PRINTED: 02/18/2025 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES						OMB NO. 0938-039	
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER 155822		IDENTIFICATION NUMBER	A. BUILDING <u>00</u> B. WING			COMPLETED	
		155822				01/21	/2025
				CTREET	ADDRESS CITY STATE ZID COD		
NAME OF I	PROVIDER OR SUPPLIEI	R			ADDRESS, CITY, STATE, ZIP COD		
CEDAD		AMPLIC			BURR STREET		
CEDAR	CREEK HEALTH C	AIVIPUS		LOVVEL	LL, IN 46356		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX				PREFIX (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPEARS DEFICIENCY)		E	COMPLETION
TAG						DATE	
F 0000							
Bldg. 00							
		-	F 00	000	The submission of this plan	of	
	TOF DEFICIENCIES OF CORRECTION  XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155822  PROVIDER OR SUPPLIER  CREEK HEALTH CAMPUS  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  This visit was for the Investigation of Nursing Home Complaints IN00447712 and IN00450767. This visit included the Investigation of Nursing Home and Residential Complaint IN00449818.  Nursing Home Complaint IN00447712 - Federal/State deficiencies related to the allegations are cited at F809.  Nursing Home and Residential Complaint IN00449818 - No deficiencies related to the allegations are cited.  Nursing Home Complaint IN00450767 - Federal/State deficiencies related to the allegations are cited at F809.  Survey date: January 21, 2025  Facility number: 013144  Provider number: 013144  Provider number: 201246060  Census Bed Type: SNF/NF: 33 SNF: 21 Residential: 33 Total: 87  Census Payor Type: Medicaid: 26				correction does not indicate	ndicate an	
	This visit included the Investigation of Nursing Home and Residential Complaint IN00449818.  Nursing Home Complaint IN00447712 -				admission by Cedar Creek Health		
	Home and Residen	e and Residential Complaint IN00449818.			Campus that the findings and		
					allegations contained herein		
	1	-		accurate, true represe			
				the quality of care provid			
				living environment provided			
					residents of Cedar Creek He		
					Campus. The facility recogn		
					its obligation to provide lega	-	
	allegations are cited	1.			medically necessary care ar		
	N THE	1 . A DMO0450767			services to its residents in a		
	1	-			economic and efficient man		
					The facility hereby maintains		
	allegations are cited	a at F809.			in substantial compliance wi		
	Survey detay Ianua	m; 21, 2025			requirements of participation skilled health care facilities.		
	Survey date. Januar	19 21, 2023			this end, the plan of correction		
	Facility number: 01	13144			shall serve as the credible	ווכ	
	<u> </u>				allegation of compliance with	n all	
					state and federal requirements		
	THIN Hamber. 2012				governing the management		
	Census Bed Type:				facility. It is thus submitted a		
					matter of statute only. The fa		
					respectfully requests from the	•	
					department a desk review for		
					substantial compliance.	•	
	Census Payor Type	::					
	Other: 11						
	Total: 54						
	1						

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

This deficiency reflects State Findings cited in

accordance with 410 IAC 16.2-3.1.

(X6) DATE

Shelly Dyek **Executive Director** 02/06/2025

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: L03F11 Facility ID: 013144 If continuation sheet

