

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

PRINTED: 12/04/2023  
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 11/03/2023	
NAME OF PROVIDER OR SUPPLIER  COPPER TRACE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1250 W 146TH STREET WESTFIELD, IN 46074			
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F 0000  Bldg. 00	<p>This visit was for a Recertification, State Licensure Survey. This visit included the Investigation of Complaints IN00419473, IN00419599, IN00420240, and IN00420683. This visit included a State Residential Licensure Survey.</p> <p>Complaint IN00419599- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420240- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00420683- Deficiencies related to the allegations are cited at F760.</p> <p>Survey dates: October 31, November 1, 2, and 3, 2023.</p> <p>Facility number: 013556 Provider number: 155841 AIM number: 201341880</p> <p>Census Bed Type: SNF:23 SNF/NF:77 Residential:36 Total:136</p> <p>Census Payor Type: Medicare:14 Medicaid:54 Other:68 Total:100</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p>			F 0000	<p><b>Copper Trace Health and Living 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. CopperTrace Health and Living is respectfully requesting that Paper Compliance be considered for this Plan of Correction.</b></p>		

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

TITLE

(X6) DATE

Nancy Pollock

Administrator

11/20/2023

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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F 0690 SS=D Bldg. 00	<p>Quality reiew completed November 8, 2023</p> <p>483.25(e)(1)-(3) Bowel/Bladder Incontinence, Catheter, UTI §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p>						

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	<p>Based on observation, interview, and record review the facility failed to ensure infection control practices were followed for 2 of 3 residents reviewed regarding catheter care (Resident 28, and Resident 32).</p> <p>Findings include:</p> <p>1) During an observation and interview on 11/1/23 at 1:52 PM, Certified Nurse Aide (CNA) 5 and the Staff Development Coordinator (SDC) entered Resident 28's room with the surveyor. Resident 28's catheter bag was resting directly on the floor. The SDC indicated the bag should not have touched the floor, and normally a container was utilized to provide a barrier between the catheter bag and the floor.</p> <p>Resident 28's record was reviewed on 11/1/23 at 2:31 PM. Diagnoses included urinary tract infection, site unspecified, benign prostatic hyperplasia with lower urinary tract symptoms, and obstructive and reflux uropathy.</p> <p>A review of Resident 28's current annual Minimum Data Set (MDS) dated 8/26/23 indicated his Basic Interview for Mental Status (BIMS) score was 12 (mild cognitive impairment). The MDS indicated the resident utilized an indwelling catheter.</p> <p>A review of Resident 28's current care plan titled Resident has a suprapubic catheter ... indicated the resident had a problem of potential for complications with a goal date of 12/10/23. Interventions included not allowing the tubing or any part of the drainage system to touch the floor.</p> <p>2) During an observation and interview on 11/1/23</p>			F 0690	<p><b>F690 Bowel/Bladder Incontinence, Catheter, UTI</b>  <b>CFR(s): 483.25 (e)(1)-(3)</b>  <b>Resident 28's catheter bag changed immediately at the time of the finding. Resident 32 was educated, to include repeat demonstration, on the proper infection control protocols regarding caring when providing catheter care for himself.</b>  <b>All residents who have a catheter have the potential to be affected by the alleged deficient practice. All residents with catheters have been audited to ensure that infection control practices are being followed as outlined in the facility's policy and any resident who prefers self-care of the catheter has received education regarding proper infection control protocols. Education to all nursing staff has been provided on facility policy "Catheter Care, Urinary". The systematic change includes education for nursing staff upon hire and annually. All residents who provide self-catheter care will be educated and evaluated every 3 months for the ability to perform the skill properly. The Director of Nursing/Designee will audit through direct observation of the positioning of urinary</b></p>		11/30/2023

