

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

PRINTED: 12/17/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155841		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/06/2024	
NAME OF PROVIDER OR SUPPLIER COPPER TRACE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1250 W 146TH STREET WESTFIELD, IN 46074			
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00443879, IN00444037 and IN00447334. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00443879 - No deficiencies related to the allegation are cited. Complaint IN00444037 - Federal deficiencies related to the allegation are cited at F580. Complaint IN00447334 - Federal deficiencies related to the allegation are cited at F602.</p> <p>Survey dates: December 5 and 6, 2024.</p> <p>Facility number: 013556 Provider number: 155841 AIM number: 201341880</p> <p>Census Bed Type: SNF/NF: 42 SNF: 14 Total: 56</p> <p>Census Payor Type: Medicare: 6 Medicaid: 32 Other: 18 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review was completed on December 10, 2024.</p>			F 0000	<p>Copper Trace Health and Living respectfully requests Paper Compliance in relation to this Plan of Correction. This plan of correction is to serve as Copper Trace Health and Living's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Copper Trace or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care and other services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		
F 0580 SS=D	483.10(g)(14)(i)-(iv)(15) Notify of Changes (Injury/Decline/Room, etc.)						

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

TITLE

(X6) DATE

Nancy Pollock

Administrator

12/17/2024

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 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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Bldg. 00	<p>Based on interview and record review, the facility failed to ensure staff notified the responsible party/Power of Attorney (POA) of a resident's change in condition timely for 1 of 1 resident reviewed for notification. (Resident B)</p> <p>Finding includes:</p> <p>The clinical record for Resident B was reviewed on 12/5/24 at 9:12 a.m. The diagnoses included, but were not limited to, chronic obstructive pulmonary disease (COPD), emphysema, and vascular dementia.</p> <p>A nursing progress note, dated 6/7/24 at 1:57 p.m., indicated the resident had a change in condition to include a bad cough, trouble clearing her throat, and her oxygen saturation was 82 percent. The resident did refuse supplemental oxygen, but did eventually allow the oxygen. The resident needed to be fed, toileted, and was not waking up. The Nurse Practitioner was notified of the change in condition. There was no note to indicate the family had been notified at the time of the change in condition.</p> <p>A nursing progress note, dated 6/7/24 at 4:28 p.m., indicated the family was notified of the new orders.</p> <p>A nursing progress note, dated 6/7/24 at 4:59 p.m., indicated the resident was sent out to the hospital and the family was notified of the transfer.</p> <p>During an interview, on 12/5/24 at 9:38 a.m., the Director of Nursing indicated the family should have been contacted immediately for the change of condition.</p>		F 0580	<p>F580 Notify of Changes</p> <p>1 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident B no longer resides in the facility.</p> <p>2 How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? Residents noted with change in condition have the potential to be affected by the alleged deficient practice and have been audited to ensure the family/power of attorney, POA, has been notified.</p> <p>3 What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur? Licensed nurses educated on the change in condition policy regarding prompt notification of POA. Will be educated upon hire and annually.</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? DON/designee will audit residents experiencing change in condition to ensure the POA is notified promptly. Audits will occur daily x</p>		12/20/2024	

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F 0602 SS=D Bldg. 00	<p>During a telephone interview, on 12/5/24 at 10:25 a.m., RN 3 indicated the resident had a change of condition on 6/7/24 at 1:57 p.m. The only reason she would not have documented contacting the family about the change in condition was if the Nurse Practitioner or the physician was going to notify the family. RN 3 indicated the facility policy was to notify the physician/nurse practitioner of the change and notify the responsible party/POA.</p> <p>A current facility policy, titled "Change in a Resident's Condition or Status," dated as last revised in April 2007 and received from the Director of Nursing on 12/6/24 at 12:30 p.m., indicated "...Our facility shall promptly notify the resident, his or her Attending Physician, and representative (sponsor) of changes in the resident's medical/mental condition and/or status...."</p> <p>This citation relates to Complaint IN00444037.</p> <p>3.1-5(a)(2)</p> <p>483.12 Free from Misappropriation/Exploitation</p> <p>Based on interview and record review, the facility failed to protect a resident from misappropriation of medication for 1 of 3 residents reviewed for misappropriation of property. (Resident C) The deficient practice was corrected on 11/22/24, prior to the start of the survey, and therefore was past noncompliance.</p> <p>Finding includes:</p> <p>During an interview, on 12/5/24 at 10:12 a.m., the Director of Nursing indicated the facility had not been aware of any missing items for Resident C,</p>			F 0602	<p>30 days, then weekly x 12 weeks and monthly x 5 months.</p> <p>Past noncompliance was approved at that time of the survey and no plan of correction is required at this time.</p>		12/06/2024

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	<p>until an investigator from the Office of the Attorney General came to the facility to investigate the concern on 11/14/24. The investigator informed the facility during a domestic dispute, the local police entered the home of LPN 7, they saw the medication and reported the finding to the Office of the Attorney General (OAG). The facility found the prescription number was for Trulicity (a medication for diabetes), it belonged to Resident C and was filled by the resident's pharmacy. The facility began their own investigation of the incident and found the nurse had worked on the unit and had provided nursing care to Resident C prior to her termination. The nurse was terminated from employment on 6/16/24 for failure to report to her scheduled shift without notice.</p> <p>The clinical record for Resident C was reviewed on 12/5/24 at 1:38 p.m. The diagnoses included, but were not limited to, type 2 diabetes, dementia, and anxiety disorder.</p> <p>A physician's order for Trulicity injector pen 1.5 milligrams /0.5 milliliters was found in the orders.</p> <p>A current facility policy, titled "Abuse, Neglect, and Misappropriation Prohibition and Prevention Policy," dated as last revised on 6/4/19 and received from the Director of Nursing on 12/6/24 at 12:50 p.m., indicated "...It is the policy...to provide each resident with an environment that is free from...misappropriation of their property...."</p> <p>The deficient practice was corrected on 11/22/24 after the facility implemented a systemic plan that included the following actions: the facility investigated the incident involving Resident B, educated the staff on misappropriation of property and documentation in the Medication</p>						

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	Administration Record. LPN 7 had been terminated prior to knowledge of the misappropriation of the insulin pen. The facility continued daily audits of medication disposal and medication disposal was to be completed with two (2) nurses. This citation relates to Complaint IN00447334. 3.1-28(a)						