TITLE

PRINTED: 02/18/2025 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		(X3) DATE SURVEY COMPLETED				
155822				B. WING			01/21/2025		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD  18275 BURR STREET						
CEDAR CREEK HEALTH CAMPUS				LOWELL, IN 46356					
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE			ID	PROVIDER'S PLAN OF CORRECTION		(X5)		
PREFIX TAG	``	CY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE		
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION		TAG			DATE		
	Quality review com	pleted on 1/24/25.							
F 0809 SS=E Bldg. 00	483.60(f)(1)-(3) Frequency of Mea	ls/Snacks at Bedtime							
	interview, the facilit served with no more evening meal and be of 2 meals observed affect all 11 residen Room.  Finding includes:  During a tour of the a.m., the Director of indicated breakfast 9:00 a.m. and was obreakfast trays being Room at the time.  During an observation service on 1/21/25 at of Food Services (Aresident's rooms.  On 1/21/25 at 10:06 observed seated in teach served breakfast firmembers observed seated in teach served breakfast aff members observed indicated the resident the VIP Dining Room of the virial points of the virial point	Has. 60(f)(1)-(3)  Frequency of Meals/Snacks at Bedtime  Based on observation, record review, and interview, the facility failed to ensure meals were served with no more than 14 hours between an evening meal and breakfast the following day for 1 of 2 meals observed. This had the potential to affect all 11 residents that ate in the VIP Dining Room.  Finding includes:  During a tour of the kitchen on 1/21/25 at 8:21 a.m., the Director of Food Services (DFS) indicated breakfast was served from 7:00 a.m. to 9:00 a.m. and was open dining. There were breakfast trays being served to the Main Dining Room at the time.  During an observation of the breakfast meal service on 1/21/25 at 9:27 a.m., Assistant Director of Food Services (ADFS) delivered meal trays to resident's rooms.  On 1/21/25 at 10:06 a.m., 11 residents were observed seated in the VIP Dining Room and were each served breakfast meals. There were three staff members observed providing assistance to		809	1 All Residents in the VIP dining room have the ability to affected by the alleged allegat with no negative outcomes identified. 2 Residents in the VIP dinit room will be offered a nourishis snack at bedtime, and this will documented in the EMAR. All residents will be ready for mean per open dining hours. 3 All Staff will be educated offering HS snacks and mealtimes. DHS and /or design to enter orders for the VIP dinit room snacks. 4 DHS and/or designee to audit snack intake and breakfattimes 5x/week x 1 month, then week x4 months. All audits will be brought forward to QA for tren and reviewing for 6 months or 100% compliance is achieved	ng ing I be als on inee ing ast n kly uds until	02/04/2025		

