

Indiana Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013556	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/11/2025
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 DEFICIENCIES (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) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00456409.</p> <p>Complaint IN00456409-No deficiencies related to the allegations were cited.</p> <p>Survey date: April 11, 2025</p> <p>Facility number: 013556 Provider number: 155841 AIM number: 201341880</p> <p>Census Bed Type: SNF: 25 SNF/NF: 76 Residential: 66 Total: 167</p> <p>Census Payor Type: Medicare: 14 Medicaid: 52 Other: 35 Total: 101</p> <p>Copper Trace Health & Living Community was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00456409.</p> <p>Quality review was completed on April 17, 2025.</p>	R 000		

Indiana Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE