STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING B. WING	10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR CREEK OF BLOOMINGTON MEMORY CARE	3203 MOORES PIKE ROAD, BLOOMINGTON, , 47401

(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: October 29 and 30, 2025 Facility number: 012706 Residential Census: 38 This State Residential Finding was cited in accordance with 410 IAC 16.2-5. Quality review completed November 6, 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 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.	R 0273	**R 273 410 IAC 7-26** **1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** No residents	12/01/2025

Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 3 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Dietary Manager)

Finding includes:

During the initial kitchen observation with the Dietary Manager (DM), on 10/29/25 from 9:07 a.m. to 9:30 a.m., the DM was observed walking throughout the kitchen area. The DM was observed to have bangs, approximately three inches in length, located between the eyebrows and the forehead area. The bangs were observed to not be covered.

During a follow-up kitchen observation, on 10/29/25 from 11:50 a.m. to 12:10 p.m., the DM was observed working at the steamtable that held the noon meal foods, recorded the starting food temperatures, and plated the resident's noon meal. The DM was observed to have bangs, approximately three inches in length, located between the eyebrows and the forehead area. The bangs were observed to not be covered.

During a subsequent follow-up kitchen observation, on 10/29/25 from 12:30 p.m. to

were directly affected by deficient practice.
Staff failed to ensure that hair restraints fully covered hair will serving food to residents.

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:

A one-time education has been completed by staff that serve in food preparation and serving areas.

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:

It is the responsibility of the dietary manager to make sure dietary staff are working the kitchen in a sanitary manner.
Dietary staff have been educated on ensuring all staff hair is inside of hair net while working in the kitchen.
The Administrator/designee will

12:35 p.m., the DM was observed working at the steamtable that held the noon meal foods and plated the resident's noon meal. The DM was observed to have bangs, approximately three inches in length, located between the eyebrows and the forehead area. The bangs were observed to not be covered.

During an interview on 10/29/25 at 12:40 p.m., the DM indicated that staff's hair was to be kept covered while in the kitchen area.

On 10/29/25 at 2:00 p.m., the Executive Director provided an undated copy of the "Hair Restraints Policy & Procedures" policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...hair restraints shall be worn by all Dining Services staff ...hair restraints ...shall be used to prevent hair from contacting exposed food ..."

be responsible for auditing this daily
for the next 60 days. Any issues identified will be immediately corrected, 1:1 re-education completed with staff
and personnel as identified, with disciplinary action completed as determined
by the Administrator and or/designee.

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
Administrator is responsible for sustained compliance. The Administrator/designee
will complete audits per the schedule above.
Re-education, frequency and/or duration of reviews will be increased if
any areas of noncompliance are identified during the auditing process until
ensuring compliance with this plan of correction.

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

	On 10/30/25 at 1:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC 7-26, effective April 16, 2025, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..." Based on observation, interview, and record review, the facility failed to ensure foods were served in a sanitary and safe manner for 3 of 3 kitchen observations. Staff hair was not covered while in the kitchen food preparation area. (Dietary Manager) Finding includes: During the initial kitchen observation with the Dietary Manager (DM), on 10/29/25 from 9:07 a.m. to 9:30 a.m., the DM was observed walking throughout the kitchen area. The DM was observed to have bangs, approximately three inches in length, located between the eyebrows and the forehead area. The bangs were observed to not be covered. During a follow-up kitchen observation, on 10/29/25 from 11:50 a.m. to 12:10 p.m., the DM was observed working at the steamtable that held the		December 1st, 2025	

	noon meal foods, recorded the starting food temperatures, and plated the resident's noon meal. The DM was observed to have bangs, approximately three inches in length, located between the eyebrows and the forehead area. The bangs were observed to not be covered. During a subsequent follow-up kitchen observation, on 10/29/25 from 12:30 p.m. to 12:35 p.m., the DM was observed working at the steamtable that held the noon meal foods and plated the resident's noon meal. The DM was observed to have bangs, approximately three inches in length, located between the eyebrows and the forehead area. The bangs were observed to not be covered. During an interview on 10/29/25 at 12:40 p.m., the DM indicated that staff's hair was to be kept covered while in the kitchen area.			

	On 10/29/25 at 2:00 p.m., the Executive Director provided an undated copy of the "Hair Restraints Policy & Procedures" policy and indicated it was the current policy in use by the facility. A review of the policy indicated, "...hair restraints shall be worn by all Dining Services staff ...hair restraints ...shall be used to prevent hair from contacting exposed food ..." On 10/30/25 at 1:30 p.m., a review of the Indiana Food Establishment Sanitation Requirements, Title 410 IAC 7-26, effective April 16, 2025, indicated, "...food employees shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."			

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 SIGNATUREMaurice Woolfolk	TITLEExecutive Director	(X6) DATE11/21/2025