STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155796	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedars The	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)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents were treated with dignity and respect for 1 of 4 residents reviewed (Resident B). Findings include: Resident B's record was reviewed on 6/30/25 at 11:30 AM. Diagnosis included major depressive disorder, anxiety disorder and nontraumatic intracerebral hemorrhage. A report, dated 6/18/25, was provided by the Administrator on 6/30/25 at 12:33 PM. The report indicated on 6/19/25, Resident B's family reported they had observed staff talking about Resident B on their camera while care was provided to Resident B on 6/18/25. The family reported staff had indicated Resident B did not like them. An investigation timeline, dated 6/18/25 - 6/19/25, was provided by the Director of Nursing (DON) on 6/30/25 at 11:30 AM. The timeline indicated the following: On 6/18/25, the DON and Administrator met with Certified Nurse Aide (CNA) 2 for discussion of Resident B's care concerns per the family observation on Resident B's room camera. CNA 2 indicated he and CNA 3 had a discussion during Resident B's care regarding Resident B not liking CNA 2. CNA 2 indicated he was not mad or angry but was stating the facts during the conversation in front of Resident B with CNA 3. On 6/19/25, the DON and Administrator spoke with Resident B's family. Resident B's family indicated they had overheard via Resident B's room camera of CNA 2's discussion with CNA 3. The discussion was in regards to Resident B not liking CNA 2. CNA 2 indicated he didn't understand why as Resident B used to be a monk. CNA 2 indicated he thought [NAME] were supposed to show peace and love. CNA 2 nor CNA 3 acknowledged the resident nor attempted to end the conversation. CNA 2's statement, dated 6/19/25, indicated he had asked CNA 3 to help with Resident B's care. During care CNA 2 indicated he confirmed Resident B did not like CNA 2 as he was resistant to care earlier in the day for CNA 2 but not CNA 4 who were in the room together at the time. CNA 2 indicated he was not upset or frustrated with Resident B not liking him. CNA 2 indicated he did acknowledge the camera in Resident B's room to show he was aware of the camera. CNA 2 discussed Resident B with CNA 3 in front of Resident B without acknowledging Resident B. CNA 3's statement, dated 6/19/25, indicated CNA 3 had assisted CNA 2 with Resident B's care per (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155796	A. Building B. Wing	06/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedars The	14409 Sunrise CT Leo, IN 46765

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	request. CNA 3 indicated when CNA 2 and CNA 3 entered the room, CNA 2 acknowledged the camera with Hi Camera. CNA 3 indicated CNA 2 proceeded to explain Resident B did not like him. CNA 3 indicated she had told CNA 2 she had also had moments where she felt Resident B did not like her but it could be due to cognition and those feelings could be inaccurate. CNA 3 indicated CNA 2 had commented on Resident B's history of being a monk and thought [NAME] were peace and loving. CNA 3 indicated she was trying to help CNA 2 understand feelings may not be intentional and related to CNA 2. CNA 3 did not try to stop the conversation in front of Resident B. During an interview, on 6/30/25 at 10:26 AM, the DON indicated Resident B's family reported concerns regarding care provided by CNA 2 and CNA 3 based on their observations via a camera in Resident B's room. The DON indicated the camera observed CNA 2 discussing with CNA 3 about how Resident B did not like CNA 2 in front of Resident B. Resident B was not acknowledged during the conversation. The DON indicated CNA 3 did not attempt to stop the conversation. During an interview, on 6/30/25 at 12 PM, the Administrator indicated Resident B's family reported concerns regarding CNA 2 and CNA 3 with Resident B's care. The Administrator indicated the family reported concerns via observation on a camera in Resident B's room. The Administrator indicated she reviewed the camera and observed CNA 2 acknowledged the camera and indicated Resident B does not like him upon entering Resident B's room. CNA 2 then had a conversation with CNA 3 in front of Resident B and the camera about how Resident B did not like CNA 2. The Administrator indicated CNA 2 was unprofessional to discuss feelings about Resident B to another staff in front of the resident. The Administrator indicated Resident B was not acknowledged and CNA 3 did not attempt to stop the conversation. During an interview, on 6/30/25 at 12:41 PM, CNA 5 indicated staff should not discuss feelings or resident information in front of residents. CNA 5 indicated conversations in front of residents outside of care are disrespectful to the resident. CNA 5 indicated when she worked with other staff who discussed residents inappropriately in front of resident are told to discuss elsewhere During an interview, on 6/30/25 at 12:30 PM, CNA 6 indicated residents are treated with respect, kindness, spoken to with visible face and privacy is provided. CNA 6 indicated staff should not discuss residents in front of residents. CNA 6 indicated when staff were observed discussing residents in front of residents staff are told to stop the conversation and respect the resident. A policy, dated 2025, titled Resident Rights, was provided by Administrator on 6/30/25 at 12:33 PM. The policy indicated the resident had the right to be treated with dignity and respect. This finding relates to Complaint IN00461891. 3.1-9(a)