

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 02/10/2026
NAME OF PROVIDER OR SUPPLIER Hamilton Trace of Fishers		STREET ADDRESS, CITY, STATE, ZIP CODE 11851 Cumberland Rd Fishers, IN 46037	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to follow their policies and procedures for infection control, related to hand hygiene during dressing changes for 1 of 3 residents reviewed for infection control. (Resident D) Findings include: During an observation of wound care for Resident D, on 2-10-26 at 10:55 a.m., RN 3 and the Wound Care Nurse explained the procedure they were going to provide to the resident. The resident was to have the staff follow Enhanced Barrier Precautions (EBP- infection control measures for nursing homes, requiring staff to wear gowns and gloves during high-contact care for residents with chronic wounds to prevent germ spread, even when standard contact) for wound care. The RN and Wound Care Nurse removed the resident's wound dressing from the resident's right lower extremity (RLE). Gloves were removed and discarded with new gloves applied without hand hygiene or handwashing being observed. After the treatment to the resident's RLE wound area, both nurses assisted in cleaning up the area. Gloves were removed and discarded with new gloves applied without hand hygiene or handwashing being observed. The resident was re-positioned for care to be provided to the other wound on his sacral area. Both nurses were observed to re-position Resident D onto his left side, at which time Resident D was found to have an incontinent bowel movement, requiring him to be cleaned up prior to continuing the wound care on his sacral area. Both nurses removed and discarded their gloves, without hand hygiene or handwashing being observed. New gloves were donned without hand hygiene or handwashing. RN 3 provided wound care to the resident's sacral wound, removed her gloves, discarded them, and applied new gloves without hand hygiene or handwashing being observed. RN 3 provided wound care to the resident's sacral wound, and both nurses assisted Resident D into a position of comfort and cleaned up the area. Upon completion of this step, both nurses removed and discarded their gloves without hand hygiene or handwashing being observed. After the wound care observation, on 2-10-26, RN 3 indicated she had failed to complete hand hygiene or handwashing between the resident's wound care or after she had assisted cleaning up Resident D's bowel movement. After the wound care observation, on 2-10-26, the Wound Care Nurse indicated hand hygiene or handwashing should have occurred between wounds and after cleaning the resident's bowel movement up and before returning to wound care. An interview, on 2-10-26 at 2:38 p.m., with the Director of Nursing, he indicated RN 3 had recently undergone skills testing, which included a checkoff on wound care with the Corporate Infection Control Nurse and she passed without any problems. On 2-10-26 at 2:40 p.m., he provided a copy of the skills testing for RN 3, dated 1-15-26, and entitled. Licensed Nurse Treatment Skills Validation. The skills validation indicated RN 3 had successfully passed the wounds, section of the skills validation checkoff. This undated skills procedure was the same procedure provided by the facility on 2-10-26 at 1:05 p.m., regarding the facility's infection control policies and procedures related to wound care. This procedure indicated staff were to wash their hands prior to gathering supplies or equipment and prior to explaining the plan of care to the residents. It indicated, once the supplies and equipment are ready, to Wash hands, put on gloves .Remove soiled dressing. Put soiled</p> <p>(continued on next page)</p>

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 90 days 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 14 days 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dressing in plastic bag/waste receptacle. Remove gloves and perform hand hygiene .Open dressings and supplies using clean technique to cleanse the wound. Perform hand hygiene. [sic: does not address removal of gloves prior to performing hand hygiene.] Cleanse wound, clean from least contaminated are to most contaminated [usually from center of wound out.] .When complete, remove gloves and discard them in the waste bag. Perform hand hygiene. Open supplies needed .Perform hand hygiene and re-glove hands. Apply ordered dressing .Once dressing is completed .remove gloves. Discard disposable items into designated containers. Perform hand hygiene and re-glove. Reposition the resident for comfort, provide safety and privacy. Remove gloves, wash hands. Take all waste items and dispose in the soiled utility room. Wash hands. This citation relates to Intake 2737534. 3.1-18(a)3.1-18(l)</p>		