

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155796	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER Cedars The		STREET ADDRESS, CITY, STATE, ZIP CODE 14409 Sunrise CT Leo, IN 46765	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>44036</p> <p>Based on interview and record review the facility failed to ensure fall interventions were followed for 1 of 3 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>A facility reported incident, dated 2/15/25, was provided by the Administrator on 2/17/25 at 10:58 AM. The report indicated Resident B had a fall with resultant fracture involving the distal fibula with no displacement.</p> <p>Resident B's record was reviewed on 2/17/25 at 11:25 AM, diagnosis included: hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side and dementia.</p> <p>A nursing note, dated 2/15/25, indicated Resident B was found in the bathroom at 9:40 AM alone on the floor due to a self transfer. The note indicated Qualified Medication Aide (QMA) 3 assisted Resident B onto the toilet, exited the room, then found Resident B on the bathroom floor around 10 AM.</p> <p>A nursing note, dated 2/15/25, timed 3:11 PM, indicated Certified Nurse Aide (CNA) 4 noticed swelling and bruising at Resident B's ankle. An X-ray was ordered and indicated a fracture involved the distal fibula with no displacement.</p> <p>A care plan note, dated 2/12/25, indicated a new fall intervention was added to the CNA sheet to not leave Resident B in the bathroom alone/unattended.</p> <p>Resident B's current care plan indicated she was at risk for falls related to confusion, gait/balance problems, incontinence and was unaware of safety needs.</p> <p>During an interview, on 2/17/25 at 11:28 AM, the Administrator indicated on 2/15/25 Resident B was found on the bathroom floor around 9:40 AM due to attempt to self transfer onto the toilet. The Administrator indicated Resident B was assessed and then assisted onto the toilet by QMA 3. The Administrator indicated QMA 3 left Resident B on the toilet alone, exited the room and returned to find Resident B on the floor around 10 AM. The Administrator indicated staff should not have left Resident B on the toilet alone.</p> <p>(continued on next page)</p>

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 90 days 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 14 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview, on 2/17/25 at 12:01 PM, CNA 2 indicated fall interventions for resident's at risk for falls are posted in the resident room and/or on the certified nurse aide sheet. CNA 2 indicated a CNA sheet was obtained at the beginning of each shift and as needed. CNA 2 indicated the sheet included resident information regarding assistance needed and special notes, including fall risk/interventions in place for the resident.</p> <p>A current CNA sheet was provided by the Administrator on 2/17/25 at 12:37 PM, the CNA sheet indicated Resident B was a high fall risk and was not to be left in the bathroom unattended/alone.</p> <p>A policy, dated 2024, titled Fall Prevention Program, was provided by the Administrator on 2/17/25 at 12:37 PM. The policy indicated the nurse will indicate on the CNA sheet the resident's fall risk and interventions.</p> <p>3.1-45(a)</p>		