

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

PRINTED: 04/23/2025

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 03/26/2025	
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF MARION				STREET ADDRESS, CITY, STATE, ZIP COD 725 W 50TH ST MARION, IN 46953			
(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 IN00455241.</p> <p>Complaint IN00455241 - State deficiencies related to the allegations are cited at R0273.</p> <p>Survey date: March 26, 2025</p> <p>Facility number: 004028</p> <p>Residential Census: 21</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed March 31, 2025.</p>			R 0000	<p>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 of may be discussed in the response or Plan of Correction. In addition, preparation and submission of the 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.</p>		
R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and distribute foods under safe sanitary conditions regarding the removal of dented cans of food, the dating and labeling of opened foods, the cleaning and storing of food containers, and handwashing. This deficiency had the potential to impact 21 of 21 residents residing in the facility who received meals from the kitchen.</p> <p>Findings include:</p> <p>During a continuous kitchen observation</p>			R 0273	<p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>No residents were found to have been affected by the deficient practice.</p> <p>2 How the facility will identify other residents having the potential to be affected by</p>		04/10/2025

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

TITLE

(X6) DATE

Dorine Ward

Executive Director

04/09/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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 30 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>beginning on 3/26/25 at 10:00 a.m. and ending at 10:33 a.m., accompanied by the Maintenance Director who assisted with kitchen supervision, in the dry storage area, a bin sugar and a bin of flour lacked dates indicating when the sugar and flour were opened. An opened and folded over packet of gravy mix, an opened and folded over packet of Alfredo sauce mix, and an opened and folded over packet of instant mashed potatoes mix lacked open dates. A can of cream of celery soup, a can of cream of chicken soup, and a can of green olives were dented severely on the seal portions of the cans.</p> <p>The freezer contained an opened quart of fat-free sherbet with no open date.</p> <p>The refrigerator contained three packages of white cheese slices and one package of yellow cheese slices wrapped in plastic wrap with no dates or labeling. A gallon of ranch dressing, opened 1/23/25, had a line of white sticky residue surrounding the container where the lid screwed onto the container approximately the width of the pencil end eraser. A gallon of barbecue sauce, opened 12/20/25, had a line of brown sticky residue surrounding the container where the lid screwed onto the container with approximately the width of a pencil end eraser. Two lines of brown sticky residue extended halfway down the barbecue sauce container. A container of cocktail sauce had a line of red sticky residue surrounding the container where the lid screwed onto the container. The line of the red sticky residue was approximately the width of the diameter of a pea.</p> <p>At the same time as the observation, the Maintenance Director indicated the bins of flour and sugar had been cleaned not too long ago. He had asked the staff to label them. They had</p>				<p>the same deficient practice and what corrective action will be taken.</p> <p>All residents had the potential to be affected by this deficient practice. A written discipline as given to cook on 4/4/25, by ED. Executive Director (ED)/Dining Services Director (DSD)/designee will monitor kitchen daily to ensure cooks are maintaining proper practices and any violations will be addressed immediately.</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 recur:</p> <p>On 3/26/25 all dented cans were removed from the storeroom and GFS was notified to pick them up with next delivery.</p> <p>On 4/1/25 the Environmental Service Director (ESD) and a cook went through the dry storage room, refrigerator and freezers and DATED everything and removed anything that was outdated or opened.</p> <p>On 4/2/25 all staff were re-educated on proper handwashing procedures and skills check off completed.</p> <p>On 4/3/25 the truck was delivered; ALL products were dated as they were put away.</p> <p>On 4/9/25 Cooks were re-educated on proper dating</p>		

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	<p>forgotten to put dates on them. He indicated the dry mixes should have had open dates. The dented cans should not have been accepted upon delivery and should not be used. The sherbet and the cheese slices should have had open dates, and the sauces and dressing should have been cleaned off prior to being put back into the refrigerator.</p> <p>During a continuous kitchen observation, beginning on 3/26/25 at 11:56 a.m., Dietary Cook 2 carried dirty dishes to the dishwasher and placed them in a rack. He removed the clean dishes from the dishwashing machine and pushed the rack of dirty dishes into the dishwashing machine. He did not wash his hands prior to touching the clean dishes. He touched another set of dirty dishes then removed more clean dishes. He washed his hands in the 3-compartment sink, he turned off the water faucet with his bare hands, he grabbed the paper towel, and he dried his hands.</p> <p>During an interview, on 3/26/25 at 12:18 p.m., Dietary Cook 2 indicated he should have washed his hands prior to touching the clean dishes, that was why he used the 3-compartment sink to wash his hands. He should have turned off the water with a paper towel.</p> <p>During an interview, on 3/26/25 at 12:42 p.m., the Administrator indicated the staff should have washed their hands after they touched the dirty dishes and before they touched the clean dishes. The staff should have used a paper towel to turn off the water faucet when they washed their hands. She did not have a policy on the use of dented cans or the cleaning of food containers.</p> <p>An undated, current facility form, titled "DAY SHIFT BACK OF HOUSE CLEANING LIST,"</p>				<p>policy and food storage</p> <p>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:</p> <p>ED is responsible for sustained compliance. All management staff will make daily walkthroughs to ensure compliance in the kitchen until the new Dining Services Director (DSD) starts on 4/23/25. ED/DSD/designee will perform a kitchen quality assurance tool weekly times 4, bi-weekly times 4, then monthly.</p> <p>DON will perform random handwashing checks on cooks weekly times 4 weeks, then will be monitored monthly.</p> <p>DSD/designee will review daily tasks sheets of cooks to ensure they are in compliance, daily times 4 months or until IDT feels in compliance then 3 times weekly thereafter.</p> <p>5 By what date will the systemic changes be completed?</p> <p>April, 10, 2025</p>		

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	<p>provided by the Administrator on 3/26/25 at 12:42 p.m., indicated the staff should " ...MAKE SURE EVERYTHING HAS A DATE DOT LABEL AND IS FILLED OUT CORRECTLY"</p> <p>An undated, current facility form, titled "EVENING SHIFT BACK OF HOUSE CLEANING LIST," provided by the Administrator on 3/26/25 at 12:42 p.m., indicated the staff should " ...MAKE SURE EVERYTHING HAS A DATE DOT LABEL AND IS FILLED OUT CORRECTLY"</p> <p>This citation relates to Complaint IN00455241.</p>						