

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155822		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 06/12/2025	
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 18275 BURR STREET LOWELL, IN 46356			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00456846 and IN00459044.</p> <p>Complaint IN00456846 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459044 - Federal/State deficiencies related to the allegations are cited at F808.</p> <p>Survey dates: June 11 & 12, 2025</p> <p>Facility number: 013144 Provider number: 155822 AIM number: 201246060</p> <p>Census Bed Type: SNF/NF: 33 SNF: 24 Residential: 32 Total: 89</p> <p>Census Payor Type: Medicare: 27 Medicaid: 25 Other: 5 Total: 57</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on 6/16/25.</p>			F 0000	<p>The submission of this plan of correction does not indicate an admission by Cedar Creek Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Cedar Creek Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p>		
F 0808 SS=D Bldg. 00	<p>483.60(e)(1)(2) Therapeutic Diet Prescribed by Physician</p> <p>Based on observation, record review, and interview, the facility failed to ensure residents</p>			F 0808	<p>1.All residents have the ability to be affected by from the allegation</p>		06/26/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Shelly Dyrek

Executive Director

06/26/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>were served a therapeutic diet as ordered the physician for 2 of 3 residents reviewed for therapeutic diets. (Residents D and E)</p> <p>Findings include:</p> <p>1. During an observation on 6/11/25 at 9:12 a.m., Resident D's breakfast meal consisted of two fried eggs, bacon, apple juice, raison toast and fruit. The meal card indicated a regular diet with fortified foods was to be served.</p> <p>During an observation on 6/11/25 at 11:49 a.m., Resident D's lunch meal consisted of a slice of cheese pizza and a drink. At 12:17 p.m., she received a desert of cherry crisp.</p> <p>Resident D's record was reviewed on 6/11/25 at 4:29 p.m. The diagnoses included, but were not limited to, vascular dementia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 3/20/25, indicated a severely impaired cognitive status, required supervision while eating, and received a therapeutic diet.</p> <p>A Care Plan, revised on 6/3/25, indicated the resident was at risk for malnutrition. The interventions included, the diet would be served as ordered by the physician.</p> <p>A Physician's Order, dated 6/9/25, indicated a diet order of a regular diet with fortified foods.</p> <p>2. During an observation on 6/11/25 at 9:15 a.m., Resident E received a breakfast meal that consisted of two fried eggs, bacon, toast, water, coffee, and tangerines. The dietary card indicated a mechanical soft diet with fortified food was to be</p>				<p>with no negative outcomes identified.</p> <p>2.All residents diets have been confirmed they have the correct diet in their orders.</p> <p>3.All staff educated on fortified food diets and dietary staff to put residents names on fortified foods.</p> <p>4.DHS and/or designee to audit observations of meals 3x/week x6 months for fortified foods. All audits will be brought forward to QA for trends and reviewing for 6 months or until 100% compliance is achieved.</p>		

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	<p>served.</p> <p>During an observation on 6/11/25 at 11:55 a.m., the resident received his lunch meal in his room. The lunch meal consisted of ground smoked sausage and mashed potatoes. The dietary card indicated he should have also received peas with onions, and fortified food.</p> <p>Resident E's record was reviewed on 6/12/25 at 9:13 a.m. The diagnoses included, but were not limited to, dementia and stroke.</p> <p>A Care Plan, revised on 4/14/25, indicated a risk for malnutrition. The interventions included, the diet would be served as ordered by the physician.</p> <p>A Significant Change MDS assessment, dated 4/21/25, indicated an intact cognitive status, required supervision with meals, and received a mechanically altered and therapeutic diet.</p> <p>A Physician's Order, dated 6/9/25, indicated a no added salt, mechanical soft with fortified foods diet was to be served.</p> <p>During an interview on 6/12/25 at 9:18 a.m., the Dietary Manager indicated at breakfast, the residents who were on a fortified foods diet were to receive either yogurt or oatmeal. On 6/11/25 at the lunch meal, the fortified food was either yogurt or the yogurt parfait.</p> <p>This citation relates to Complaint IN00459044.</p> <p>3.1-21(b)</p>						