STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK OF LOGANSPORT	3901 HIGH STREET RD, LOGANSPORT, , 46947

(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 Intake IN00465440. Intake IN00465440-State deficiencies related to the allegations are cited at R240. Survey dates: October 20 and 22, 2025 Facility number: 004441 Residential Census: 48 These State Residential Findings are cited in accordance with 410 IAC 16.2-5. Quality review was completed on October 27, 2025.	R 0000		
R 0240	Health Services - Deficiency 410 IAC 16.2-5-4(d) (d) Personal care, and assistance with activities of daily living, shall be provided based upon individual needs and preferences.	R 0240	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	11/05/2025

Based on interview and record review, the facility failed to ensure assistance with activities of daily living was provided according to the resident's needs and the facility policy for 1 of 3 residents reviewed for personal care. (Resident C)

Findings include:

A Facility Reported Incident (FRI), dated 10/11/25 at 6:13 p.m., indicated Resident C was being transferred to her wheelchair when the resident started to slip. The resident fell to the floor hitting her knees. The resident complained of pain and was sent to the emergency room.

The clinical record for Resident C was reviewed on 10/20/25 at 1:00 p.m. The diagnoses included, but were not limited to, diabetes, chronic kidney disease stage 3, emphysema, hypothyroidism, and hyperlipidemia.

A resident health assessment, dated 10/10/25, indicated Resident C's current health condition had stabilized with the need of increased care.

An investigation note, undated, indicated Resident C returned from a rehab facility on 10/10/25 and the resident required assistance with transfers,

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 240 410
IAC 16.2-5-4(d) Health Services – Deficiency

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

On 10/22/2025, 20 additional gait belts ordered to ensure supply for new clinical staff or replacement for any current clinical staff.

toileting, medications, and escorts in the wheelchair for long distances.

A progress note, dated 10/11/25 at 9:45 p.m., indicated Resident C's son reported to the facility Resident C had a fracture to the left tibia. The resident would remain at the hospital.

During an interview, on 10/20/25 at 1:55 p.m., Clinical Support Nurse 2 indicated when Resident C first admitted to the community, she was independent. She was hospitalized and then came back from rehab on 10/10/25 with a recommendation to have assistance. On 10/11/25, she was being transferred with a stand to pivot method when her knees buckled, and she hit her knees on the floor. Two staff members helped her transfer. She was not sure if the staff had used a gait belt to help transfer the resident.

On 10/22/2025 all clinical staff on shifts were provided with gait belts. On 10/29/2025 DON educated all clinical staff on gait belt policy and procedure. On 10/29/2025 DON educated all clinical staff on proper gait belt use.

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 requiring gait or transfer assistance had the potential to be affected by this deficient practice. All clinical staff will be provided with gait belts to keep on their person.

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:

DON/designee will conduct random audits of a minimum of two

During an interview, on 10/20/25 at 2:05 p.m., Qualified Medication Aide 3 indicated she was one of the staff members who helped transfer Resident C on 10/11/25. As they were transferring the resident, the resident's knees buckled, and she fell to the floor on her knees. She did not hit her head. They did not use a gait belt, and they should have used a gait belt.

During an interview, on 10/22/25 at 12:10 p.m., Clinical Support Nurse 2 indicated the staff should have used a gait belt when they were transferring the resident.

A current facility policy, titled "Gait Belt policy and procedures", undated and received from Clinical Support Nurse 2 on 10/22/25 at 10:30 A.M., indicated "...Gait belts must be used by all staff during gait and transfer activities...."

This citation relates to Intake IN00465440.

Based on interview and record review, the facility failed to ensure assistance with activities of daily living was provided according to the resident's needs and the facility policy for 1 of 3 residents reviewed for personal care. (Resident C)

Findings include:

clinical staff members to ensure policy/standard of transfers and gait
assistance are being followed. All new staff will be given a gait belt and
provided education on gait belt policy/procedure and proper use of gait belt
during orientation with DON.

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:

DON/Designee will conduct random checks of a minimum of two
clinical staff members weekly x 4 weeks then monthly x 4 months to ensure that
staff have gait belt on their person and following proper policy/procedure for
transfer and gait assistance. The need for continued auditing to be evaluated
at the completion of the 4-month auditing period by QI team.

5. By what date will the systemic changes be completed?

	A Facility Reported Incident (FRI), dated 10/11/25 at 6:13 p.m., indicated Resident C was being transferred to her wheelchair when the resident started to slip. The resident fell to the floor hitting her knees. The resident complained of pain and was sent to the emergency room. The clinical record for Resident C was reviewed on 10/20/25 at 1:00 p.m. The diagnoses included, but were not limited to, diabetes, chronic kidney disease stage 3, emphysema, hypothyroidism, and hyperlipidemia. A resident health assessment, dated 10/10/25, indicated Resident C's current health condition had stabilized with the need of increased care. An investigation note, undated, indicated Resident C returned from a rehab facility on 10/10/25 and the resident required assistance with transfers, toileting, medications, and escorts in the wheelchair for long distances. A progress note, dated 10/11/25 at 9:45 p.m., indicated Resident C's son reported to the facility Resident C had a fracture to the left tibia. The resident would remain at the hospital. During an interview, on 10/20/25 at 1:55 p.m., Clinical Support		November 5, 2025	

Nurse 2 indicated when Resident C first admitted to the community, she was independent. She was hospitalized and then came back from rehab on 10/10/25 with a recommendation to have assistance. On 10/11/25, she was being transferred with a stand to pivot method when her knees buckled, and she hit her knees on the floor. Two staff members helped her transfer. She was not sure if the staff had used a gait belt to help transfer the resident.

During an interview, on 10/20/25 at 2:05 p.m., Qualified Medication Aide 3 indicated she was one of the staff members who helped transfer Resident C on 10/11/25. As they were transferring the resident, the resident's knees buckled, and she fell to the floor on her knees. She did not hit her head. They did not use a gait belt, and they should have used a gait belt.

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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 SIGNATUREJason Wafford	TITLEAdministrator	(X6) DATE10/31/2025