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	<p>at 9:10 AM Resident 32 indicated he emptied his catheter himself. He pulled down the waistband of his pants, held the catheter with unwashed hands and discussed how he performed the task. He indicated he preferred to use a leg bag all the time and empty the bag himself. Resident 32 indicated he had not received any teaching from facility staff, nor had staff observed him performing the task. Resident 32 indicated he would notify staff if he had pain or leakage around the site but was unable to state any other signs of catheter problems or signs of infection. He indicated the leg bag got full at times during the night, but he did not want to use a bedside drainage bag because it was too cumbersome to manage when getting up to go to the bathroom. He indicated staff did not check on him during the night because they knew he took care of the bag himself.</p> <p>Resident 32's record was reviewed on 11/1/23 at 9:32 AM. Diagnoses included urinary tract infection, unspecified, obstructive and reflux uropathy, and chronic kidney disease.</p> <p>A review of Resident 32's current quarterly MDS indicated his BIMS score was 15 (cognitively intact). The MDS indicated the resident used an indwelling catheter.</p> <p>A review of Resident 32's current care plan titled Resident has an indwelling suprapubic catheter ... indicated the resident had a problem of potential for complications with a goal date of 12/15/23. Interventions included educating and involving the resident in the plan of care.</p> <p>In an interview on 11/1/23 at 9:32 M, Licensed Practical Nurse (LPN) 4 indicated a resident performing care tasks such as catheter care</p>				<p><b>catheter bag and tubing. This audit will occur on residents with catheters on various shifts for 30 days, then weekly for 2 months, then monthly for 9 months to total 12 months of monitoring. Results of audit will be reported to the Quality Assurance Performance Improvement Committee monthly to assist with additional recommendations if necessary.</b></p>		

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F 0760 SS=D Bldg. 00	<p>should be educated and evaluated every 3 months for the ability to perform the skill properly. LPN 4 indicated staff cleaned the suprapubic site and applied a gauze pad, and Resident 32 performed all other care of his catheter.</p> <p>In an interview on 11/3/23 at 9:25 AM the Director of Nursing indicated teaching and return demonstration of catheter care had not been done for Resident 32.</p> <p>A current policy, undated, provided by the Clinical Specialist on 11/1/23 at 3:00 PM did not address placement of the drainage bag in relation to the floor. The policy did not address resident teaching. No further policies were received from the facility at the time of exit.</p> <p>3.1-41(a)(2)</p> <p>483.45(f)(2)</p> <p>Residents are Free of Significant Med Errors</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>Based on record review and interview the facility failed to ensure medications were given as ordered for 1 of 3 residents reviewed for prevention of significant medication errors. (Residents F)</p> <p>Findings include:</p> <p>During an investigation on 11/1/2023 at 3:15 PM, Resident F, was given another resident's medication which resulted in a medication error. The following statements were given by Licensed Practical Nurse 1 (LPN) and Qualified Medication Aide 4 (QMA):</p>			F 0760	<p><b>F760 Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</b></p> <p><b>LPN 1 and QMA 4 were provided immediate education on medication pass policy at the time the medication error was identified.</b></p> <p><b>Residents with the same last name who receive medication(s) have the potential to be affected by the alleged deficient practice. Staff who administer medications received education on the</b></p>		11/30/2023

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	<p>QMA 4's statement dated 10/26/2023 indicated on Saturday 10/21/2023, they were assigned to work as a QMA. At 7:00 AM they were asked to step down and work as a Certified Nursing Aide (CNA) due to a call off. Before they handed the keys to LPN 1, QMA 4 gave report. LPN 1 wrote down everything on a report sheet. QMA 4 indicated medications were already given to certain residents, LPN 1 wrote the residents name down. QMA 4 indicated they pre-set 3 other resident's medications and LPN 1 took note and put a check mark symbol next to the rooms. QMA 4 indicated they learned in nursing school was when you don't prep the medications, don't give the medications; and since you did not give the medications, don't sign for them. She further indicated- to be clear all of this could have been prevented by simply trashing the medication or asking QMA 4 to administer the medication they had pre-set. LPN 1 chose not to. QMA 4 indicated by pre-setting the medication, LPN 1 gave the medication to the wrong resident. LPN 1's medication error was caused by LPN 1 not following the 6 rights of medication administration: 1. Right patient. 2. Right medication. 3. Right dose. 4. Right time. 5. Right documentation. Even when QMA 4 pre-set the medication they always made sure to check the medication, the room, and the right resident and re-check the medication before administering the medication. Although they had 2 residents with the same last name, they were both in different rooms not even close to each other. The pre-set was for one of the residents, but not the other.</p> <p>LPN 1's statement dated 10/22/2023, indicated they were scheduled to work as the float nurse. When they started the shift they realized they were short CNAs and would be taking the medication cart from QMA 4. QMA 4 had a few</p>				<p><b>medication administration policy.</b> <b>Employees who administer medication received education on proper medication administration policy.</b> <b>Education will be provided upon hire and annually.</b> <b>The Director of Nursing/Designee will audit through direct observation of medication administration to ensure medication administration policy is being followed. This audit will occur daily during medication administration on various shifts for 30 days, then weekly for 2 months, then monthly for 9 months on various shifts to total 12 months of monitoring.</b> <b>Results of audit will be reported to the Quality Assurance Performance Improvement Committee monthly to assist with additional recommendations if necessary.</b></p>		

