STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK OF MARION	725 W 50TH ST, MARION, , 46953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...	(X5) COMPLETION DATE
R 0000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey dates: May 26 and 27, 2026 Facility number: 004028 Residential Census: 29 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed May 29, 2026.	R 0000		
R 0042	Residents' Rights - Noncompliance 410 IAC 16.2-5-1.2(p) (p) Residents have the right to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. Based on observation and	R 0042	**R 042 410 IAC 16.2-5-1.2 (p) Residents' Rights – Noncompliance** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**	06/01/2026

	interview, the facility failed to have the State Survey results readily available to residents and public. Finding includes: During an observation, on 5/26/26 at 10:14 a.m., a sign was posted near the reception desk that indicated survey results were at the front [reception] desk. No survey results were visible on the reception desk counter or on the desk. During an observation, on 5/26/26 at 12:23 p.m., survey results were not visible at the reception desk. During an interview, on 5/27/26 at 9:45 a.m., the Director of Nursing (DON) indicated she was uncertain of the location of the State Survey results. She subsequently located a one-inch black binder containing the survey results behind the reception desk, positioned on the left side of the desk behind a wall. The binder was not visible or accessible from the public side of the reception desk. She indicated she believed the results were kept in that location because a few residents had previously taken the binder and failed to return it. During an interview, on 5/27/26 at 10:03 a.m., the Assistant		Residents will have the ability to examine the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. The aforementioned will be kept in a binder that is wholly accessible to the residents as well as members of the general public. This binder will be visibly posted in a wall mounted file holder labeled State Surveys and hung near the front desk of the community. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** All residents had the potential to be affected by this deficient practice. All residents will have the ability to examine the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys. **3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** The Executive Director will	

	Business Office Manager, who was stationed at the reception desk during daytime hours, indicated the State Survey results binder was always kept behind the desk because a few residents would take items located in common areas in the facility and not return them. When the reception desk was not staffed, facility personnel could easily retrieve the binder for anyone who requested it. During an interview, on 5/27/26 at 1:51 p.m., the Administrator indicated the State Survey results binder was kept behind the reception desk. During an interview, on 5/27/26 at 3:28 p.m., the Administrator indicated the facility did not have a policy regarding the State Survey results and used the state regulations.		ensure daily that the binder remains at its station available and accessible for all residents to examine and review. **4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** The Executive Director or designee is responsible for sustained compliance. The Executive Director or designee will be performing daily checks to ensure the placement of the Survey Results Binder remains accessible for residents to examine. Citation will be reviewed at monthly QI meetings. **5. By what date will the systemic changes be completed?** June 1st, 2026	
R 0121	Personnel - Noncompliance 410 IAC 16.2-5-1.4(f)(1-4) (f) A health screen shall be required for each employee of a facility prior to resident contact. The screen shall include a tuberculin skin test, using the Mantoux method (5 TU, PPD), unless a previously positive reaction can be documented. The	R 0121	**R 121 410 IAC 16.2-5-1.4 (f)(1-4) Personnel – Noncompliance** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:**	06/15/2026

	result shall be recorded in millimeters of induration with the date given, date read, and by whom administered. The facility must assure the following: (1) At the time of employment, or within one (1) month prior to employment, and at least annually thereafter, employees and nonpaid personnel of facilities shall be screened for tuberculosis. The first tuberculin skin test must be read prior to the employee starting work. For health care workers who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed one (1) to three (3) weeks after the first step. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (2) All employees who have a positive reaction to the skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. (3) The facility shall maintain a health record of each employee that includes reports of all employment-related health screenings. (4) An employee with symptoms or signs of active disease, (symptoms suggestive of active tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss) shall not be permitted to work		All employees will have a tuberculin (TB) screening upon or before hire. All employees who have had a documented negative TB skin test result within the previous 12 month will have a single TB skin test administered upon or before hire. All tuberculin skin tests will have documentation which will be inclusive of both the times of administration and results of Step 1 and Step 2. The Company form, Tuberculosis Policy & Procedures [500-43], will be updated to include the times corresponding to the administration and results of tuberculin skin test for each step. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** All residents had the potential to be affected by this deficient practice. All employees will complete tuberculin (TB) screening upon or before hire. Those with documentation of a negative TB test within the past 12 months will receive an additional test. All TB testing will be fully documented, including administration times and the results for both Step 1 and Step 2.	

