

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

PRINTED: 05/13/2025

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 -- B. WING		X3) DATE SURVEY COMPLETED 04/28/2025	
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 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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/28/25</p> <p>Facility Number: 013144 Provider Number: 155822 AIM Number: 201246060</p> <p>At this Emergency Preparedness survey, Cedar Creek Health Campus was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 58 certified beds. At the time of the survey, the census was 55.</p> <p>Quality Review completed on 05/02/25</p>			E 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>		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p>			K 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</p>		

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

TITLE

(X6) DATE

Shelly Dyrek

Executive Director

05/12/2025

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 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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K 0353 SS=F Bldg. 01	<p>Survey Date: 04/28/25</p> <p>Facility Number: 013144 Provider Number: 155822 AIM Number: 201246060</p> <p>At this Life Safety Code survey, Cedar Creek Health Campus was not found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies. and 410 IAC 16.2.</p> <p>The one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in corridors, in spaces open to the corridor and in resident rooms. The facility has the capacity for 58 and a census of 55.</p> <p>All areas with customary resident access and providing facility services were sprinklered.</p> <p>Quality Review completed on 05/02/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 private fire hydrant was continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 2011 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, Table 7.1.1.2 requires wet and dry barrel hydrants to be inspected annually and after each operation. This deficient practice affects all residents in the</p>			K 0353	<p>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>		05/12/2025
	<p>1. No ill effects from Private Fire Hydrant annual inspection being missed. All residents and staff had the potential to be affected.</p> <p>2. Private Fire Hydrant was inspected on 4/29/25 and is now in compliance.</p> <p>3. Plant Ops educated Safe Care to notify him if they are unable to test on the date they set annually</p>						

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	<p>facility.</p> <p>Findings include:</p> <p>Based on record review on 04/28/25 at 12:10 p.m. with the Director of Plant Operations (DPO), the most recent annual inspection of the fire hydrant located north of the property was conducted 08/22/23. Based on interview with the DPO at 12:15 p.m., he contacted the company who inspects the fire hydrant for additional documentation. The DPO produced a letter dated 04/28/25 that states in part "Company is scheduled for April 29, 2025 to complete the fire hydrant inspection of the above facility. On our original trip out to inspect them, the water was shut off, therefore we were unable to complete the inspection." The DPO confirmed that the most recent annual inspection for the fire hydrant was greater than one year.</p> <p>This finding was reviewed with the Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p>				<p>and DPO started an Audit to be completed monthly.</p> <p>4. Plant Ops or designee will audit Private Fire Hydrants for annual inspection 1 x amonth for 12 months or until compliance of 100% is reached . Plant Ops will bring audit sheets to monthly QAPI.</p>		