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	<p>medications set up already in medication cups in the medication boxes. LPN 1 indicated they pulled out and wrote last names on them. LPN 1 was going to pass them first but got pulled away for insulin's and blood sugars, since it was a late start and they were starting to serve breakfast. When LPN 1 was done with that task, they saw Resident F and remembered the medication was ready. LPN 1 gave Resident F the medication. Then Resident F was given breakfast in the dining room. This was approximately 8:00 AM. LPN 1 went to sign out the medications and realized the new admit from the night before had the same last name, and LPN 1 had given Resident F their medications. LPN 1 checked Resident F's allergies and saw they did not have any. LPN 1 went and obtained vital signs and assessed for respiratory status both were with in normal limits. LPN 1 then reported to the Nurse practitioner (NP) who gave an order to send Resident F out to be seen in ER. LPN 1 called transportation while keeping Resident F in their line of sight. Resident F fell asleep, so LPN 1 asked assistance from another nurse. Oxygen was applied. LPN 1 called the NP back and asked if they should administer Narcan. The NP declined and indicated since Resident F did not received any opiods, and Resident F was breathing. Resident F would only arouse to sternal rubs. Resident F was taken to hospital and family notified.</p> <p>A record review of Medication Error Report regarding Resident F dated 10/22/2023 indicated the following: Date and time of error: 10/21/2023 approximately 8:00 AM. Reported by LPN 1. Facility error: wrong medication. Resident outcome: adverse reaction (describe) sent to Emergency room via 911 for lethargy. Quality review: Ativan 0.5 milligram (mg). Asipring 81 mg. Risperdal 1 mg. Sertraline 200 mg.</p>						

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	<p>Pantorazole 20 mg. tab-a vite 400 micrograms. Notification: NP notified on 10/21/2023 at 8:10 AM. NP response: send resident to emergency room. Responsible party notified at 8:15 AM. Nurse responsible for error: LPN 1. This report did not specify how many tablets of each medication were given to Resident F.</p> <p>A review of the medication actions and side effects that were given to Resident F in the medication error from the Mayo Clinic indicated... Ativan (lorazepam) 0.5 mg: Descriptions: Lorazepam is used to treat anxiety disorders. It is also used for short-term relief of the symptoms of anxiety or anxiety caused by depression. Lorazepam is a benzodiazepine that works in the brain to relieve symptoms of anxiety. Benzodiazepines are central nervous system (CNS) depressants, which are medicines that slow down the nervous system. Side Effects: Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention. Check with your doctor immediately if any of the following side effects occur: More common Drowsiness, relaxed and calm, and sleepiness. Incidence not known drowsiness, feeling of constant movement of self or surroundings and lethargy...</p> <p>Risperdal (RisperiDONE) 1 mg: Descriptions: Risperidone is used to treat schizophrenia, bipolar disorder, or irritability associated with autistic disorder. This medicine should not be used to treat behavioral problems in older adults who have dementia. Side Effects Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention. Check with your doctor immediately if</p>						



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	<p>any of the following side effects occur. More common, Aggressive behavior, agitation, anxiety changes in vision, including blurred vision, difficulty concentrating, difficulty speaking or swallowing, inability to move the eyes, increase in amount of urine, loss of balance control, mask-like face, memory problems, muscle spasms of the face, neck, and back, problems with urination, restlessness or need to keep moving (severe), shuffling walk</p> <p>skin rash or itching, stiffness or weakness of the arms or legs, tic-like or twitching movements, trembling and shaking of the fingers and hands, trouble sleeping, and twisting body movements...</p> <p>Zoloft (Sertraline) 200 mg: Descriptions: Sertraline is used to treat depression, obsessive-compulsive disorder (OCD), panic disorder, premenstrual dysphoric disorder (PMDD), posttraumatic stress disorder (PTSD), and social anxiety disorder (SAD). Sertraline belongs to a group of medicines known as selective serotonin reuptake inhibitors (SSRIs). It works by increasing the activity of a chemical called serotonin in the brain. Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects may occur, if they do occur they may need medical attention....</p> <p>On 11/1/2023 at 3:15 PM, Resident F's record was reviewed. Diagnoses included Parkinson's disease, and contracture of muscle, multiple sites.</p> <p>A facility policy, Medication Administration general policies and procedures, was provided by the Executive Director on 11/1/2023 at 3:23 PM. The policy indicated..." Medications re to be pre-poured at the time they are administered...No drugs are to be pre-poured except liquid med's used with a med-card...The label on each</p>						