	until tuberculosis is ruled out. Based on record review and interview, the facility failed to accurately document the administration and results of tuberculin skin tests (TST) administered for 3 of 5 new employee files reviewed (Certified Nurse Aide (CNA) 8, Qualified Medication Aide (QMA) 5, and QMA 6) and failed to administer a TST for 1 of 5 new employees (QMA 7). Findings include: Employee files, provided by the Administrator on 5/26/26, were reviewed on 5/26/26 at 2:02 p.m. A "Resident & Employee Tuberculosis (TB) Test Acknowledgement" form for CNA 8 indicated a first step TST was administered on 1/6/26 and read on 1/8/26. A second step TST was administered on 1/27/26 and read on 1/29/26. The tests lacked inclusion of the times administered or read. A "Resident & Employee Tuberculosis (TB) Test Acknowledgement" form for QMA 5 indicated a first step TST was administered on 11/17/25 and read on 11/19/25. A second step TST was administered on 12/4/25 and read on 12/6/25. The tests		**3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:** The Company document, Tuberculosis Policy & Procedures [500-43], will be updated to include the times corresponding to the administration and results of tuberculin (TB) skin test for Step 1 and Step 2. **4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** The Executive Director will be responsible for sustained compliance. Each Tuberculin Skin Test will be reviewed by the Executive Director to ensure that documentation of the times of administration and results are present. **5. By what date will the systemic changes be completed?** June 15th, 2026	

	lacked inclusion of the times administered or read. A "Resident & Employee Tuberculosis (TB) Test Acknowledgement" form for QMA 6 indicated a first step TST was administered on 3/11/26 and read on 3/13/26. A second step TST was administered on 3/30/26 and read on 4/1/26. The tests lacked inclusion of the times administered or read. A "TB Form," from another facility, for QMA 7 indicated a first and second step TST were completed on 3/19/25 and 4/9/25, respectively, prior to the QMA 7's hire date of 9/5/25. QMA 7's record lacked a TST administered upon hire to the facility. During an interview, on 5/26/26 at 3:30 p.m., the DON indicated she was responsible for the employee TSTs. She indicated she read the TSTs within the time frame of 48-72 hours because she asked the employees to return two days later around the same time. She had asked her corporate liaison about including times on the TST and was told documentation of the times of the administration and reading of the TSTs was not necessary. For QMA 7's TST, she thought since the employee had a TST			

	series prior to the employee's hire, a new TST was not necessary. The Mantoux Tuberculin Skin Testing Fact Sheet for health care providers, dated 4/10/24, retrieved on 5/27/26 from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf, indicated the following: " ...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test ...." The web article, Frequency of Tuberculosis Screening and Testing for Health Care Personnel, dated 12/15/23, retrieved on 5/27/26 from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb-healthcare-settings/hcp/screening-testing/frequency.html, indicated the following: " ...Baseline TB [tuberculosis] Screening and Testing All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). TB screening is a process that includes: ...A TB test (e.g., TB blood test or a TB			

	skin test) ... If a person has had a documented negative TB skin test result within the previous 12 months, a single TB skin test can be administered. This additional TB skin test represents the second stage of two-step testing ...." A current facility policy, dated 12/2022, titled "Tuberculosis Policy and Procedures", provided by the Administrator on 5/27/26 at 2:13 p.m., indicated the following: " ...The Community will conduct TB testing and screenings for all its employees and residents according to State regulations ...Residents, employees, and volunteers who have 10 or more hours/week of direct resident contact must have a symptom screen and an initial two-step TB skin test ...Tuberculosis (TB) Screening Order ... New employees who have no known history of tuberculosis, do not have a known allergy to Aplisol or Tubersol, and have not had a positive Mantoux test: provide two-step tuberculin screening via Mantoux testing per State regulation ...."			
R 0144	Sanitation and Safety Standards - Deficiency 410 IAC 16.2-5-1.5(a) (a) The facility shall be clean, orderly, and in a state of good	R 0144	**R 144 410 IAC 16.2-5-1.5 (a) Sanitation and Safety Standards - Deficiency** **1. What corrective action(s) will be accomplished for**	06/30/2026

	repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation and interview, the facility failed to ensure the sanitary condition of laundry equipment used for residents' laundry for 1 of 1 laundry areas observed. Findings include: During an observation of the laundry room, on 5/27/26 at 10:18 a.m., four residential-sized washing machines sat side-by-side along a wall. Inside the lid of the first washing machine, on the left side of the outer wall, there was a build up of dark colored, wet lint and grime coating the inner lip of the back corners of the lid and the area beneath. The liquid bleach dispenser contained the same buildup, including hair and dirt embedded in the dark, wet, sticky buildup. The second washing machine from the left had the same build up of grime and debris along the bottom lip of the inside of the lid and beneath the lid. The liquid bleach dispenser had the same buildup of grime, lint, hair, and dirt. Inside the lid of the third washing machine from the left		**those residents found to have been affected by the deficient practice:** The facility will ensure the sanitary conditions of the community's laundry equipment meet sanitation and safety standards. The community's laundry equipment will be clean, orderly, and in a state of good repair. Laundry equipment with chipping paint will be refinished to meet these standards. Laundry facilities shall be deep cleaned on a weekly basis. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** All residents had the potential to be affected by this deficient practice. The facility will ensure the sanitary conditions of the community's laundry equipment meet sanitation and safety standards. The community's laundry equipment will be clean, orderly, and in a state of good repair. Laundry equipment with chipping paint will be refinished to meet these standards. Laundry facilities shall be deep cleaned on a weekly basis. **3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient**	

	was an area approximately 12 x 4 inches of bubbled-up paint, thick enough to scrape with a plastic putty knife. The washer was modified to include a dispenser mechanism through the top of the lid which could be attached to a tube connected to a sanitizer dispenser on the wall behind the washing machine. The sanitizer had dripped along the inside of the lid and remained long enough to degrade the paint, stripping it from the metal lid, causing loose, blistering paint. The inside bottom rim of the lid was coated with the same degraded layer of paint. During an interview with the Director of Nursing (DON) on 5/27/26 at 10:42 a.m., she indicated staff on night shift were responsible for cleaning the laundry room equipment. She did not know when the washing machines were last cleaned, but confirmed all three machines were in need of a cleaning. A "Housekeeping Task Sheet", provided by the Administrator on 5/27/26 at 2:13 p.m., indicated the laundry room was to be deep cleaned weekly on Wednesdays.		**practice does not recur:** Deep cleaning of the community's laundry equipment shall be performed every week and shall be documented. Documentation of this practice shall be monitored by the Executive Director or designee to ensure compliance. Staff shall receive an in-service on the standards of safety and sanitation to ensure the standards set therein will be followed as required. **4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** Documentation of our weekly deep cleaning will be monitored by the Executive Director or designee on a weekly basis to ensure quality standards are met as dictated in Sanitation and Safety Standards. The audit will be discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary. **5. By what date will the systemic changes be completed?** June 30th, 2026	