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IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155822	A. BU	uilding <u>00</u>		(X3) DATE SURVEY COMPLETED 01/21/2025			
NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK HEALTH CAMPLIS			STREET ADDRESS, CITY, STATE, ZIP COD  18275 BURR STREET					
CEDAR CREEK HEALTH CAMPUS								
SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  DEGULATION OF LCG DEPOSITION OF THE PROPERTY OF T			PROVIDER'S PLAN OF CORRECTION			(X5)		
				CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION DATE		
			TAG			DATE		
During an interview DFS indicated the rathe VIP Dining Root breakfast was served usually up and read dietary staff did not room until the major required assistance seated so they could possible.  During an interview Dietary Aid 1 indic evening shift on 1/2 4:30 p.m. in the mark Room was served for depending on when call from the CNAs seated and ready to During an interview Director of Nursing the meal was served 6:30 a.m. in the more getting residents up A facility policy titt Service," indicated served from around Lunch is generally is generally served	s to be delivered.  y on 1/21/25 at 11:35 a.m., the esidents were brought down to om late and that was why d so late. The residents were y to eat by 9:00 a.m. The take the meals to the dining writy of the residents who in the VIP Dining Room were d keep the food as warm as  y on 1/21/25 at 1:12 p.m., and the had worked the 20/25. Dinner was served at in dining room. The VIP Dining rom 4:45 p.m. to 5:15 p.m., the kitchen staff received a indicating the residents were eat in the VIP Dining Room.  y on 1/21/25 at 12:58 p.m., the indicated she was unsure why d so late. When she left around rning, the CNAs were already and showered for the day.  led, "Guidelines for Meal" 4. Open Breakfast will be 7:00 a.m. to 10:00 a.m. daily. 5. served around noon. 6. Dinner around 5:00 p.m."							
3.1-21(c)								
	During an interview Director of Nursing the meal was served and ready to During an interview Director of Nursing the meal was served and interview Director of Nursing the meal was served and interview Director of Nursing the meal was served and interview Director of Nursing the meal was served and interview Director of Nursing the meal was served find in the CNAs seated and ready to During an interview Director of Nursing the meal was served find in the meal was served find and in the meal was served find and in the mongetting residents up a facility policy titl Service," indicated served from around Lunch is generally served find in the meal was served from around Lunch is generally served from around Lunch is generally served find in the meal was served from around Lunch is generally served from around Lunch is generally served find in the meal was served from around Lunch is generally served from around Lunch is generally served find in the meal was served from around Lunch is generally served from around Lunch is generally served find in the meal was served from around Lunch is generally served from around Lunch is generally served find in the meal was served from around Lunch is generally served from around find in the meal was served from around fi	ROVIDER OR SUPPLIER  CREEK HEALTH CAMPUS  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  breakfast meal trays to be delivered.  During an interview on 1/21/25 at 11:35 a.m., the DFS indicated the residents were brought down to the VIP Dining Room late and that was why breakfast was served so late. The residents were usually up and ready to eat by 9:00 a.m. The dietary staff did not take the meals to the dining room until the majority of the residents who required assistance in the VIP Dining Room were seated so they could keep the food as warm as possible.  During an interview on 1/21/25 at 1:12 p.m., Dietary Aid 1 indicated he had worked the evening shift on 1/20/25. Dinner was served at 4:30 p.m. in the main dining room. The VIP Dining Room was served from 4:45 p.m. to 5:15 p.m., depending on when the kitchen staff received a call from the CNAs indicating the residents were seated and ready to eat in the VIP Dining Room.  During an interview on 1/21/25 at 12:58 p.m., the Director of Nursing indicated she was unsure why the meal was served so late. When she left around 6:30 a.m. in the morning, the CNAs were already getting residents up and showered for the day.  A facility policy titled, "Guidelines for Meal Service," indicated " 4. Open Breakfast will be served from around 7:00 a.m. to 10:00 a.m. daily. 5. Lunch is generally served around noon. 6. Dinner is generally served around noon. 6. Dinner is generally served around noon. 6. Dinner is generally served around 5:00 p.m."	DENTIFICATION NUMBER 155822  ROVIDER OR SUPPLIER  CREEK HEALTH CAMPUS  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION breakfast meal trays to be delivered.  During an interview on 1/21/25 at 11:35 a.m., the DFS indicated the residents were brought down to the VIP Dining Room late and that was why breakfast was served so late. The residents were usually up and ready to eat by 9:00 a.m. The dietary staff did not take the meals to the dining room until the majority of the residents who required assistance in the VIP Dining Room were seated so they could keep the food as warm as possible.  During an interview on 1/21/25 at 1:12 p.m., Dietary Aid 1 indicated he had worked the evening shift on 1/20/25. Dinner was served at 4:30 p.m. in the main dining room. The VIP Dining Room was served from 4:45 p.m. to 5:15 p.m., depending on when the kitchen staff received a call from the CNAs indicating the residents were seated and ready to eat in the VIP Dining Room.  During an interview on 1/21/25 at 12:58 p.m., the Director of Nursing indicated she was unsure why the meal was served so late. When she left around 6:30 a.m. in the morning, the CNAs were already getting residents up and showered for the day.  A facility policy titled, "Guidelines for Meal Service," indicated " 4. Open Breakfast will be served from around 7:00 a.m. to 10:00 a.m. daily. 5. Lunch is generally served around noon. 6. Dinner is generally served around 5:00 p.m."  This citation related to Complaint IN00447712 and IN00450767.	ROVIDER OR SUPPLIER  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION  Dreakfast meal trays to be delivered.  During an interview on 1/21/25 at 11:35 a.m., the DFS indicated the residents were brought down to the VIP Dining Room late and that was why breakfast was served so late. The residents were usually up and ready to eat by 9:00 a.m. The dietary staff did not take the meals to the dining room until the majority of the residents who required assistance in the VIP Dining Room were seated so they could keep the food as warm as possible.  During an interview on 1/21/25 at 1:12 p.m., Dietary Aid 1 indicated he had worked the evening shift on 1/20/25. 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ROVIDER OR SUPPLIER  REEK HEALTH CAMPUS  SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR IX: DIPONO Breakfast meal trays to be delivered.  During an interview on 1/21/25 at 11:35 a.m., the DFS indicated the residents were brought down to the VIP Dining Room late and that was why breakfast was served so late. The residents were usually up and ready to cat by 9:00 a.m. The dietary staff did not take the meals to the dining room until the majority of the residents who required assistance in the VIP Dining Room were seated so they could keep the food as warm as possible.  During an interview on 1/21/25 at 1:12 p.m., Dietary Aid I indicated he had worked the evening shift on 1/20/25. Dinner was served at 4:30 p.m. in the main dining room. The VIP Dining Room was served from 4:45 p.m. to 5:15 p.m., depending on when the kitchen staff received a call from the CNAs indicating the residents were seated and ready to cat in the VIP Dining Room.  During an interview on 1/21/25 at 12:58 p.m., the Director of Nursing indicated she was unsure why the meal was served so late. When she left around 6:30 a.m. in the morning, the CNAs were already getting residents up and showered for the day.  A facility policy titled, "Guidelines for Meal Service," indicated " 4. Open Breakfast will be served from around 7:00 a.m. to 10:00 a.m. daily. 5. Lunch is generally served around 5:00 p.m."  This citation related to Complaint IN00447712 and IN00450767.	ROYJOER OR SUPPLIER  ROYJOER OR SUPPLIER  REEK HEALTH CAMPUS  SUMMARY STATEMENT OF DEFICIENCIE  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR ISC IDENTIFYING INFORMATION  breakfast meal trays to be delivered.  During an interview on 1/21/25 at 11:35 a.m., the DFS indicated the residents were brought down to the VIP Diming Room late and that was why breakfast was served so late. The residents who required assistance in the VIP Diming Room were seated so they could keep the food as warm as possible.  During an interview on 1/21/25 at 1:12 p.m., Dietary Aid 1 indicated he had worked the evening shift on 1/20/25. Dinner was served at 4-30 p.m. in the main dimig room. The VIP Diming Room was served from 4-45 p.m. to 5:15 p.m., depending on when the kitchen staff received a call from the CNAs indicating the residents were seated and ready to eat in the VIP Diming Room.  During an interview on 1/21/25 at 12:58 p.m., the Director of Nursing indicated she was unsure why the meal was served so late. When she left around 6:30 a.m. in the morning, the CNAs were already getting residents up and showered for the day.  A facility policy titled, "Guidelines for Meal Service," indicated " 4. Open Breakfast will be served from around 7:00 a.m. to 10:00 a.m. daily. 5. Lunch is generally served around noon. 6. Dinner is generally served around 5:00 p.m."  This citation related to Complaint IN00447712 and IN00450767.		

