview Rd New Carlisle, OH 45344

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 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, and facility policy review, the facility failed to ensure residents had the right to visitors per their preference. This affected one resident (#17) of three residents reviewed for resident rights. The facility census was 73.Findings Include: Review of Resident #17's record revealed Resident #17 admitted to the facility on [DATE] with diagnoses including cerebral infarction due to embolism of unspecified cerebral artery, chronic obstructive pulmonary disease, morbid obesity due to excess calories, type two diabetes mellitus without complications, schizoaffective disorder and polyneuropathy. Resident #17 was her own responsible party. Review of Resident #17's quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed the resident was cognitively intact.Interview on 05/14/26 at 10:55 A.M. with Activities Manager #11 confirmed there had been an incident about a month ago with Resident #17 and her friend while attending a facility activity (bible study). After the event, multiple residents complained about how Resident #17's friend acted in the bible study. Activities Manager #11 and the Executive Director spoke to Resident #17's son who did not know who the resident's friend was. Resident #17's son approved the facility to contact the resident's friend and inform her that she was no longer to visit Resident #17, and the resident's son requested facility staff not to inform Resident #17 of the conversation. Activity Manager #11 confirmed she contacted Resident #17's friend and informed her of the facility decision. Interview on 05/14/26 at 11:49 A.M. with Resident #17 revealed she would like her friend to still be able to visit, stating she could still visit and they just wouldn't go to the bible study anymore. Interview on 05/14/26 at 2:18 P.M. with the Director of Nursing (DON) verified Resident #17 did not have a power of attorney (POA) to make decisions on her behalf. The DON reported Resident #17's son was her advocate and emergency contact.Review of the facility policy titled, Visitation, dated October 2022, stated the facility will provide reasonable access to a resident by any entity or individual that provide health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.This violation represents non-compliance investigated under Complaint Number 2990541.

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