STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK OF MUNCIE	2410 E MCGALLIARD RD, MUNCIE, , 47303

(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 the Investigation of Complaints IN00463418 and IN00463660. Complaint IN00463418 - No deficiencies related to the allegations are cited. Complaint IN00463660 - State deficiencies related to the allegations are cited at R0144. Survey date: August 5, 2025 Facility number: 004428 Residential Census: 45 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review completed August 5, 2025.	R 0000	*Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or,* *that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or* *Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an* *admission or agreement of any kind by the facility of the truth of any facts* *alleged or the correctness of any conclusions set forth in this allegation by* *the survey agency.*	

			R **144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** A thorough cleaning of all resident rooms found to be affected by the deficient practice will occur by 8-22-25. All resident rooms are scheduled for daily light housekeeping and weekly deep cleaning. **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. Executive Director or Designee will audit all occupied rooms by 8-22-25 to ensure cleanliness standards are met.	

			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: Education was provided to the Environmental Staff regarding cleaning schedules and cleaning procedures. A resident room and common area cleaning schedule will be followed. The Executive Director or Designee will meet with the Environmental Services Director weekly for 4 weeks to ensure the schedule is followed and updated. The Executive Director or Designee will audit 4 resident rooms daily for 4 weeks to ensure compliance with cleanliness standards. The carpet in the common area of the community was professionally cleaned on 5-15-25. A quote will be obtained for replacement of the carpet in common areas. This quote will be reviewed with the owner of	

			the community to determine the financial feasibility of replacing the carpet. **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 is responsible for sustained compliance. The ED/designee will complete audits by reviewing the cleaning schedule weekly for 4 weeks and auditing 4 resident rooms per week for 3 months. The audit willbe discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going. **5. By what date will the systemic changes be completed?**	

			8-22-25	
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 repair, both inside and out, and shall provide reasonable comfort for all residents. Based on observation, interview, and record review, the facility failed to have a system in place to maintain the carpets in a clean and homelike manner for 1 of 4 residents reviewed for a clean environment. (Resident C) This deficiency had the potential to affect 45 of 45 residents in the facility. Findings include: During a facility observation on 8/5/25 from 10:12 a.m. to 11:05 a.m., the carpet in the main common areas were heavily soiled with a brown tint on the carpet. The carpet was a multicolored carpet and not brown in color. This included stains from the main entrance through the sitting lounge, to the restrooms, and to the main dining room entrances. Stains ranged from approximately 20 feet long by 2.5 feet wide paths of heavy traffic areas to scattered stains throughout the	R 0144	*Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or,* *that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or* *Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts* *alleged or the correctness of any conclusions set forth in this allegation by* *the survey agency.* **R** **144 410 IAC 16.2-5-1.5(a) Sanitation and Safety Standards - Deficiency**	08/22/2025

	hallways of the facility. Other stains in the hallways and in front of residents' rooms were basketball sized, soccer ball sized, softball sized, golf ball sized and trails of stains. The stains included light/white stains, yellow stains, light brown stains, dark red stains, and dark brown stains throughout the main hallways. Carpet from the main lounge to the courtyard entrance was loose from the floor with ripples noted in the carpet. During an interview on 8/5/25 at 10:57 a.m., Housekeeper 3 indicated she had a carpet cleaning machine, but she did not have a specific schedule in which the facility carpets were cleaned. She did have four rooms that required weekly carpet cleaning, including Resident C's room. She logged the carpet cleanings on the deep cleaning sheets for those rooms when she cleaned them. Other carpet concerns were not logged anywhere. Staff members were required to report any carpet cleaning needs to her verbally. She tried to get to the spots on the carpets as needed. She was able to get a spot removed with the carpet cleaner earlier today. A new housekeeper started and worked the last couple of weekends, but the new housekeeper was not using the carpet cleaner machine yet. The		**1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** A thorough cleaning of all resident rooms found to be affected by the deficient practice will occur by 8-22-25. All resident rooms are scheduled for daily light housekeeping and weekly deep cleaning. **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. Executive Director or Designee will audit all occupied rooms by 8-22-25 to ensure cleanliness standards are met. **3. What measure will be put into place or what systemic changes the facility will make to**	

