

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

PRINTED: 04/08/2025

FORM APPROVED

OMB NO. 0938-039

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 03/18/2025	
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 the Investigation of Complaint IN00454243.</p> <p>Complaint IN00454243 - Deficiencies related to the allegations are cited at R0053.</p> <p>Survey date: March 18, 2025</p> <p>Facility number: 004686</p> <p>Residential Census: 35</p> <p>The State Residential Finding are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 19, 2025</p>			R 0000			
R 0053 Bldg. 00	<p>410 IAC 16.2-5-1.2(w) Residents' Rights - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure residents were free from verbal abuse for 2 of 3 residents reviewed (Resident K and Resident M).</p> <p>Findings include:</p> <p>A report, dated 2/24/25 at 10:25 p.m., indicated Resident K and Resident M reported concerns with Certified Nurse Aide (CNA) 5's demeanor and approach to staff. CNA 5 was placed on administrative leave while an investigation into potential verbal abuse was conducted.</p> <p>1. On 3/18/25 at 10:38 A.M., Resident K's record was reviewed. Diagnoses included Alzheimer's disease with late onset and major depressive</p>			R 0053	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>The Executive Director was notified of the incident on 2/23. BOM conducted interviews with staff and residents and the employee was placed on administrative leave. The employee was terminated due to the severity of the violations after the investigation was completed.</p> <p>2. How the facility will identify</p>		04/01/2025

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

TITLE

(X6) DATE

belinda Branham

Executive Director

04/07/2025

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.

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-039

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 03/18/2025	
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
	<p>disorder.</p> <p>On 3/18/25 at 10:03 A.M., Qualified Medication Aide (QMA) 3 was interviewed. She indicated she had worked on Saturday 2/22 and 2/23/25. On 2/22/25 in the morning, the QMA spoke with Resident K as she was going to the dining room for breakfast. The resident told her it hadn't been a good morning because of the CNA who had cared for her. The CNA had been demanding, telling the resident she had to get up and treated her like she was in the army and was her drill sergeant. The CNA had been rough, pulling on her and yelling commands at her. Resident K identified the staff member as CNA 5. QMA 3 notified the manager on-call and told her of the allegations. When questioned, the QMA indicated CNA 5 came back into work the following day (2/23/25). The QMA had been concerned for the resident. She asked CNA 8 to provide Resident K's care that morning instead of CNA 5 however, the CNA hadn't been able to care for the resident and CNA 5 provided the morning care to her. Resident K had been upset following the care, indicated CNA 5 accused her of not liking black people and that's why she'd made allegations against her. QMA 3 indicated CNA 5 wasn't sent home and worked both Saturday and Sunday as scheduled.</p> <p>On 3/18/25 at 10:12 A.M., Resident K was interviewed. She was able to recall an issue with a CNA who no longer worked in the building. The CNA had been disrespectful, bossy, acted like a "drill sergeant", and rushed her during care.</p> <p>A verbal statement, made by Resident K on 2/23/25 at 12:55 p.m., indicated the morning of 2/22/25, she had been asleep in her bed facing the window when she was woken abruptly by CNA 5 who started pulling her out of bed. CNA 5 hadn't</p>				<p>other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>All residents in the community have the potential to be affected. DON and ED conducted interviews with interview able residents regarding the care they receive. There were no other allegations of abuse or inappropriate care made because of those interviews.</p> <p>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:</p> <p>The Administrator or DON will be immediately notified of any allegations of abuse. An investigation will be initiated immediately, the alleged abuser will be suspended from the community pending the outcome of the investigation. All staff in-serviced on resident rights and abuse and neglect, and who to report to on 3/19. ED/DON will audit monthly so that each staff member has completed the in-service to avoid missing new employees or anyone on leave. Audit weekly x3 months to ensure staff knows how to respond to reported abuse.</p> <p>4. How the corrective action(s) will be monitored to ensure the</p>		

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-039

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 03/18/2025	
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
	<p>announced herself nor had she said what she was doing in her room. CNA 5 hadn't asked if the resident was ready to get up and when asked what time it was, the CNA told her it was time to get up. The CNA was "somewhat" rough with her and was in a hurry like she wasn't supposed to be there. Resident K felt "stunned". On the morning of 2/23/25, CNA 5 came into her room but hadn't announced herself or said who she was-she just ripped the covers off her. The resident had been wearing a nightgown. The nightgown had ridden up and when the covers were removed she was exposed, embarrassed and felt bad. The CNA started to drag her out of bed, never allowed time for the resident to use her side rail to roll herself over and try to get up herself. She had her clothes ready to go for the day and the CNA told her she couldn't wear them because she had worn them the day before but was always the resident's preference. CNA 5 hadn't positioned her walker in front of her prior to standing up from the bed and just kept tugging on her while yelling, "get yourself up! get yourself up!". CNA 5 yelled repeatedly to get herself up 3 times. CNA 5 then said "whatever; you don't like black people anyway". Resident L reported the verbal exchange to QMA 3.</p> <p>A written statement by CNA 7, dated 2/23/25, indicated on Saturday, 2/22/25 at approximately 8:00 a.m., Resident K was observed in the hallway as she was coming out of her room. The resident told CNA 7, she was having the "most horrible morning ever", was shaking and on the verge of tears. She told CNA 7, her morning cares were provided by CNA 5 who made her feel like she was in the "military" because CNA 5 had raised her voice at her like a "drill sergeant barking out orders" telling her what to do. CNA 7 advised the resident to share her grievance with the manager.</p>				<p>deficient practice will not recur, i.e., what quality assurance program will be put into place:</p> <p>ED and DON will meet weekly and discuss resident care and any concerns with staff. The next three months we will include resident rights, abuse and neglect, and reporting for our staff in-service.</p> <p>5. By what date will the systemic changes be completed? 4-1-2025</p>		

