

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

PRINTED: 11/18/2022
FORM APPROVED
OMB NO. 0938-039

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|--|--|---|--|---|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155841 | | X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING | | X3) DATE SURVEY COMPLETED 10/24/2022 | |
| NAME OF PROVIDER OR SUPPLIER COPPER TRACE HEALTH & LIVING COMMUNITY | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1250 W 146TH STREET WESTFIELD, IN 46074 | | | |
| (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 |
| 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: 10/24/22</p> <p>Facility Number: 013556 Provider Number: 155841 AIM Number: 201341880</p> <p>At this Emergency Preparedness survey, Copper Trace Health & Living Community was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 104 certified beds. At the time of the survey, the census was 98.</p> <p>Quality Review completed on 10/25/22</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p> | | | E 0000 | <p>Copper Trace Health and Living respectfully requests paper compliance for the following deficiencies. 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> | | |
| E 0041 SS=F Bldg. -- | <p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e)</p> | | | | | | |

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

TITLE

(X6) DATE

Nancy Pollock

Administrator

11/12/2022

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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| | <p>(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by</p> | | | | | | |

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| | <p>reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October</p> | | | | | | |

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| | <p>22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review, observation and interview; the facility failed to implement the emergency power system inspection, testing and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:35 a.m. to 12:00 p.m. on 10/24/22, thirty-six month period emergency generator testing documentation for four continuous hours for the diesel fired emergency generator was not available for review. Based on interview at the time of record review, the Maintenance Director stated the facility has one diesel fired emergency generator and agreed documentation of supplemental load testing for four hours within the most recent three year period was not available for review. Based on observations with the Maintenance Director and the Administrator in Training (AIT) during a tour of the facility from 12:30 p.m. to 2:45 p.m. on 10/24/22, the facility has one diesel fired emergency generator located outside the building. Manufacturer's nameplate rating for the generator stated it was rated at 250 kW.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director during the exit</p> | | | E 0041 | <p>A four-hour supplemental load testing of the facility's diesel fired emergency generator is scheduled for November 21, 2022 (first available).</p> <p>A four-hour supplemental load testing of the facility's diesel fired emergency generator is scheduled for November 21, 2022 (first available).</p> <p>The contract with Buckeye Power has been revised to include completion of a four-hour lead test at a maximum of every three (3) calendar years.</p> <p>The Director of Maintenance has entered the four-hour load testing of the generator into the facility's Preventative Maintenance Program to trigger every 36 months.</p> | | 11/21/2022 |

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| K 0000 Bldg. 01 | <p>conference.</p> <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: 10/24/22</p> <p>Facility Number: 013556 Provider Number: 155841 AIM Number: 201341880</p> <p>At this Life Safety Code survey, Copper Trace Health & Living Community was found not in compliance with Requirements for Participation 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 sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and has hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 104 and had a census of 98 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for one detached storage building.</p> <p>Quality Review completed on 10/25/22</p> | | | K 0000 | <p>Copper Trace Health and Living respectfully requests paper compliance for the following deficiencies.</p> <p>This plan of correction is to serve as Copper Trace Health and Living's credible allegation of compliance.</p> <p>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.</p> <p>Nor does this submission constitute an agreement or admission of the survey allegations.</p> | | |

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| K 0712 SS=C Bldg. 01 | <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills at unexpected times under varying conditions on the second shift for 3 of 4 quarters. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of Direct Supply TELS Logbook Documentation: "Fire Drills" with the Maintenance Director during record review from 9:35 a.m. to 12:00 p.m. on 10/24/22, second shift fire drills conducted within the most recent twelve month period on 08/23/22, 02/24/22 and 05/20/22 were conducted at, respectively, 2:26 p.m., 2:15 p.m. and 3:00 p.m. Based on interview at the time of record review, the Maintenance Director stated the facility operates three shifts per day and agreed the aforementioned second shift fire drills were not conducted at unexpected times under varying conditions.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director during the exit</p> | | | K 0712 | <p>A second shift fire drill was completed at an unexpected time (5:30pm) on November 2, 2022.</p> <p>A second shift fire drill was completed at an unexpected time (5:30pm) on November 2, 2022.</p> <p>The Director of Maintenance has been educated on the indication to hold fire drills at unexpected times by varying the times of the fire drill on each shift.</p> <p>CarDon's corporate personnel will audit the timing of fire drills, to ensure that they are occurring at unexpected times, during the annual Continuous Quality Review.</p> | | 11/11/2022 |

