

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

PRINTED: 12/05/2023

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 -- B. WING _____		X3) DATE SURVEY COMPLETED 11/16/2023	
NAME OF PROVIDER OR SUPPLIER COPPER TRACE HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP COD 1250 W 146TH STREET WESTFIELD, IN 46074			
(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: 11/16/23</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 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 104.</p> <p>Quality Review completed on 11/20/23</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.</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. Nor does this submission constitute an agreement or admission of the survey allegations.</p>		
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: 11/16/23</p> <p>Facility Number: 013556 Provider Number: 155841 AIM Number: 201341880</p> <p>At this Life Safety Code survey, Copper Trace</p>			K 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.</p> <p>Submission of this plan of correction does not constitute an admission by Copper Trace or its management company</p>		

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

TITLE

(X6) DATE

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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K 0741 SS=E Bldg. 01	<p>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 104 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 11/20/23</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are</p>				<p>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>		

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	<p>prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>Based on observation, records review, and interview, the facility failed enforce 1 of 1 non-smoking policies. This deficient practice could affect 6 staff around two of the facility's exits.</p> <p>Findings include:</p> <p>Based on observations and interview during a tour of the facility with the Maintenance Supervisor and Executive Director on 11/16/23 between 11:50 a.m. and 2:45 p.m., smoking on the property was evident due to at least 30 cigarette butts around the entrance to door #10. Additionally, more than 50 cigarette butts were on the ground near the entrance to both sides of door #7, the deliveries area. Based on interview during records review the ED stated that according to their policy, smoking was not permitted on the property and there were no designated smoking areas. Staff were allowed to smoke in their automobiles. The smoking policy stated smoking is not allowed on the facility's property.</p>			K 0741	<p>Smoking Regulations CFR(s): NFPA 101</p> <p>All employees were educated on the facility Smoking Policy. All staff who smoke have the potential to be affected by the alleged deficient practice. All employees were educated on the facility Smoking Policy. Education to all staff has been provided on the facility Smoking Policy. The systematic change includes education for all staff upon hire.</p> <p>The Administrator/Designee will audit door #10 and door #7 to ensure that the facility Smoking Policy is being followed. This audit will occur daily for 30 days, then weekly for 2 months, then monthly for 9 months to total 12 months of monitoring.</p>		12/01/2023

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	This finding was acknowledged by the Maintenance Supervisor and Executive Director at the time of observation and again at the exit conference with the Maintenance Supervisor and Executive Director present. 3.1-19(b)						