

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 07/02/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1435 CHRISTIAN BLVD FRANKLIN, IN 46131
---	--

(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
R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: July 1 and 2, 2025</p> <p>Facility number: 004017</p> <p>Residential Census: 26</p> <p>This State Residential Finding is cited in accordance with 410 IAC 16.2-5.</p> <p>Quality review completed July 7, 2025.</p>	R 0000		
R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency</p> <p>Based on observation, interview, and record review, the facility failed to ensure foods were maintained and served in a sanitary and safe manner for 3 of 3 observations. Staff hair was not covered while in the kitchen food preparation area and refrigerated foods were not covered, labeled, or dated. (Dietary Manager, Corporate Dietary Manager, CNA 3, and CNA 4)</p> <p>Findings include:</p> <p>1. During the initial kitchen tour with the Dietary Manager (DM) on 7/1/25 from 8:50 a.m. to 9:00 a.m., the following was observed:</p> <p>- The reach in refrigerator unit was observed to have multiple small cups that contained salad dressings and multiple small dessert cups that contained a yellow colored substance topped with a white cream substance. The food items were</p>	R 0273	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, 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.	07/17/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jessica Lewis	Executive Director	07/16/2025

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.

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 07/02/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP COD 1435 CHRISTIAN BLVD FRANKLIN, IN 46131
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>uncovered and lacked a date for when the items were placed into the refrigerator unit. During an interview at that time, the DM indicated the foods should have been covered and dated.</p> <p>- The DM was observed walking through out the kitchen area where the breakfast meal had been prepared and was observed to have multiple loose hairs, approximately three inches in length, in front of and above the ears and above the neckline area. The loose hairs were observed to not be covered.</p> <p>2. During a follow-up kitchen tour with DM on 7/1/25 from 11:40 a.m. to 11:55 a.m., the following was observed:</p> <p>- The DM was observed walking through out the kitchen area where the noon meal was being prepared, working at the steam table that held the noon meal foods, taking the starting food temperatures, and plating the noon meal. The DM was observed to have multiple loose hairs, approximately three inches in length, in front of and above the ears and above the neckline area. The loose hairs were observed to not be covered.</p> <p>- The Corporate Dietary Manager was observed walking through out the kitchen area where the noon meal was being prepared and plated. The Corporate Dietary Manager was observed to have multiple loose hairs, approximately one half inch in length, located at the chin area. The loose hairs were observed to not be covered.</p> <p>- Certified Nurse Aide 3 (CNA) was observed working at the steam table where the noon meal was being held and plated. CNA 3 was observed to have facial hair, approximately one half inch in length, that covered his face from the cheek bone</p>		<p>R -0273 Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: All undated food was thrown away on 7/2/2025. Hair net placement was corrected on 7/7/25.</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 has in-serviced all staff on proper hairnet usage when serving and/or in the kitchen. The Executive Director has in-serviced kitchen staff on proper labeling, dating, and storage of items in the refrigerator.</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 Dietary Manager was re-educated on 07/03/2025 on the Policy and Procedure of hair net usage and label, dating, and storage of items in the refrigerator. Current staff were in-serviced on 7/7/25 on policy and procedures. New staff will be trained in the proper usage of hairnets and labeling, dating, and storage</p>	

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 07/02/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP COD 1435 CHRISTIAN BLVD FRANKLIN, IN 46131
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>area to below the jaw line. The loose hairs were observed to not be covered.</p> <p>- CNA 4 was observed working at the steam table where the noon meal was being held and plated. CNA 4 was observed to have multiple loose hairs, approximately six inches in length, located in front of and behind both ears. The loose hairs were observed to not be covered.</p> <p>3. During a follow-up kitchen tour with DM on 7/1/25 from 12:20 p.m. to 12:30 p.m., the following was observed:</p> <p>- The DM was observed walking through out the kitchen area and was working at the steam table that held the noon meal foods, plating the noon meal and taking the ending food temperatures. The DM was observed to have multiple loose hairs, approximately three inches in length, in front of and above the ears and above the neckline area. The loose hairs were observed to not be covered.</p> <p>- The Corporate Dietary Manager was observed walking through out the kitchen area where the noon meal was being prepared and plated. The Corporate Dietary Manager was observed to have multiple loose hairs, approximately one half inch in length, located at the chin area. The loose hairs were observed to not be covered.</p> <p>- CNA 3 was observed working at the steam table where the noon meal was being held and plated. CNA 3 was observed to have facial hair, approximately one half inch in length, that covered his face from the cheek bone area to below the jaw line. The loose hairs were observed to not be covered.</p>		<p>policy and procedures.</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 ED/designee will complete audits by checking the refrigerator 3-5 times a week, for 4 weeks, then monthly for 1 month to ensure there is no outdated food in the refrigerator. The audit will be discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going. The Executive Director is responsible for sustained compliance. The ED/designee will complete audits by checking the placement of hairnets and compliance in wearing them daily during 2 of 3 meals, for 4 weeks, then 3-5 times weekly for 1 month to ensure there is no one that is not wearing a hairnet/ beard net or that doesn't have a hair net/ beard net placed correctly. The audit will be discussed at monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on 3 consecutive months of compliance. Monitoring will be on going.</p> <p>5. By what date will the systemic changes be completed?</p>	

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 07/02/2025
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF FRANKLIN	STREET ADDRESS, CITY, STATE, ZIP COD 1435 CHRISTIAN BLVD FRANKLIN, IN 46131
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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
	<p>- CNA 4 was observed working at the steam table where the noon meal was being held and plated. CNA 4 was observed to have multiple loose hairs, approximately six inches in length, located in front of and behind both ears. The loose hairs were observed to not be covered.</p> <p>During an interview on 7/1/25 at 12:35 p.m., the DM and Corporate Dietary Manager indicated staff hair was to be covered while in the kitchen.</p> <p>On 7/1/25 at 1:47 p.m., the Regional Director of Operations provided an undated copy of the Food Storage Policy & Procedures and indicated it was the current policy in use by the facility. A review of the policy indicated, "...Food Service Director will lead training for all kitchen employees on the proper storage and labeling of foods, opened and unopened...foods are properly dated and stored..."</p> <p>On 7/1/25 at 1:47 p.m., the Regional Director of Operations provided an undated copy of the Hair Restraints Policy and Procedures and indicated it was the current policy in use by the facility. A review of the policy indicated, "...staff shall wear hair restraints in all food preparation area and serving areas...hair restraints, hats, and/or beard guards shall be used to prevent hair from contacting exposed foods..."</p> <p>On 7/1/25 at 2:00 p.m., a review of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24, effective November 13, 2004, indicated "...shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises...discarded...food shall be protected from contamination by storing the food...covered containers, or wrappings...wrap food tightly to prevent cross contamination...food employees</p>		July 17th, 2025	

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

PRINTED: 07/21/2025
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 07/02/2025	
NAME OF PROVIDER OR SUPPLIER CEDAR CREEK OF FRANKLIN				STREET ADDRESS, CITY, STATE, ZIP COD 1435 CHRISTIAN BLVD FRANKLIN, IN 46131			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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
	shall wear hair restraints, such as hats, hair coverings or nets...that are designed and worn to effectively keep their hair from contacting...exposed food..."						