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 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Copper Trace Health & Living Community	1250 W 146th Street Westfield, IN 46074

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)
F 0580 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure an orthopedic surgeon was notified when the frequency of a resident's narcotic pain medication was changed, when the resident's condition failed to improve, and when the resident had continued complaints of pain following a right hip surgery for 1 of 3 residents reviewed for notification. (Resident B) This deficient practice resulted in Resident B experiencing continued pain for two weeks related to a dislocated hip after a hemiarthroplasty (a surgical procedure which replaces only one half of a joint-the ball while leaving the socket) of the right hip. Findings include:During a telephone interview, on 3/16/26 at 11:39 p.m., Resident B's family member 8 indicated the resident was in severe pain every time she was moved by staff from the day she was admitted to the facility, to the day she had her follow-up appointment with the orthopedic surgeon. Resident B yelled out Ouch, Ouch, Ouch whenever the staff moved her. The facility staff minimized her pain when she complained. Family member 8 told the facility staff three to four times a week something was not right with her right leg because she yelled out in pain whenever someone moved her and did not want anyone touching her right leg due to the pain. Resident B's right knee looked mangled (deformed) and the right leg was shorter than her left. The facility never notified her they had contacted the orthopedic surgeon regarding the continued right leg pain, the shortened right leg and/or the internal rotated right foot greater than normal for the resident.During an interview, on 3/16/26 at 1:18 p.m., the Therapy Manager indicated it was normal for a person to have a shorter operative leg than the other leg after a hip repair especially if the person had a hemiplegic side (paralysis or severe weakness of one entire side of the body usually involving the arm, leg and face caused by a stroke, tumor or a brain injury). Resident B not only had a right hemiplegic side, but she also had a right foot drop, which caused her right foot to turn inward. She did not complain of pain while doing therapy. Her right leg was slightly shorter than her left leg, but it was not that noticeable. She was a one-person transfer and weight bearing as tolerated when she was discharged from the hospital. She did 30 minutes of physical therapy each day. She had no orders for hip precautions when she was released from the hospital. The nursing staff did not call the orthopedic surgeon's office to clarify if the resident was supposed to have any hip precautions. Resident B's therapy progress was slow.The clinical record for Resident B was reviewed on 3/16/26 at 1:59 p.m. The diagnoses included, but were not limited to, hemiarthroplasty of the right hip, hemiplegia of the right side, right foot drop, anxiety disorder, and pain.Resident B was admitted to the facility, on 11/11/25 at 10:56 p.m., for rehabilitation related to her right hip hemiarthroplasty.A physician's order, dated 11/12/25, indicated hydrocodone-acetaminophen 10/325 milligrams (mg) was ordered every four (4) hours as needed for severe pain. The order was discontinued on 11/13/25.An occupational therapy note, dated 11/12/25 at 2:03 p.m., indicated Resident B's pain level in her right lower extremity was an 8-9 out of a pain scale of 10. The nurse practitioner was present during the pain assessment and was going to review the resident's pain medication regimen.A physical therapy note, dated 11/12/25 at 4:42 p.m., indicated Resident B required maximum assistance and left upper extremity support of a hemi-walker. She was unable to come to a full stand on her first attempt; (continued on next page)

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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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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