

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 06/12/2025
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure residents were served a therapeutic diet as ordered the physician for 2 of 3 residents reviewed for therapeutic diets. (Residents D and E)</p> <p>Findings include:</p> <p>1. During an observation on 6/11/25 at 9:12 a.m., Resident D's breakfast meal consisted of two fried eggs, bacon, apple juice, [NAME] toast and fruit. The meal card indicated a regular diet with fortified foods was to be served.</p> <p>During an observation on 6/11/25 at 11:49 a.m., Resident D's lunch meal consisted of a slice of cheese pizza and a drink. At 12:17 p.m., she received a desert of cherry crisp.</p> <p>Resident D's record was reviewed on 6/11/25 at 4:29 p.m. The diagnoses included, but were not limited to, vascular dementia.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 3/20/25, indicated a severely impaired cognitive status, required supervision while eating, and received a therapeutic diet.</p> <p>A Care Plan, revised on 6/3/25, indicated the resident was at risk for malnutrition. The interventions included, the diet would be served as ordered by the physician.</p> <p>A Physician's Order, dated 6/9/25, indicated a diet order of a regular diet with fortified foods.</p> <p>2. During an observation on 6/11/25 at 9:15 a.m., Resident E received a breakfast meal that consisted of two fried eggs, bacon, toast, water, coffee, and tangerines. The dietary card indicated a mechanical soft diet with fortified food was to be served.</p> <p>During an observation on 6/11/25 at 11:55 a.m., the resident received his lunch meal in his room. The lunch meal consisted of ground smoked sausage and mashed potatoes. The dietary card indicated he should have also received peas with onions, and fortified food.</p> <p>Resident E's record was reviewed on 6/12/25 at 9:13 a.m. The diagnoses included, but were not limited to, dementia and stroke.</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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Care Plan, revised on 4/14/25, indicated a risk for malnutrition. The interventions included, the diet would be served as ordered by the physician.</p> <p>A Significant Change MDS assessment, dated 4/21/25, indicated an intact cognitive status, required supervision with meals, and received a mechanically altered and therapeutic diet.</p> <p>A Physician's Order, dated 6/9/25, indicated a no added salt, mechanical soft with fortified foods diet was to be served.</p> <p>During an interview on 6/12/25 at 9:18 a.m., the Dietary Manager indicated at breakfast, the residents who were on a fortified foods diet were to receive either yogurt or oatmeal. On 6/11/25 at the lunch meal, the fortified food was either yogurt or the yogurt parfait.</p> <p>This citation relates to Complaint IN00459044.</p> <p>3.1-21(b)</p>