

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

PRINTED: 06/30/2025

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 06/05/2025	
NAME OF PROVIDER OR SUPPLIER  CEDAR CREEK OF LOGANSPOUT				STREET ADDRESS, CITY, STATE, ZIP COD 3901 HIGH STREET RD LOGANSPOUT, IN 46947			
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R 0000  Bldg. 00	<p>This visit was for the Investigation of Complaint IN00458159. This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey and the Investigation of Complaint IN00455363 completed on April 9, 2025.</p> <p>Complaint IN00458159-State deficiencies related to the allegations are cited at R0027.</p> <p>Complaint IN00455363-Corrected.</p> <p>Survey date: June 5, 2025</p> <p>Facility number: 004441</p> <p>Residential Census: 42</p> <p>These State Residential Findings are cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review was completed on June 12, 2025.</p>			R 0000			
R 0027  Bldg. 00	<p>410 IAC 16.2-5-1.2(b) Residents' Rights - Deficiency</p> <p>Based on interview and record review, the facility failed to ensure residents were allowed to have visitors of their choice for 3 of 3 residents reviewed for resident rights. (Resident 8, 2 and 38)</p> <p>Findings include:</p> <p>1. During an interview, on 6/5/25 at 11:49 a.m., Resident 8 indicated she was very upset and knew her rights. The previous Director of Nursing was a very dear friend, and she had known him for three years. She had asked the previous Director of</p>			R 0027	<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 or may be discussed in the response or Plan of Correction. In addition,</p>		06/20/2025

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

TITLE

(X6) DATE

Jason Wafford

Administrator

06/27/2025

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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	<p>Nursing to visit, and she was very excited when he did. They visited each other in her apartment. She was very sad when he left. She was informed he was no longer allowed in the facility. Resident 8 indicated she was very upset, wanted him to visit again. Her apartment was her home, and she could invite friends to visit. She knew her rights and this went against her resident rights.</p> <p>2. During an interview, on 6/5/25 at 1:01 p.m., Resident 2 indicated he had known the previous Director of Nursing for years. He had been a special part of his and his wife's life for many years.</p> <p>3. During an interview, on 6/5/25 at 1:03 p.m., Resident 38 indicated she had known the previous Director of Nursing since her aunt was at another Assisted Living. Her and her husband came here a year ago because they knew the previous Director of Nursing. She told him to come visit and to bring his wife. They had their visit in her apartment, did not do anything wrong, and she did not understand why he could not visit her in her own apartment.</p> <p>A facility document, titled "Senior Living Resident Establishment Contract Assisted Living," indicated the residents had the right to choose with whom they associate. The facility should provide reasonable visiting hours, which should include at least twelve (12) hours a day, and the hours should be made available to each resident.</p> <p>The previous Director of Nursing's employee file was reviewed along with all the documentation the facility provided and there was no documentation a restraining order, or a police report filed against the previous Director of Nursing which would restrict him from entering</p>				<p>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. R 027 410IAC 16.2-5-1.2 (b) Resident Rights Deficiency (b) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Residents found to have been affected by the deficient practice will be notified that they are permitted to have visitors of their choice as long as those visitors comply with standard expectations of behavior and decorum.</p> <p>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: All residents had the potential to be affected by this deficient practice. The Executive Director or</p>		

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	<p>the facility to visit residents.</p> <p>During an interview, on 6/5/25 at 12:23 p.m., the Regional Director indicated when an employee was terminated, it was up to the facility to determine if they could visit the community residents. The facility decided that under the circumstances involved with the previous Director of Nursing, it would be in the best interest of the facility and the residents to not allow him back into the facility.</p> <p>During an interview, on 6/5/25 at 12:52 p.m., the facility's previous Director of Nursing indicated he did not end his employment on bad terms. A few residents invited him to visit them on Easter Sunday. After his visit, he received an email from the corporation which indicated he was no longer allowed to come into the facility. The residents wanted him to visit, and he was no longer allowed to visit them in their own home.</p> <p>During an interview, on 6/5/25 at 1:25 p.m., the Interim Director of Nursing indicated she was told the previous Director of Nursing could not visit. The facility had not involved the police and had not filed any type of restraining order to keep the previous Director of Nursing from legally coming into the facility.</p> <p>During the exit conference, the Interim Director of Nursing indicated the facility did not have a resident rights policy and they followed the state rules and regulations.</p>				<p>designee will review resident rights with all current residents and with new residents upon admission.</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 reoccur: The Executive Director or designee will review resident rights with all current residents and with new residents upon admission. Education regarding resident rights is completed for staff as a part of their orientation. The Executive Director or designee will in-service all staff on resident rights monthly.</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: The Executive Director is responsible for sustained compliance. The Executive Director will follow up with residents monthly to ensure that they feel their rights are being met. This monthly check-in will occur at the resident's monthly meeting. The grievance policy for the community is posted in a common area along with a suggestion box which can be used to alert the Executive Director to grievances/concerns regarding resident's rights. This follow-up will be ongoing with</p>		

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				a goal of meeting all residents' rights 100% of the time. Monitoring of in-service documentation will take place monthly for the next 3 months. The Executive Director or designee will interview 4 staff members at random for the next 3 months. 5. By what date will the systemic changes be completed? June 20, 2025 · Please note that the employee residents were requesting to visit with, former DON, Eric Brown is currently under investigation with the Attorney General's Office			