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

PRINTED: 04/08/2025

FORM APPROVED

OMB NO. 0938-039

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 03/18/2025	
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
	<p>A written statement by CNA 7, dated 2/23/25, indicated at approximately 8:00 a.m., Resident K was observed outside the door to her room, going to breakfast. The resident told CNA 7, her morning "wasn't much better than yesterday". She told CNA 7, CNA 5 had cared for her again that morning and commented to the resident she hadn't liked "black people". CNA 7 advised the resident to share her concern with the manager.</p> <p>2. On 3/18/25 at 10:46 A.M., Resident M's record was reviewed. Diagnoses included seizures and new onset dementia.</p> <p>On 3/18/25 at 10:03 A.M., QMA 3 was interviewed. She indicated on 2/22/25, following breakfast, Resident M reported CNA 5 had yelled at her from across the dining room and lounge area, pointed her finger towards the resident's room and told her she needed to get dressed before coming out to the dining room to eat. She asked QMA 3 if it was a new rule, to be dressed at breakfast, and wondered why no one had told her. The resident indicated she was embarrassed to have been yelled at in front of all the other residents. QMA 3 indicated she assured the resident there was no new or old rule about being dressed for breakfast and she reported the residents concerns to the on-call manager.</p> <p>A verbal statement by Resident M, dated 2/23/25 at 1:35 p.m., indicated on Saturday, 2/22/25 at approximately 7:00 a.m., the resident was going to the dining room for breakfast in her pajamas and robe. As soon as she came around the corner of the hallway, towards the lounge area, she heard someone yelling at her from across the room. CNA 5 yelled at her, pointed her finger towards her room and yelled for the resident to go back to her</p>						

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-039

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 03/18/2025	
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
	<p>room because she "couldn't be out here like that". CNA 5 yelled for her to go back to her room and get dressed. Resident M indicated she felt belittled in front of everyone.</p> <p>On 3/18/25 at 11:15 A.M., Resident M was interviewed. She indicated there had been a CNA who had yelled at her when she went to breakfast in her pajamas and she had told the QMA about it. She hadn't seen her again and thought the aide no longer worked at the facility. She indicated she'd never had anyone yell at her like that before and no one had since.</p> <p>A written statement, dated 2/23/25 by CNA 7, indicated Resident M reported around 7:30 a.m. on 2/22/25, CNA 5 yelled at her from across the dining and lounge area because she was wearing her pajamas and robe down to breakfast. The resident reported CNA 5 had pointed her finger towards her room and "commanded" her to go back to her room like she was a "child". Resident M felt "humiliated and shamed" in her own home, like a "child being scolded".</p> <p>On 3/18/25 at 11:53 A.M., the Assistant Business Office Manager was interviewed. She indicated she had been the on-call manager the weekend of 2/22 and 2/23/25. When questioned, she couldn't recall if she'd been notified of the allegations on Saturday 2/22/25 but recalled she knew about the allegations the morning of Sunday 2/23/25, as soon as she came into work. She scheduled a time to meet with Resident K after lunch to discuss what had occurred with CNA 5. She also conducted interviews with all the other interviewable residents regarding verbal abuse/concerns. She had been aware CNA 5 was working on 2/23/25 and had not suspended nor been directed to suspend the CNA until an</p>						

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

PRINTED: 04/08/2025
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/18/2025	
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
	<p>investigation could be completed. CNA 5 worked her entire shift, from 6:15 a.m. to 1:45 p.m. on Sunday after allegations of verbal abuse were made.</p> <p>On 3/18/25 at 12:14 P.M., the Administrator was interviewed. She indicated she had been notified of the allegations of verbal abuse on Sunday 2/23/25. She indicated CNA 5 should have been suspended on Saturday when the allegations were made pending investigation and should not have been allowed to work on Sunday.</p> <p>A current copy of the facility policy, titled "Abuse, Neglect and Exploitation Prevention, Prohibition, and Investigation Policy and Procedures" was provided on 3/18/25 at 12:31 P.M. which stated: "All staff members will be educated about what constitutes abuse...that they are all considered mandated reporters, and to err on reporting anything they see or hear that does not seem appropriate towards a resident...Abuse means...Verbal, written, facial or body gestures communicated to a resident in a disparaging or derogatory manner...Witnessed or Suspected Abuse...Ensure the safety of the Resident and prevent further abuse...Separate the resident and person allegedly abusing the resident. Any suspected employees are suspended pending the investigation...."</p> <p>This Citation relates to Complaint IN00454243.</p>						