	new housekeeper was assigned to Resident C's room for the last two weeks. Housekeeper 3 was uncertain when Resident C's carpet was last cleaned because the deep cleaning sheets were not completed for his room for the last 2 weeks. Other rooms had been cleaned instead of the assigned rooms. The deep cleaning sheets should have been completed when the residents' rooms were cleaned according to the cleaning schedule. Housekeeper 3 indicated all the residents were cooperative with room cleaning. Deep cleaning should have been completed weekly on each room. Resident C's clinical record was reviewed on 8/5/25 at 12:19 p.m. Diagnoses included type 2 diabetes with unspecified complications. A 10/7/24 service plan indicated the resident was alert and oriented and did not exhibit any behaviors/expressions. He required facility housekeeping services one time weekly on Wednesdays. All aspects of toileting required staff assistance. Staff was required to empty the resident's urinary catheter every shift. During an interview on 8/5/25 at 1:06 p.m., Resident C was in his room with the door open. He was seated in his wheelchair		**ensure that the deficient practice does not reoccur:** Education was provided to the Environmental Staff regarding cleaning schedules and cleaning procedures. A resident room and common area cleaning schedule will be followed. The Executive Director or Designee will meet with the Environmental Services Director weekly for 4 weeks to ensure the schedule is followed and updated. The Executive Director or Designee will audit 4 resident rooms daily for 4 weeks to ensure compliance with cleanliness standards. The carpet in the common area of the community was professionally cleaned on 5-15-25. A quote will be obtained for replacement of the carpet in common areas. This quote will be reviewed with the owner of the community to determine the financial feasibility of replacing the carpet.	

	with the urinary catheter drainage bag hung below his wheelchair. An obvious urine odor was present. The carpet had a moderate amount of crumbs/debris on the floor from the bed to his recliner. A dark stain, larger than a basketball, was noted on the carpet in his room to the right of his sink. Another dark stain, approximately the size of a soccer ball was on the carpet to the left of his recliner between his recliner and the bed. He was uncertain when they last cleaned his room. He has never told staff they could not clean his room. Review of facility "Apartment Deep Cleaning" forms from 7/17/25 to 8/5/25 lacked indication of cleaning of Resident C's room or carpet. During an observation accompanied by the DON, on 8/5/25 at 2:30 p.m., the DON indicated the carpet was old and had many stains in the hallways and common areas that she was familiar with. Parts of the carpet also had ripples and were a trip hazard. The facility had a professional carpet cleaner in the facility in May 2025, but the stains remained after the cleaning. She had been in Resident C's room today and noticed there were stains present on his floor as well. The DON had inquired with		**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 is responsible for sustained compliance. The ED/designee will complete audits by reviewing the cleaning schedule weekly for 4 weeks and auditing 4 resident rooms per week for 3 months. The audit willbe discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on-going. **5. By what date will the systemic changes be completed?** 8-22-25	

the Administrator about replacing the facility carpet. She also made the Administrator aware of the ripples in the carpet. The carpet was not maintained in a homelike manner for the residents. The DON was unaware of any plans in place for carpet replacement now.

During an interview on 8/5/25 at 3:30 p.m., the DON indicated she was not aware of a policy for housekeeping responsibilities, but they were expected to follow the "Apartment Deep Cleaning" checklist.

During a telephone interview on 8/5/25 at 3:39 p.m., the Administrator indicated she had worked at the facility for approximately two months and was aware of the stained carpet. Approximately 30 days ago, she was made aware of the ripples in the carpet. She had spoken to the Regional Maintenance Specialist about the carpet condition. Quotes for carpet were obtained prior to her starting her position. They planned to move forward with the quotes, but she was unaware in what time frame they planned to do this. She planned to forward the quotes to the DON.

On 8/5/24 at 4:09 p.m., the DON indicated she received a

message from the Administrator that she was mistaken and quotes for carpet were not obtained. Further information was not provided.

A current facility document, dated July 20, 2022, titled "Apartment Deep Cleaning," provided by the DON on 8/5/25 at 4:12 p.m., indicated the following: "... Vacuum: Entire room and closets (move small items)...Apartment Needs: ... Carpet cleaning ... Complete this form for each room you clean each day. Please check each task that was completed... If you have any issues or concern, please communicate them."

This citation relates to Complaint IN00463660.

Based on observation, interview, and record review, the facility failed to have a system in place to maintain the carpets in a clean and homelike manner for 1 of 4 residents reviewed for a clean environment. (Resident C) This deficiency had the potential to affect 45 of 45 residents in the facility.

