

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

PRINTED: 06/11/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155793		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/19/2025	
NAME OF PROVIDER OR SUPPLIER HAMILTON TRACE OF FISHERS				STREET ADDRESS, CITY, STATE, ZIP COD 11851 CUMBERLAND RD FISHERS, IN 46037			
(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: 05/19/25</p> <p>Facility Number: 012644 Provider Number: 155793 AIM Number: 201046710</p> <p>At this Emergency Preparedness survey, Hamilton Trace of Fishers 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 108 certified beds. At the time of the survey, the census was 102.</p> <p>Quality Review completed on 05/22/25</p>			E 0000			
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: 05/19/25</p> <p>Facility Number: 012644 Provider Number: 155793 AIM Number: 201046710</p> <p>At this Life Safety Code survey, Hamilton Trace of Fishers was found not in compliance with</p>			K 0000	<p>Suzanne Williams, Director Long-Term Care Division Indiana State Department of Health 2 North Meridian Street Indianapolis, IN 46204</p> <p>Re: Allegation of Compliance</p> <p>Event ID: NCDD21</p> <p>Dear Ms. Williams:</p>		

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

TITLE

(X6) DATE

Allie Craycraft

Executive Director

06/05/2025

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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	<p>Requirements for Participation in 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 sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard-wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 108 and had a census of 102 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled except for one detached building used for storage which was not sprinklered.</p> <p>Quality Review completed on 05/22/25</p>				<p>Please find enclosed the Plan of Correction for the State Licensure Survey conducted on May 19, 2025. This letter is to inform you that the plan of correction attached is to serve as Hamilton Trace Health & Living Community credible allegation of compliance. We allege substantial compliance on June 6th, 2025. We are requesting paper compliance for this plan of correction.</p> <p>If you have any further questions, please do not hesitate to contact me at 317-813-3479</p> <p>Sincerely,</p> <p>Allie Craycraft III, HFA Executive Director Hamilton Trace Health and Living</p> <p>Submission of this plan of correction in no way constitutes an admission by Hamilton Trace Health and Living or its management company that the allegations contained in the survey report is a true and accurate portrayal of the provision of nursing care or other services provided in</p>		

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K 0353 SS=F Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on observation and interview, the facility failed to ensure 14 of 16 sprinkler system gauges were replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director and the Administrator-in-Training during a tour of the facility on 05/19/25 at 12:02 p.m., the facility has supervised sprinkler system and had a total of sixteen pressure gauges. The manufacture date of 01/01/2020 was listed on the face of fourteen of the sixteen sprinkler system gauges. No</p>	K 0353	<p>this facility. The Plan of Correction is prepared and executed solely because it is required by Federal and State Law.</p> <p>This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance/Assessment Committee meeting.</p> <p>The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation A- The Community failed to ensure that all of the fire sprinkler riser gauges were manufactured within the last 5 years. The manufacturer dates were from January of 2020. The Maintenance Supervisor has contracted Safecare to replace all the riser gauges. See attached picture showing some of the gauges.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could</p>	06/06/2025	

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K 0921 SS=F Bldg. 01	<p>recalibration date information was affixed to the sprinkler system gauges at the time of this survey. Based on an interview with the Maintenance Director on 05/19/25 at 12:04 p.m., the Maintenance Director stated he did not believe sprinkler system gauges had been recalibrated within the most recent five-year period and acknowledged documentation of sprinkler system gauge replacement or recalibration was not available for review for each of fourteen sprinkler system gauges which were all more than five years old.</p> <p>This finding was reviewed with the Executive Director, the Maintenance Director, and the Administrator-in-Training at the exit conference on 05/19/25.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Testing and Maintenanc Based on record review, observation, and</p>		K 0921	<p>be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- There is a new 60-month TELS task to inspect all sprinkler riser gauges to ensure they are not older than 5 years. See attached TELS task labeled "Hamilton Trace Gauge TELS Task".</p> <p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities will inspect all sprinkler riser gauges during their annual CQR.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is June 6th, 2025.</p> <p>I. The corrective actions to be</p>		06/06/2025	

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	<p>interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 05/19/25 at 10:19 a.m. with the Maintenance Director and the Administrator-in-Training present, there was no documentation for the testing of Patient Care Related Electrical Equipment (PCREE), such as electric beds, nebulizers, oxygen concentrators, air pumps for air mattresses, and other electrical</p>				<p>accomplished for those residents found to have been affected by the deficient practice.</p> <p>Observation A- The Community failed to ensure that the annual PCREE inspection was completed within the last 12 months. The Maintenance Supervisor has contracted Safecare to perform the PCREE inspection. See attached documentation showing the completed inspection.</p> <p>II. The facility will identify other residents that may potentially be affected by the deficient practice.</p> <p>All associates and residents could be affected by this deficient practice.</p> <p>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</p> <p>Observation A- There is currently an annual TELS task to ensure Patient-Care Related Electrical Equipment Testing and Maintenance is completed. See attached TELS Task labeled "Hamilton Trace Electrical PCREE TELS Task".</p>		

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	<p>medical equipment available for review. Based on an interview on 05/19/25 at 10:21 a.m., the Maintenance Director said the facility had a vendor on-site doing the testing but stated that as of the time of this survey, documentation could not be provided for the PCREE testing. Based on observations made during a tour of the facility with the Maintenance Director and the Administrator-in-Training, it was revealed the facility provided PCREE such as electric beds, air pumps for air mattresses, and other electrical medical equipment was present in the facility.</p> <p>This finding was reviewed with the Executive Director, the Maintenance Director, and the Administrator-in-Training at the exit conference on 05/19/25.</p> <p>3.1-19(b)</p>				<p>IV The facility will monitor the corrective action by implementing the following measures.</p> <p>CarDon Corporate Facilities will audit all PCREE inspection paperwork during their annual CQR to ensure it has been completed within the last 12 months.</p> <p>V. Plan of Correction completion date.</p> <p>Plan of Completion date is June 6, 2025.</p>		