

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

PRINTED: 04/25/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155793		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 04/05/2024	
NAME OF PROVIDER OR SUPPLIER HAMILTON TRACE OF FISHERS				STREET ADDRESS, CITY, STATE, ZIP COD 11851 CUMBERLAND RD FISHERS, IN 46037			
(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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 04/05/24</p> <p>Facility Number: 012644 Provider Number: 155793 AIM Number: 201046710</p> <p>At this Emergency Preparedness survey, Hamilton Trace of Fishers was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 108 certified beds. At the time of the survey, the census was 103.</p> <p>Quality Review completed on 04/10/24</p>			E 0000			
K 0000 Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/05/24</p> <p>Facility Number: 012644 Provider Number: 155793 AIM Number: 201046710</p> <p>At this Life Safety Code survey, Hamilton Trace of Fishers was found not in compliance with</p>			K 0000	<p>April 23, 2024</p> <p>Brenda Buroker, 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>Event ID: 3ANJ21</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Allie Craycraft

Executive Director

04/23/2024

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 disclosable 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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K 0345 SS=C Bldg. 01	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one-story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 108 and had a census of 103 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except for one detached building used for storage which was not sprinklered.</p> <p>Quality Review completed on 04/10/24</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p>				<p>Dear Mrs. Buroker:</p> <p>Please find enclosed the Plan of Correction for the State Licensure Survey conducted on April 5, 2024. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace Health & Living Community credible allegation of compliance. We allege substantial compliance on April 25th, 2024. We are requesting paper compliance for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-813-3479</p> <p>Sincerely,</p> <p>Allie Craycraft III, HFA Executive Director Hamilton Trace Health and Living</p>		

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	<p>Based on observation and interview, the facility failed to maintain the fire alarm system to assure that it had accurate time, date, and year information in accordance with the requirements of NFPA 101- 2012 edition, Sections 19.3.4 and 9.6 and NFPA 72 - 2010 edition, Sections 14.1, 14.1.1. This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director during a tour of the facility on 04/05/24 at 1:27 p.m., the facility fire alarm control panel had the correct time and date, but the year displayed was 2004, which was incorrect. Based on an interview at the time of observation, the Maintenance Director indicated he was unaware of the discrepancy and would contact the alarm company to have the displayed year corrected to 2024 as soon as he could.</p> <p>This finding was discussed during the exit conference on 04/05/24 at 2:30 p.m. with the Executive Director, the Administrator-in-training, the Assistant Administrator, and the Maintenance Director.</p> <p>3.1-19(b)</p>			K 0345	<p>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation A- The Community failed to ensure that the fire panel had the correct time and date on it. The Maintenance Supervisor called Safecare and they walked him through how to reprogram it. See attached picture showing the correct time and date.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- A new semiannual TELS task has been added to inspect the fire panel to ensure the time and date are correct. See attached TELS Task labeled "Hamilton Trace Fire Panel Inspection".</p>		04/22/2024

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K 0353 SS=E Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 4 of 10 sprinkler heads at the main</p>			K 0353	<p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities will ensure that the fire panel has the correct time and date during their annual CQR.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is April 22, 2024.</p> <p>I. The corrective actions to be accomplished for those</p>		05/10/2024

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	<p>entrance overhang were clean, free of foreign materials, and corrosion. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect as many as 16 staff and 4 visitors using the main entrance.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director during a tour of the facility on 04/05/24 at 12:06 p.m., four of the ten sprinkler heads located on the facility main entrance overhang were dirty, covered in corrosion, and foreign material. (rust) This was verified by the Maintenance Director at the time of the observation who stated that he would contact his vendor and have the sprinkler heads replaced as soon as possible.</p> <p>This finding was discussed during the exit conference on 04/05/24 at 2:30 p.m. with the Executive Director, the Administrator-in-training, the Assistant Administrator, and the Maintenance Director.</p> <p>3.1-19(b)</p>				<p>residents found to have been affected by the deficient practice.</p> <p>Observation A- The Community failed to ensure that 4 of the 10 sprinkler heads in the main entry exterior canopy were clean and free of corrosion. The Maintenance Supervisor has contracted with Safecare to replace 4 sprinkler heads and 10 escutcheon. Safecare has this scheduled to be completed the week of May 6th as the sprinkler heads needed to be ordered. Hamilton Trace will notify State Life Safety when they have been replaced to schedule the re inspection.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- There is a new Semi Annual TELS task to inspect</p>		

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K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 2 of 2 electrical panels in the Companion Hall corridor were secured from non-authorized personnel. NFPA 70, National			K 0511	all exterior sprinkler heads to ensure they are debris and corrosion free. See attached TELS task labeled "Hamilton Trace Sprinkler Head Inspection TELS Task". IV The facility will monitor the corrective action by implementing the following measures. CarDon Corporate Facilities will ensure that the fire panel has the correct time and date during their annual CQR. V. Plan of Correction completion date. Plan of Completion date is May10th, 2024. I. The corrective actions to be accomplished for those residents found to have been affected by the deficient		04/20/2024

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	<p>Electric Code, 2011 edition states energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B).</p> <p>(A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B).</p> <p>(B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided.</p> <p>This deficient practice could affect any residents, staff, and visitors in the Companion Hall corridor.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility at 12:50 p.m. on 04/05/24, the two electrical panels located behind the Companion Hall nurses station were unsecured. Based on interview at the time of the observation, the Maintenance Director agreed the aforementioned electrical panels were not secured from non-authorized personnel.</p> <p>This finding was discussed during the exit conference on 04/05/24 at 2:30 p.m. with the Executive Director, the Administrator-in-training, the Assistant Administrator, and the Maintenance Director.</p> <p>3.1-19(b)</p>				<p>practice.</p> <p>Observation A- The Community failed to ensure that 2 electrical panels that were located behind the Companion Hall Nurse Station were not locked. The Maintenance Supervisor has locked the 2 electrical panels and reeducated all maintenance staff that they must remain locked at all times.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- There is currently monthly TELS task to inspect all electrical panels that are in the common areas to ensure they are locked. See attached TELS Task labeled "Hamilton Trace Electrical Panel lock inspection."</p> <p>IV The facility will monitor</p>		

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					<p>the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities will audit all electrical panels during their annual CQR to ensure they are locked.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is April 20, 2024.</p>		