| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 004441 | A. BUILDING: _____ B. WING _____ | R-C 06/05/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CEDAR CREEK OF LOGANSPORT | 3901 HIGH STREET RD LOGANSPORT, IN 46947 |

| (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) COMPLETE DATE |
|---|---|---|---|---|
| {R 000} | INITIAL COMMENTS<br><br>This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00455363 completed on April 9, 2025. The visit was in conjunction with the Investigation of Complaint IN00458159.<br><br>Complaint IN00455363-Corrected.<br><br>Complaint IN00458159-State deficiencies related to the allegations are cited at R27.<br><br>Survey date: June 5, 2025<br><br>Facility number: 004441<br><br>Residential Census: 42<br><br>Cedar Creek of Logansport was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey and the Investigation of Complaint IN00455363.<br><br>Quality review was completed on June 12, 2025. | {R 000} | | |