

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 09/04/2024
NAME OF PROVIDER OR SUPPLIER Cedar Creek Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 18275 Burr Street Lowell, IN 46356	

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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>20580</p> <p>Based on record review and interview, the facility failed to ensure a resident with a diagnosis of dementia and refusals to be bathed, received bathing at least twice a week and failed to ensure the resident's plan of care and interventions reflected the behavior of bathing refusals, for 1 of 3 residents with cognitive impairment reviewed for activities of daily living (ADL) status and behaviors. (Resident E)</p> <p>Finding includes:</p> <p>During an interview on 9/3/24 at 4:35 p.m., Resident E indicated she had not had a shower/bath since admission into the facility and was unable to remember if bathing had been offered to her.</p> <p>Resident E's record was reviewed on 9/4/24 at 10:54 a.m. The diagnoses included, but were not limited to, dementia.</p> <p>A Life Enrichment Assessment, dated 7/29/24 at 11:31 a.m., indicated it was very important for her to choose the type of bathing received and showers were preferred.</p> <p>A Care Plan, dated 7/29/24, indicated assistance was required for ADL's. The interventions were all dated 7/29/24 and indicated the resident was not to be rushed, encouragement was to be given to do as much as possible for herself, facial shaving was to be offered on shower days and the nurse was to be notified if refused, rest periods would be provided, nail care was to be provided on shower days, and therapy would evaluate and treat as needed.</p> <p>A Social Service Comprehensive Note, dated 7/31/24 at 12:00 p.m., indicated there were no behaviors, no care rejection behaviors, and no mood concerns.</p> <p>An Admission Minimum Data Set assessment, dated 7/31/24, indicated a moderately impaired cognitive status, no behaviors, and required moderate assistance with showers/bathing.</p> <p>The computer point of care (POC) documentation, indicated a shower was received on 8/13/24, 8/16/24, and 9/3/24. The shower/bathing was refused on 7/30/24, 8/2/24, 8/6/24, 8/9/24, 8/20/24, 8/23/24, 8/27/24, and 8/30/24.</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
-----------------------------------------------------------------------	-------	-----------

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 09/04/2024
NAME OF PROVIDER OR SUPPLIER Cedar Creek Health Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 18275 Burr Street Lowell, IN 46356	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>There was no documentation in the Progress Notes, dated 7/27/24 through 9/4/24, that indicated the shower/bathing was refused.</p> <p>The behavior POC, dated 7/27/24 through 9/4/24, indicated there were no behaviors, including refusal of care.</p> <p>A Care Plan, dated 9/4/24, indicated the resident was non-compliant with physician's orders and the plan of care related to shower refusals and refusals of hands on care. The interventions, all dated 9/4/24, indicated the physician's orders with risks and benefits of compliance would be discussed with the resident and encouraged to participate in care plan and decision making. The resident would be encouraged to participate in decision making by offering choices and discussion of advance directives. She would be monitored for the ability to give informed consent and assessed for the need for a guardian or other legal oversight as needed.</p> <p>During an interview on 9/4/24 at 11:20 a.m., the Director of Nursing (DON) indicated the resident refused the showers due to weakness. The refusals were a behavior associated with the dementia. There was no documentation the Social Service Director was notified of the behaviors. The refusals of showers had not been found when audited.</p> <p>During an interview on 9/4/24 at 11:29 a.m., the Social Service Director indicated she had not been contacted about the refusals. Behaviors were usually documented in the record and then a care plan would be initiated with interventions. She was unaware the showers were refused.</p> <p>During an interview on 9/4/24 at 12:05 p.m., the DON indicated she picked five residents at random each week for bathing audits. When she looked at the resident's bathing, a shower had been given on 8/13/24 and continued monitoring was not triggered. The showers were scheduled on Tuesdays and Fridays on the day shift. The DON provided documentation from the audit sheets that indicated on 7/30/24, the resident refused the shower three times, on 8/2/24 and 8/27/24 the shower was refused due to weakness, 8/20/24 the shower was refused due to awakened too early, and 8/30/24 the shower was refused with no reason documented. The DON indicated there were no behaviors documented on the POC documentation or the Progress Notes in the record.</p> <p>A facility policy, titled, Guideline for Mental Health Wellness Program, dated 12/31/23 and received as current from the DON, indicated behaviors were to be assessed and evaluated as part of the admission process. An attempt to determine the root cause would be assessed. Behavior interventions would be communicated to the interdisciplinary team for implementation. New behaviors were to be brought to the daily stand up meeting. The Social Service Director would review the documentation to determine if the behavior was isolated and causative factors. The Mental Health Wellness/Behavior Management Program would consist of a care plan with realistic and effective interventions.</p> <p>This citation relates to Complaints IN00438053 and IN00441626.</p> <p>3.1-37</p>		