

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155793	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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NAME OF PROVIDER OR SUPPLIER HAMILTON TRACE OF FISHERS	STREET ADDRESS, CITY, STATE, ZIP CODE 11851 CUMBERLAND RD FISHERS, IN 46037
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F 0000 Bldg. 00	<p>This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey and the PSR to the State Residential Licensure Survey completed on 3/10/16.</p> <p>This visit was in conjunction with the Investigation of Complaints IN00198389, IN00198335, IN00197730.</p> <p>Survey dates: April 18 & 19, 2016.</p> <p>Facility number: 012644 Provider number: 155793 AIM number: 201046710</p> <p>Census bed type: SNF: 44 SNF/NF: 52 Residential: 28 Total: 124</p> <p>Census payor type: Medicare: 22 Medicaid: 33 Other: 41 Total: 96</p> <p>This deficiency reflects State findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>April, 29 2016</p> <p>Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Dear Ms. Rhoades:</p> <p>Please find enclosed the Plan of Correction to the PostSurvey Revisit (PSR) in conjunction with Complaints IN00198389, IN00198335, and IN00197730 conducted on April 19, 2016. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace of Fishers credible allegation of compliance. We allege compliance May 6, 2016. We are requesting a desk review for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-813-4444.</p> <p>Sincerely,</p> <p>Benjy Grzych H.F.A. Administrator</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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.

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	Quality review completed by 30576 on April 22, 2016		<p>HamiltonTrace of Fishers</p> <p>Submission of this plan of correction in no way constitutes an admission by Hamilton Trace of Fishers or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the PSR and Complaint Survey on April 19, 2016. Please accept this plan of correction as Hamilton Trace of Fishers credible allegation of compliance by May 6, 2016</p> <p>This statement of deficiencies and plan of correction will be reviewed at the June Quality Assurance/Assessment Committee meeting.</p> <p>Response to Survey Ending April 19, 2016</p>		

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F 9999 Bldg. 00		F 9999	<p>April, 29 2016</p> <p>Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Dear Ms. Rhoades:</p> <p>Please find enclosed the Plan of Correction to the PostSurvey Revisit (PSR) in conjunction with Complaints IN00198389, IN00198335, and IN00197730 conducted on April 19, 2016. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace of Fishers credible allegation of compliance. We allege compliance May 6, 2016. We are requesting a desk review for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-813-4444.</p> <p>Sincerely,</p> <p>Benjy Grzych H.F.A.</p>	05/06/2016	

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			<p>Administrator Hamilton Trace of Fishers</p> <p>Submission of this plan of correction in no way constitutes an admission by Hamilton Trace of Fishers or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the PSR and Complaint Survey on April 19, 2016. Please accept this plan of correction as Hamilton Trace of Fishers credible allegation of compliance by May 6, 2016</p> <p>This statement of deficiencies and plan of correction will be reviewed at the June Quality Assurance/Assessment Committee meeting.</p> <p>Response to Survey Ending</p>	

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R 0000 Bldg. 00	Hamilton Trace of Fishers was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the State Residential Licensure Survey.	R 0000	<p>April 19, 2016</p> <p>April, 29 2016</p> <p>Kim Rhoades, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Dear Ms. Rhoades:</p> <p>Please find enclosed the Plan of Correction to the PostSurvey Revisit (PSR) in conjunction with Complaints IN00198389, IN00198335, and IN00197730 conducted on April 19, 2016. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace of Fishers credible allegation of compliance. We allege compliance May 6, 2016. We are requesting a desk review for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-813-4444.</p> <p>Sincerely,</p>	

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			<p>Benjy Grzych H.F.A. Administrator HamiltonTrace of Fishers</p> <p>Submissionof this plan of correction in no way constitutes an admission by Hamilton Traceof Fishers or its management company that the allegations contained in thesurvey report is a true and accurate portrayal of the provision of nursing careor other services provided in this facility. The Plan of Correction is prepared and executed solely because it isrequired by Federal and State Law. ThePlan of Correction is submitted in order to respond to the allegation ofnoncompliance cited during the PSR and Complaint Survey on April 19, 2016. Please accept this plan of correction as HamiltonTrace of Fishers credible allegation of compliance by May 6, 2016</p> <p>Thisstatement of deficiencies and plan of correction will be reviewed at the June QualityAssurance/Assessment Committee meeting.</p>		

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

PRINTED: 05/23/2016

FORM APPROVED

OMB NO. 0938-0391

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