Findings include:

During a facility observation on 8/5/25 from 10:12 a.m. to 11:05 a.m., the carpet in the main common areas were heavily soiled with a brown tint on the carpet. The carpet was a

multicolored carpet and not brown in color. This included stains from the main entrance through the sitting lounge, to the restrooms, and to the main dining room entrances. Stains ranged from approximately 20 feet long by 2.5 feet wide paths of heavy traffic areas to scattered stains throughout the hallways of the facility. Other stains in the hallways and in front of residents' rooms were basketball sized, soccer ball sized, softball sized, golf ball sized and trails of stains. The stains included light/white stains, yellow stains, light brown stains, dark red stains, and dark brown stains throughout the main hallways. Carpet from the main lounge to the courtyard entrance was loose from the floor with ripples noted in the carpet.

During an interview on 8/5/25 at 10:57 a.m., Housekeeper 3 indicated she had a carpet cleaning machine, but she did not have a specific schedule in which the facility carpets were cleaned. She did have four rooms that required weekly carpet cleaning, including Resident C's room. She logged the carpet cleanings on the deep cleaning sheets for those rooms when she cleaned them. Other carpet concerns were not logged anywhere. Staff members were required to report any carpet cleaning

needs to her verbally. She tried to get to the spots on the carpets as needed. She was able to get a spot removed with the carpet cleaner earlier today. A new housekeeper started and worked the last couple of weekends, but the new housekeeper was not using the carpet cleaner machine yet. The new housekeeper was assigned to Resident C's room for the last two weeks. Housekeeper 3 was uncertain when Resident C's carpet was last cleaned because the deep cleaning sheets were not completed for his room for the last 2 weeks. Other rooms had been cleaned instead of the assigned rooms. The deep cleaning sheets should have been completed when the residents' rooms were cleaned according to the cleaning schedule. Housekeeper 3 indicated all the residents were cooperative with room cleaning. Deep cleaning should have been completed weekly on each room.

Resident C's clinical record was reviewed on 8/5/25 at 12:19 p.m. Diagnoses included type 2 diabetes with unspecified complications.

A 10/7/24 service plan indicated the resident was alert and oriented and did not exhibit any behaviors/expressions. He required facility housekeeping services one time weekly on

Wednesdays. All aspects of toileting required staff assistance. Staff was required to empty the resident's urinary catheter every shift.

During an interview on 8/5/25 at 1:06 p.m., Resident C was in his room with the door open. He was seated in his wheelchair with the urinary catheter drainage bag hung below his wheelchair. An obvious urine odor was present. The carpet had a moderate amount of crumbs/debris on the floor from the bed to his recliner. A dark stain, larger than a basketball, was noted on the carpet in his room to the right of his sink. Another dark stain, approximately the size of a soccer ball was on the carpet to the left of his recliner between his recliner and the bed. He was uncertain when they last cleaned his room. He has never told staff they could not clean his room.

Review of facility "Apartment Deep Cleaning" forms from 7/17/25 to 8/5/25 lacked indication of cleaning of Resident C's room or carpet.

During an observation accompanied by the DON, on 8/5/25 at 2:30 p.m., the DON indicated the carpet was old and had many stains in the hallways and common areas that she was familiar with. Parts of the

carpet also had ripples and were a trip hazard. The facility had a professional carpet cleaner in the facility in May 2025, but the stains remained after the cleaning. She had been in Resident C's room today and noticed there were stains present on his floor as well. The DON had inquired with the Administrator about replacing the facility carpet. She also made the Administrator aware of the ripples in the carpet. The carpet was not maintained in a homelike manner for the residents. The DON was unaware of any plans in place for carpet replacement now.

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	starting her position. They planned to move forward with the quotes, but she was unaware in what time frame they planned to do this. She planned to forward the quotes to the DON. On 8/5/24 at 4:09 p.m., the DON indicated she received a message from the Administrator that she was mistaken and quotes for carpet were not obtained. Further information was not provided. A current facility document, dated July 20, 2022, titled "Apartment Deep Cleaning," provided by the DON on 8/5/25 at 4:12 p.m., indicated the following: "... Vacuum: Entire room and closets (move small items)...Apartment Needs: ... Carpet cleaning ... Complete this form for each room you clean each day. Please check each task that was completed... If you have any issues or concern, please communicate them." This citation relates to Complaint IN00463660.			

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 SIGNATURE	TITLE	(X6) DATE