R 0273	Food and Nutritional Services - Deficiency 410 IAC 16.2-5-5.1(f) (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24. Based on observation and interview, the facility failed to maintain a sanitary kitchen environment and to ensure foods were properly labeled, dated, and stored. This deficient practice had the potential to affect 29 of 29 residents who received meals from the kitchen. Findings include: During a kitchen observation, on 5/26/26 at 9:36 a.m., accompanied by the Dietary Manager (DM), a dessert cup with peanut butter pudding, uncovered and unlabeled, sat inside the refrigerator. The DM indicated the pudding was served the day before and should not have been in the refrigerator uncovered and unlabeled. In the bottom of a refrigerator used to store and thaw meat items, there was chicken thawing in a plastic zip-lock bag. The juices from the thawing chicken dripped onto a jelly-roll	R 0273	**R 273 410 IAC 16.2-5-5.1(f) Food and Nutritional Services – Deficiency** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** The facility will maintain a sanitary kitchen environment and ensure foods are properly labeled, dated, and stored. Food thawing in the refrigerator will be placed in a high lipped tray to ensure that liquid from thawing food does not come into contact with other food items. No personal items will be stored in the refrigerator or freezers. Kitchen facilities will be deep cleaned on a weekly basis to prevent any possible contamination. Plates and bowls will be stored upside down to prevent possible dust collection or debris from settling on dishes. Lidded trash cans in the kitchen will have a functioning foot pedal to allow access to trash disposal without the need to touching the lid. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** All residents had the potential to be affected by this deficient	06/30/2026

	tray, including the lip of the tray, causing the juices to drip out onto a large sheet of wax paper lining the bottom of the refrigerator. Smears of the liquid could be seen beneath the wax paper. A large plastic fast-food cup, with a lid, straw, and frozen contents was observed in the freezer. The DM indicated the drink belonged to kitchen staff and should not be in the freezer containing residents' food items. No personal items should be stored in the refrigerators or freezers. A stainless-steel shelf containing large plastic containers of seasonings was observed to have a coat of gritty, sticky residue on its surface. The DM indicated the debris could fall from the containers when in use and potentially contaminate food. A stainless-steel shelving unit contained several different types of bowls, including cereal bowls, ramekins, and dessert bowls, all stored upright with the potential to be exposed to dust and debris. Plates were also stored upright on the shelving unit. The DM indicated plates and bowls could potentially collect dust and debris when stored upright. A trash can next to the hand-washing sink had a		practice. The facility will maintain a sanitary kitchen environment and ensure foods are properly labeled, dated, and stored. Food thawing in the refrigerator will be placed in a high lipped tray to ensure that liquid from thawing food does not come into contact with other food items. No personal items will be stored in the refrigerator or freezers. Kitchen facilities will be deep cleaned on a weekly basis to prevent any possible contamination. Plates and bowls will be stored upside down to prevent possible dust collection or debris from settling on dishes. Lidded trash cans in the kitchen will have a functioning foot pedal to allow access to trash disposal without the need to touching the lid. **3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** Staff shall receive an in-service covering the proper procedure for the labeling, dating, and storage of food. This in-service will also educate staff of the proper location to store personal food or beverages. Kitchen facilities will be deep cleaned on a weekly basis and will be documented in a weekly cleaning log. Staff will be educated to ensure dishes will	

	non-functioning foot pedal and could not be accessed without touching the lid of the can. A current facility policy, titled "Food Storage Policy and Procedures", provided by the Administrator on 5/27/26 at 2:24 p.m., indicated the following: " ...Food Service Director will lead training for all kitchen employees on the proper storage and labeling of foods, opened and unopened. 2) Food Service Director will inspect and ensure that all open foods are properly dated and stored daily. This will include inspecting damaged boxes to look for open bags. If the Food Service Director is not available, another food service employee will conduct inspection. 3) Executive Director will inspect all refrigerators/freezers weekly to ensure all open foods are properly dated and stored ...."		be stored in a manner as to disallow dust and/or debris from settling on upright side of dishes. The Dining Manager or Executive Director will be responsible for monitoring this practice to ensure continued compliance. **4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** Proper food storage will be monitored by Dining Manager, Executive Director, or designee daily to ensure that deficient practice does not recur. The Dining Manager or designee will be responsible for auditing the cleanliness of the kitchen, as well as the functionality of the kitchen’s trash can lid mechanisms on a weekly basis. These audits will be discussed at the monthly QI Meeting. The QI Committee will determine if continued auditing is necessary. **5. By what date will the systemic changes be completed?** June 30th, 2026	