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F 0812 SS=E Bldg. 00	<p>medication container shall be read 3 times and compared against the order on the Medication Administration Record: when taking from the shelf or drawer, before pouring, when putting it back onto the shelf or into the drawer...The nurse approved designee is responsible for checking to see that they drug and dosage schedule on the resident's medication administration record matches the label on the drug's container...."</p> <p>This citation relates to Complaint IN00420683.</p> <p>3.1-48(c)(2)</p> <p>483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. Based on observation, record review, and</p>			F 0812	F812 Food Procurement,		11/30/2023

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	<p>interview, the facility failed to properly label stored food under sanitary conditions related to unlabeled food. 93 of 136 residents residing in the facility received food prepared in the kitchen.</p> <p>Findings include:</p> <p>On 10/31/2023 at 9:37 a.m., the full kitchen sanitation tour with the Resource Manager (RM) indicated the following:</p> <p>1. At 9:38 AM, in the walk-in fridge, the following was observed: There was an open container of cooked potatoes with no cover or date located. A tub of mixed salad with no open date. A tub of lemon pudding with a use by date of 10/28/23. A carton of eggs were observed with one egg cracked opened next to the other un-cracked eggs. The RM took the carton of eggs out and threw them away. RM indicated the opened food should have open dates.</p> <p>2. At 9:41 AM, in the walk-in freezer, the following was observed: On the top shelf there was a bag of bread sticks with no open date. Inside of a box, there was a package of pepperoni that were opened wide with exposed food and no open date, the RM indicated they should have been sealed. The RM took them out and threw them away. RM indicated they should have open dates.</p> <p>3. At 9:44 AM, in the single door freezer (reach-in), the following was observed: on the shelf there was a bag of opened carrots with no open date. A bag of opened waffle fries with no open date, a bag of chicken tenders with no open date, a bag of tator tots with no open date. There was a bag of chicken breasts with use by date 10/26/23. The RM took all of the items that had been opened with no date and threw them away.</p>				<p><b>Store/Prepare/Serve-Sanitary</b> <b>CFR(s): 483.60(i)(1)(2)</b> <b>The stored food was correctly labelled at the time of the finding.</b> <b>Residents who receive food prepared from the kitchen have the potential to be affected by the alleged deficient practice. Corrections were made at the time of the finding.</b> <b>Dietary employees have received education on proper food storage and labeling per policy.</b> <b>Dining Services</b> <b>Director/Designee will audit food storage practices and ensure proper labeling. This audit will occur daily for 30 days, then weekly for 2 months, then monthly for 9 months to total 12 months on monitoring. Results of audit will be reported to the Quality Assurance Performance Improvement Committee monthly to assist with additional recommendations if necessary.</b></p>		

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

PRINTED: 12/04/2023  
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 11/03/2023	
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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R 0000  Bldg. 00	<p>4. At 9:46 AM, in the single door fridge (reach-in), the fol;lowing was observed: there was a tub of parmigiana cheese with a used date of 10/19/23. The RM took the tub of cheese and indicated it should have a date and will throw it away.</p> <p>An interview on 11/02/23 at 10:39 AM, the assistant Director of Nursing indicated there were 93 residents who eat food prepared in the kitchen.</p> <p>A current facility policy, Food and NON-food storage, was provided by the Regional Dietary Manager on 11/1/2023 at 10:03 AM. The policy indicated..." All opened foods are covered to protect from contaminates...Foods that have been removed from their original containers are clearly marked with contents, date that package was opened and wrapped to exclude as much air as possible...."</p> <p>3.1-21(i)(1) and (3)</p> <p>This visit was for State Residential Licensure Survey. This visit included the Investigation of Complaints IN00419473, IN00419599, IN00420240, and IN00420683. This visit also included a Recertification, State Licensure Survey.</p> <p>Complaint IN00419473- No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 31, November 1, 2, and 3, 2023.</p> <p>Facility number: 013556</p>			R 0000	<p><b>Copper Trace Health and Living 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</b></p>		

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	<p>Residential Census: 36</p> <p>Copper Trace Health &amp; Living Community was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey and Complaint IN00419473.</p> <p>Quality review completed November 8, 2023</p>				<p>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. CopperTrace Health and Living is respectfully requesting that Paper Compliance be considered for this Plan of Correction.</p>		