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: L03F11 Facility ID: 013144 If continuation sheet Page 3 of 4

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

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STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER	A. BUILDING <u>00</u>		COMPLETED		
155822			B. WI	B. WING			2025
NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP COD 18275 BURR STREET LOWELL, IN 46356				
1					, T		07.5)
(X4) ID PREFIX		STATEMENT OF DEFICIENCIE		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
R 0000	REGULATORT OR	LSC IDENTIFTING INFORMATION		IAU			DATE
110000							
Bldg. 00							
	This visit was for th	e Investigation of Nursing	R 0000		The submission of this plan of		
	Home and Resident	ial Complaint IN00449818.			correction does not indicate an		
	This visit included t	he Investigation of Nursing			admission by Cedar Creek He	alth	
	Home Complaints II	N00447712 and IN00450767.			Campus that the findings and		
	-				allegations contained herein a	re	
	Nursing Home and Residential Complaint				accurate, true representation of		
	IN00449818 - No deficiencies related to the				the quality of care provided, and		
	allegations are cited.				living environment provided to		
					residents of Cedar Creek Health		
	Nursing Home Complaint IN00447712 -			Campus. The facility recognizes			
	Federal/State deficiencies related to the			its obligation to provide legally and			
	allegations are cited at F809.				medically necessary care and		
					services to its residents in an		
	Nursing Home Complaint IN00450767 -				economic and efficient manne		
	Federal/State deficiencies related to the				The facility hereby maintains it		
	allegations are cited at F809.				in substantial compliance with		
					requirements of participation for		
	Survey date: January 21, 2025				skilled health care facilities. To		
	F 77, 1 012144				this end, the plan of correction	l	
	Facility number: 013144				shall serve as the credible	s II	
	Residential Census: 33				allegation of compliance with a		
					state and federal requirements		
	Cedar Creek Health	Campus was found to be in			governing the management of facility. It is thus submitted as		
		0 IAC 16.2-5 in regard to the			matter of statute only. The fac		
	-	rsing Home and Residential			respectfully requests from the	ty	
	Complaint IN00449	-		department a desk review for			
	20mpmm 11.00 119				substantial compliance.		
	Quality review completed on 1/24/25.				dagataritar compilarios.		
	,	•					

State Form Event ID: L03F11 Facility ID: 013144 If continuation sheet Page 4 of 4