STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	06/05/2025

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 a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00455363 completed on April 9, 2025. The visit was in conjunction with the Investigation of Complaint IN00458159. Complaint IN00455363-Corrected. Complaint IN00458159-State deficiencies related to the allegations are cited at R27. Survey date: June 5, 2025 Facility number: 004441 Residential Census: 42 Cedar Creek of Logansport was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00455363.	R 0000		

Quality review was completed on June 12, 2025.

This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00455363 completed on April 9, 2025. The visit was in conjunction with the Investigation of Complaint IN00458159.

Complaint IN00455363-Corrected.

Complaint IN00458159-State deficiencies related to the allegations are cited at R27.

Survey date: June 5, 2025

Facility number: 004441

Residential Census: 42

Cedar Creek of Logansport was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00455363.

Quality review was completed on June 12, 2025.

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