STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155841	A. BUILDING _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER TRACE HEALTH & LIVING COMMUNITY	**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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Nursing Home Complaints IN00421860 and IN00421926. This visit included the Investigation of Residential Complaint IN00422239.

Complaint IN00421860 - No deficiencies related to the allegations are cited.

Complaint IN00421926 - No deficiencies related to the allegations are cited.

Complaint IN00422239 - No deficiencies related to the allegations are cited.

Survey dates: December 4 and 5, 2023

Facility number: 013556
Provider number: 155841
AIM number: 201341880

Census Bed Type:
SNF/NF: 77
SNF: 23
Residential: 37
Total: 137

Census Payor Type:
Medicare: 6
Medicaid: 59
Other: 35
Total: 100

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 Complaints IN00421860 and IN00421926.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155841	A. BUILDING _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COPPER TRACE HEALTH & LIVING COMMUNITY	**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) COMPLETION DATE
F 000	Continued From page 1 Quality review was completed on December 12, 2023.	F 000		