

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK OF FORT WAYNE		STREET ADDRESS, CITY, STATE, ZIP COD 2116 BUTLER RD FORT WAYNE, IN 46815		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
R 0000  Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: January 14 &amp; 15, 2024.</p> <p>Facility number: 004686</p> <p>Residential Census: 38</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed January 16, 2025</p>	R 0000		
R 0272  Bldg. 00	<p>410 IAC 16.2-5-5.1(e) Food and Nutritional Services - Deficiency</p> <p>Based on interview and record review the facility failed to serve food, at a safe and appropriate temperature, to 36 out of 36 residents who consumed food prepared in the kitchen.</p> <p>Findings include:</p> <p>During an observation, on 1/14/25 at 12:10 PM, the Dietary Manager was taking temperatures of multiple foods and writing them down. The gravy was 155 degrees. The dietary manager documented 155 for gravy. The gravy was being served at that temperature.</p> <p>During an interview, on 1/14/25 at 12:10 PM, the Dietary Manager indicated foods were to come to a temperature of 165 degrees before being served. She The dietary manager went on to describe if an item was not at the temp of 165 it was to be heated to or above 165 and circled with the higher</p>	R 0272	<p><i>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.</i></p>	01/31/2025

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

TITLE

(X6) DATE

belinda Branham

Executive Director

02/10/2025

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 disclosed days 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>amount written next to the item. The dietary manager indicated she was serve safe certified.</p> <p>A review of food temperatures were as follows:</p> <p>10/1/25 lunch corn casserole 78</p> <p>10/3/25 breakfast oats 131 Waffles 81</p> <p>10/4/25 lunch Green beans 127 Bread sticks 97</p> <p>10/5/24 Dinner fruit Cobbler 76</p> <p>10/11/24 Dinner French fries 127</p> <p>10/14/24 Lunch hot dogs 128</p> <p>10/15/24 Lunch Hot dogs 97 Grilled cheese 99 Dinner French fries 126</p> <p>10/24/24 Lunch corn casserole 86</p> <p>11/8/24 Breakfast Quiche 97</p> <p>11/15/24 Lunch hushpuppy 83</p> <p>11/22/24 Breakfast Quiche 87 Lunch French fries 124 Grilled cheese 91</p> <p>11/26/24 Dinner French fries 124</p> <p>11/28/24 Lunch Gravy 93</p> <p>12/1/24 Breakfast French toast 86</p> <p>12/2/24 Breakfast no temps Over easy eggs Scrambled eggs Bacon Sausage Oatmeal Cinnamon roll</p> <p>12/6/24 Breakfast Quiche 86 Lunch French fries 97 Dinner Waffles</p> <p>12/10/24 Dinner Grilled ham and cheese 91 French fries 83</p> <p>12/14/24 Dinner Bread sticks 82</p> <p>12/15/24 Breakfast French toast 86</p> <p>12/19/24 Dinner Roast Beef 81</p> <p>12/23/24 Breakfast ham 124</p>		<p><b>R 272 410 IAC 16.2-5-5.1 Food and Nutritional Services-Deficiency</b></p> <p><b>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>No residents were found to have been affected by this deficient practice. DSD educated on proper food temperatures.</p> <p><b>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:</b></p> <p>All residents had the potential to be affected by this deficient practice. DSD and cooks were re-inserviced on 1/16/2024 on our current policy on monitoring food temperatures for meal services.</p> <p><b>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:</b></p> <p>Kitchen audit to be performed by the DSD and cooks weekly for 8</p>	

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	<p>Turkey and swiss 86 1/2/24 Dinner Grilled Cheese 68 1/3/25 Dinner Grilled Cheese 71 French Fries 127</p> <p>A current policy, provided by the Administrator on 1/14/25 at 1:56 PM, titled "Monitoring Food Temperatures for Meal Service". The policy stated ...Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures.</p> <p>1 ...Any food not at the correct temperature is not served but undergoes the appropriate corrective action listed below.</p> <p>2 ...Foods that require corrective action (such as reheating); shall have the new temperature recorded with a c with a circle around it next to the corrected temperature.</p> <p>4. If hot foods are not 135 degrees F or higher when checked, they will be reheated to at least 165 degrees F, only once and discarded or consumed within two hours. Cold foods and beverages which are not 41 degrees F or below will be chilled on ice or freezer until they reach 41 degrees or less before served ...</p>		<p>weeks until 100% compliance is achieved. The purpose of the audit will be to ensure that deficient practices will not be repeated and that all dining practices are within the Cedarhurst policy and procedures.</p> <p><b>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:</b></p> <p>The Executive Director, or designee will review audits weekly to ensure that not only are they being completed, but also that the corrective actions are taken in response to the audit's findings.</p> <p><b>5. By what date will the systemic changes be completed?</b></p> <p>1/31/2025</p>	