

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

PRINTED: 12/31/2024  
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 11/22/2024	
NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK OF MUNCIE				STREET ADDRESS, CITY, STATE, ZIP COD 2410 E MCGALLIARD RD MUNCIE, IN 47303			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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 a State Residential Licensure Survey.</p> <p>Survey dates: 11/21/24 &amp; 11/22/24</p> <p>Facility number: 004428</p> <p>Residential Census: 46</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed November 27, 2024.</p>			R 0000			
R 0042  Bldg. 00	<p>410 IAC 16.2-5-1.2(p) Residents' Rights - Noncompliance</p> <p>Based on record review and interview, the facility failed to ensure current survey results were readily accessible to residents and resident representatives.</p> <p>Findings include:</p> <p>A review of the facility survey binder on 11/21/24 at 10:49 a.m., located at the reception desk, indicated the most recent survey included in the survey binder was dated 8/8/23. The additional surveys included in the survey binder were all dated prior to 8/8/23.</p> <p>During an interview, on 11/22/24 at 2:14 p.m., the Administrator indicated the survey dated 8/8/23 was not the most recent annual survey. The facility had a previous annual survey in February 2024. She was not aware of any additional missing surveys. She indicated residents and resident</p>			R 0042	<p><i>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 or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this 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.</i></p>		12/01/2024

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

TITLE

(X6) DATE

Dee Dee Wiley

Executive Director

12/12/2024

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 disclosable 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>representatives could gain access to the most recent survey results by asking for them if the binder was not up to date.</p> <p>Review of survey activities conducted by the Indiana Department of Health indicated a complaint survey was completed on 12/28/23. The previous annual survey was completed on 2/14/24.</p> <p>An undated, current facility policy, titled, "Resident Rights", provided by the Administrator on 11/22/24 at 3:56 p.m., indicated the following: "...(p) Residents have the rights to the examination of the results of the most recent annual survey of the facility conducted by the state surveyors, any plan of correction in effect with respect to the facility, and any subsequent surveys...."</p>				<p><b>R 042 410 IAC 16.2-5-1.2(p)</b> <b>Resident Rights-Non-Compliance</b></p> <p><b>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>An audit was completed on 11/22/24 of the facility survey binder. The survey dated 12/28/23 was added to the binder. The annual survey dated 2/14/24 was added to the binder. The most recent survey dated 11/22/24 has also been added to the binder.</p> <p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</b></p> <p>All residents had the potential to be affected by this deficient practice. ED will review the facility survey binder to ensure that it is updated to include the most recent annual survey, plan of correction and any subsequent surveys. The results of any surveys conducted will be placed in the binder when they are received.</p> <p><b>3. What measure will be put into place or what systemic changes the facility will make</b></p>		

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R 0151  Bldg. 00	410 IAC 16.2-5-1.5(h) Sanitation & Safety Standards -Noncompliance Based on interview and record review, the facility			R 0151	<p><b>to ensure that the deficient practice does not reoccur:</b></p> <p>The Executive Director (ED) was reeducated on this Indiana state rule on 11/22/24. Results of any future surveys will be placed in the facility survey binder when they are received by the facility.</p> <p><b>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:</b></p> <p>The Executive Director is responsible for sustained compliance. The ED/designee will complete audits by reviewing the facility survey binder weekly for 4 weeks, then monthly for 2 months to ensure all surveys are available for resident examination. The audit will be discussed monthly at morning stand up meetings. The leadership team will discuss if continued auditing is necessary based on 3 consecutive months of audits. Monitoring will be ongoing.</p> <p><b>5. By what date will the systemic changes be completed?</b> December 1, 2024</p> <p><i>Submission of this response and</i></p>		12/01/2024

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	<p>failed to ensure current pet vaccinations were maintained for 1 of 2 pet records reviewed for vaccinations. (Resident 27)</p> <p>Finding includes:</p> <p>Resident 27's clinical record was reviewed on 11/21/24 at 2:01 p.m. The resident admitted to the facility in 2022.</p> <p>Review of Resident 27's cat vaccine records indicated the cat last received a Feline Rabies one year vaccination on 3/4/22 and was due for the next Feline Rabies vaccination on 3/4/23.</p> <p>During an interview on 11/21/24 at 3:00 p.m., the resident indicated she had a cat that resided at the facility with her since she admitted to the facility. She was required to maintain current veterinarian records for her pet to keep it at the facility, but she was uncertain where to find her cat's records.</p> <p>During an interview on 11/22/24 at 12:27 p.m., the Administrator indicated she had contacted the resident's veterinary clinic where the resident took her cat and they were unable to provide a current rabies certification for the resident's cat. The facility had identified the resident's cat vaccinations were not current back in October, but it had not been corrected.</p> <p>A current facility policy, undated, titled "PET AGREEMENT ADDENDUM," provided by the DON on 11/21/24 at 10:30 a.m., indicated the following: "...This Pet Agreement Addendum is incorporated into and made a part of the Agreement as if fully set forth therein... The Resident desires to keep a pet in the Apartment and the Community consents on the following terms and conditions: ... 4. The Resident shall</p>				<p><i>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 or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this 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.</i></p> <p><b>R 151 410 IAC 16.2-5-1.5(h) Sanitation &amp; Safety- Non-Compliance</b></p> <p><b>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>An audit was completed on 11/22/24 of the immunizations of any pet housed in the facility. Resident 27's cat has received the required immunizations.</p> <p><b>2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be</b></p>		

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	<p>maintain, and provide evidence to the Community of, current and proper immunizations and licenses of the pet, in accordance with the laws...."</p> <p>A current document, titled "Pet Vaccination Laws," dated 2024 and retrieved on 11/25/24 from the State of Indiana website: <a href="https://www.in.gov/rabies/pet-vaccination-laws">in.gov/rabies/pet-vaccination-laws</a>, included the following: "... In Indiana, rabies vaccination exemptions are NOT allowed. The rabies titer can not be used in lieu of rabies vaccination for any dog, cat, or ferret. Required Rabies Vaccination of Dogs, Cats, and Ferrets... All dogs, cats, and ferrets 3 months of age and older must be vaccinated against rabies. The rabies vaccination of a dog, cat, and ferret shall be maintained by ongoing revaccination of the animal as follows: ...2. Dogs and cats that are vaccinated with a rabies vaccine whose label recommends annual boosters shall be revaccinated within 12 months of the prior vaccination...."</p>				<p><b>taken:</b></p> <p>All residents had the potential to be affected by this deficient practice. A review of the immunization records of all pets housed in the facility will be conducted. Any resident identified as having a pet with an out-of-date record will be notified of the need to provide the facility with the current record immediately if they wish for the pet to continue being housed in the facility.</p> <p><b>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:</b></p> <p>The Executive Director (ED) and Life Enrichment Director (LED) have been reeducated on this Indiana state rule. A binder has been created containing all pet immunization records including when their next immunizations will be due.</p> <p><b>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:</b></p> <p>The Executive Director is responsible for sustained compliance. The ED/LED/designee will complete</p>		

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					<p>audits by reviewing the binder weekly for 4 weeks, then monthly for 2 months to ensure all pet immunizations are up to date.</p> <p>The audit willbe discussed monthly at morning stand up meetings. The leadership team will discuss if continued auditing is necessary based on 3 consecutive months of audits. Monitoring will be ongoing.</p> <p><b>5. By what date will the systemic changes be completed?</b></p> <p>December 1, 2024</p>		