

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

PRINTED: 02/18/2025  
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 01/21/2025	
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 Nursing Home Complaints IN00447712 and IN00450767. This visit included the Investigation of Nursing Home and Residential Complaint IN00449818.</p> <p>Nursing Home Complaint IN00447712 - Federal/State deficiencies related to the allegations are cited at F809.</p> <p>Nursing Home and Residential Complaint IN00449818 - No deficiencies related to the allegations are cited.</p> <p>Nursing Home Complaint IN00450767 - Federal/State deficiencies related to the allegations are cited at F809.</p> <p>Survey date: January 21, 2025</p> <p>Facility number: 013144 Provider number: 155822 AIM number: 201246060</p> <p>Census Bed Type: SNF/NF: 33 SNF: 21 Residential: 33 Total: 87</p> <p>Census Payor Type: Medicare: 17 Medicaid: 26 Other: 11 Total: 54</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</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>		

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

TITLE

(X6) DATE

Shelly Dyek

Executive Director

02/06/2025

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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F 0809 SS=E Bldg. 00	<p>Quality review completed on 1/24/25.</p> <p>483.60(f)(1)-(3) Frequency of Meals/Snacks at Bedtime</p> <p>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.</p> <p>Finding includes:</p> <p>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.</p> <p>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.</p> <p>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 residents.</p> <p>During an interview on 1/21/25 at 10:58 a.m., CNA 1 indicated the residents who required assistance in the VIP Dining Room were supposed to receive their breakfast meal trays around 8:30 a.m. to 9:00 a.m. The CNAs were unable to get all of the residents to the dining room, causing a delay for</p>			F 0809	<p>1 All Residents in the VIP dining room have the ability to be affected by the alleged allegation with no negative outcomes identified.</p> <p>2 Residents in the VIP dining room will be offered a nourishing snack at bedtime, and this will be documented in the EMAR. All residents will be ready for meals per open dining hours.</p> <p>3 All Staff will be educated on offering HS snacks and mealtimes. DHS and /or designee to enter orders for the VIP dining room snacks.</p> <p>4 DHS and/or designee to audit snack intake and breakfast times 5x/week x 1 month, then 3x/week x 1 month, then weekly x4 months. All audits will be brought forward to QA for trends and reviewing for 6 months or until 100% compliance is achieved.</p>		02/04/2025

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	<p>breakfast meal trays to be delivered.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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."</p> <p>This citation related to Complaint IN00447712 and IN00450767.</p> <p>3.1-21(c)</p>						

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