R 0410	Infection Control - Noncompliance 410 IAC 16.2-5-12(e)(f)(g) (e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read. (f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis. (g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis. Based on interview and record review, the facility failed to accurately document the administration and results of mandatory tuberculin skin tests (TST) administered for 3 of 7 residents reviewed (Resident 4, Resident 7, and Resident 8). Findings include:	R 0410	**R 410 410 IAC 16.2-5-12 (e)(f)(g) Infection Control – Noncompliance** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** All tuberculin skin tests will have documentation which will be inclusive of the times of both administration and results of Step 1 and Step 2. The Company form, Tuberculosis Policy & Procedures [500-43], will be updated to include the times corresponding to the administration and results of tuberculin skin test for each step. **2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** All residents had the potential to be affected by this deficient practice. All tuberculin skin tests will have documentation which will be inclusive of the times of both administration and results of Step 1 and Step 2. The Company form, Tuberculosis Policy & Procedures [500-43], will be updated to include the times corresponding to the administration and results of tuberculin skin test for each	06/15/2026

	Resident 4's clinical record was reviewed on 5/26/26 at 3:01 p.m. Diagnoses included osteoarthritis and history of breast cancer. A "Resident & Employee Tuberculosis (TB) Test Acknowledgement" form for Resident 4 indicated a first step TST was administered on 1/20/26 and read on 1/22/26. A second step TST was administered on 2/5/26 and read on 2/7/26. The tests lacked inclusion of the times administered or read. Resident 7's clinical record was reviewed on 5/26/26 at 11:55 a.m. Diagnoses included pneumonia, ventricular tachycardia (potentially life-threatening heart rhythm where the lower chambers beat too fast), encephalopathy (disease, damage, or malfunction that affects the brain's structure or function), and paroxysmal atrial fibrillation (sporadic episodes of a rapid, chaotic heart rhythm).		step. **3. What measure will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** The Company document, Tuberculosis Policy & Procedures [500-43], will be updated to include the times corresponding to both the administration and results of tuberculin (TB) skin test for Step 1 and Step 2. **4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:** The Executive Director will be responsible for sustained compliance. Each Tuberculin Skin Test will be reviewed by the Executive Director to ensure that documentation of the times of administration and results are present. **5. By what date will the systemic changes be completed?** June 15th, 2026	

A "Resident & Employee Tuberculosis (TB) Test Acknowledgement" form for Resident 7 indicated a first step TST was administered on 5/4/26 and read on 5/6/26. A second step TST was administered on 5/21/26 and read on 5/23/26. The tests lacked inclusion of the times administered or read.

Resident 8's clinical record was reviewed on 5/27/26 at 8:52 a.m. Diagnoses included hypertension and hypothyroidism.

A "Resident & Employee Tuberculosis (TB) Test Acknowledgement" form for Resident 8 indicated a first step TST was administered on 9/3/25 and read on 9/5/25. A second step TST was administered on 9/17/25 and read on 9/19/25. The tests lacked inclusion of the times administered or read.

During an interview, on 5/26/26 at 3:30 p.m., the DON indicated she was responsible for the residents' TSTs. She indicated she read the TSTs within the required 48-to-72- hour timeframe, as she understood this to be the appropriate protocol. She had asked her corporate liaison about including times on the TST and was informed that such documentation was not necessary

	The Mantoux Tuberculin Skin Testing Fact Sheet for health care providers, dated 4/10/24, retrieved on 5/27/26 from the Centers for Disease Control and Prevention (CDC) website at https://www.cdc.gov/tb/publications/factsheets/testing/Tuberculin_Skin_Testing_Information_for_Health_Care_Providers.pdf, indicated the following: " ...The skin test reaction should be read between 48 and 72 hours after administration by a health care worker trained to read TST results. A patient who does not return within 72 hours will need to be rescheduled for another skin test ...." A current facility policy, dated 12/2022, titled "Tuberculosis Policy and Procedures", provided by the Administrator on 5/27/26 at 2:13 p.m., indicated the following: " ...The Community will conduct TB testing and screenings for all its employees and residents according to State regulations ...."			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See instructions.)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATUREPatricia Kohrman	TITLEExecutive Director	(X6) DATE06/10/2026