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| K 0761 SS=F Bldg. 01 | <p>conference.</p> <p>3.1-19(b)</p> <p>Based on record review, observation and interview; the facility failed to ensure annual inspection and testing of all fire door assemblies were completed in accordance of LSC 19.1.1.4.1.1. Communicating openings in dividing fire barriers required by 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) LSC 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.3.1 states functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>NFPA 80, Section 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of</p> | | K 0761 | <p>CarDon Corporate Facilities personnel is scheduled to inspect the additional doors in question on November 10, 2022 (first available).</p> <p>CarDon Corporate Facilities personnel is scheduled to inspect the additional doors in question on November 10, 2022 (first available).</p> <p>CarDon Corporate Facilities personnel has added the additional doors in question to his annual door inspection/test. The Director of Maintenance has update the annual testing and inspection of assemblies for all fire doors into the Preventative Maintenance Program.</p> | | 11/11/2022 | |

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| | <p>either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.</p> <p>This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Annual Fire/Smoke/Egress Door Inspection" documentation dated 10/12/22 with the Maintenance Director during record review from 9:35 a.m. to 12:00 p.m. on 10/24/22, annual inspection documentation of fire door assemblies in the facility within the most recent twelve month period did not include all fire doors in the facility. A floor plan map which identified which fire door locations were inspected was included with the 10/12/22 inspection</p> | | | | | | |

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| K 0918 SS=F | <p>documentation. A total of eighteen fire door locations were listed on the 10/12/22 inspection documentation. The 10/12/22 inspection documentation did not include hazardous areas in the facility which were constructed prior to 2016 and did not include all fire doors in the facility. Based on observations with the Maintenance Director and the Administrator in Training (AIT) during a tour of the facility from 12:30 p.m. to 2:45 p.m. on 10/24/22, entry room doors to over 10 hazardous areas such as fuel fired heater rooms, laundries larger than 100 square feet, soiled linen and trash collection rooms, physical plant maintenance shops and storage rooms larger than 100 square feet used for storing combustible material were noted in the facility. Each entry door to the rooms was a fire-rated door with a minimum 1-hour fire resistance rating label affixed to the door. In addition, two 90-minute fire resistance rated doors were noted in the tenant separation wall of the activity room by the first floor of the Assisted Living area on the west side of the building. The two 90-minute fire resistance rated doors and the hazardous area doors were not included on the 10/12/22 inspection documentation. Based on interview at the time of record review and of the observations, the Maintenance Director agreed it could not be ensured all fire door locations in the facility were included in the 10/12/22 inspection documentation.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste</p> | | | | | | |

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| Bldg. 01 | <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on record review, observation and interview; the facility failed to document 36 month period emergency generator testing for 1 of 1 emergency generators in accordance with NFPA</p> | | | K 0918 | A four-hour supplemental load testing of the facility's diesel fired emergency generator is scheduled for November 21, 2022 (first | | 11/21/2022 |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155841 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | | X3) DATE SURVEY COMPLETED 10/24/2022 | |
| NAME OF PROVIDER OR SUPPLIER COPPER TRACE HEALTH & LIVING COMMUNITY | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1250 W 146TH STREET WESTFIELD, IN 46074 | | | |
| (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 |
| | <p>99 and NFPA 110. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.1.1.6.1 states Type 1 and Type 2 essential electrical system power sources (EPSS) shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110. NFPA 110, the Standard for Emergency and Standby Powers Systems, 2010 Edition, Section 8.4.9 states Level 1 EPSS shall be tested at least once within every 36 months. Section 8.4.9.1 states Level 1 EPSS shall be tested continuously for the duration of its assigned class (See Section 4.2). Section 8.4.9.2 states where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. Section 8.4.9.5 states the minimum load for this test shall be specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. Section 8.4.9.5.3 states for spark-ignited EPS's, loading shall be the available EPSS load. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director from 9:35 a.m. to 12:00 p.m. on 10/24/22, thirty-six month period emergency generator testing documentation for four continuous hours for the diesel fired emergency generator was not available for review. Based on interview at the time of record review, the Maintenance Director stated the facility has one diesel fired emergency generator and agreed documentation of supplemental load testing for four hours within the most recent three year period was not available for review. Based on observations with the Maintenance Director and the Administrator in Training (AIT) during a tour of the facility from 12:30 p.m. to 2:45 p.m. on 10/24/22, the facility has one diesel fired emergency generator located outside the building. Manufacturer's nameplate</p> | | | | <p>available).</p> <p>A four-hour supplemental load testing of the facility's diesel fired emergency generator is scheduled for November 21, 2022 (first available).</p> <p>The contract with Buckeye Power has been revised to include completion of a four-hour lead test at a maximum of every three (3) calendar years.</p> <p>The Director of Maintenance has entered the four-hour load testing of the generator into the facility's Preventative Maintenance Program to trigger every 36 months.</p> | | |

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

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| | rating for the generator stated it was rated at 250 kW. This finding was reviewed with the Administrator and the Maintenance Director during the exit conference. 3.1-19(b) | | | | | | |