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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>155349 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <u>01</u><br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>02/08/2016 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>SAINT ANNE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1900 RANDALLIA DR<br>FORT WAYNE, IN 46805 |
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| (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 |
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| K 0000<br><br>Bldg. 01 | <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/08/16</p> <p>Facility Number: 000240<br/>Provider Number: 155349<br/>AIM Number: 100274960</p> <p>At this Life Safety Code survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC16.2. The original building consisting of the three story building and the main entrance/dining room was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>The nursing home is a fully sprinklered three story building with a basement of Type II (222) construction, the main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit</p> | K 0000 |  |  |
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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 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.

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| K 0033<br>SS=F<br>Bldg. 01 | <p>with a physical therapy gym is a one story fully sprinklered building of type V (111) construction. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms of the existing building. The facility has a capacity of 168 and had a census of 152 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review on 02/11/16 - DA</p> <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape, and provide protection against fire or smoke from other parts of the building.<br/>8.2.5.2, 19.3.1.1</p> <p>Based on observation and interview, the facility failed to maintain 2 of 2 exit stairways in accordance with LSC 7.7.1 and LSC 7.7.2. LSC 7.7.1 requires exits to discharge to the public way or an exterior exit discharge. LSC 7.7.2 allow no more than 50 percent of exits to discharge into an area on the level of exit</p> | K 0033        | This is an ongoing issue with the design of the building. Saint Anne has retained RTM Consulting in order to perform the proper risk assessment. An on-site visit was conducted with RTM on February 23, 2016. We have the Fire Safety Evaluation System (FSES) report attached. Saint Anne Home has also | 02/23/2016           |

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| K 0000<br><br>Bldg. 03 | <p>discharge. This deficient practice could affect any of the 41 residents on the second floor and any of the 46 residents on the third floor in the event of an emergency evacuation.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Maintenance Supervisor on 02/08/16 between 12:45 p.m. and 12:55 p.m., the southwest stair and northeast stair, which total all stairway exits, discharged onto the first floor and not directly to the exterior of the building. Base on interview, this was confirmed by the Maintenance Supervisor at the time of observations.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 02/08/16</p> <p>Facility Number: 000240<br/>Provider Number: 155349<br/>AIM Number: 100274960</p> | K 0000        | engaged MKM architecture to address this issue long-term as part of an overall campus expansion and improvement project. |                      |

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|                    | <p>At this Life Safety Code survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, the 2000 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) and 410 IAC16.2. The Rehabilitation unit and Therapy Gym were surveyed with Chapter 18 New Health Care Occupancies.</p> <p>The nursing home is a fully sprinklered three story building with a basement of Type II (222) construction, the main entrance/dining room is a one story fully sprinklered building of Type V (111) construction and the Rehabilitation unit with a physical therapy gym is a one story fully sprinklered building of type V (111) construction. The facility has a fire alarm system with smoke detectors in the corridors and areas open to the corridors and hard wired smoke detectors in the Rehabilitation hall resident rooms. The facility has a capacity of 166 and had a census of 148 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> |               |   |                      |

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| K 0039<br>SS=E<br>Bldg. 03 | <p>Quality Review on 02/11/16 - DA</p> <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure the corridor width for 1 of 2 Rehabilitation Hall corridors was at least eight feet wide. This deficient practice affects up to 8 residents in rehabilitation rooms five to twelve.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Supervisor on 02/08/16 at 1:23 p.m., the corridor width measured six feet from resident suite five to resident suite twelve in the Rehabilitation Hall. Based on an interview, this was confirmed with the Maintenance Supervisor at the time of the observation.</p> <p>3.1-19(b)</p> | K 0039        | <p>This is an ongoing issue with the design of the building. Saint Anne has retained RTM Consulting in order to perform the proper riskassessment. An on-site visit was conducted with RTM on February 23, 2016. We have the Fire Safety Evaluation System (FSES) report attached. Saint Anne Home has also engaged MKM architecture to address this issue long-term as part of an overall campus expansion and improvement project.</p> | 02/23/2016           |
| K 0040<br>SS=E<br>Bldg. 03 | <p>NFPA 101<br/>LIFE SAFETY CODE STANDARD<br/>Exit access doors and exit doors used by health care occupants are of the swinging type with openings of at least 41.5 inches wide. Doors in exit stairway enclosures are</p>   |               |  |                      |

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|                    | <p>no less than 32 inches in clear width. In ICFs/MR, doors are at least 32 inches wide. 18.2.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 exit doors in the rehabilitation halls had a clear width no less than 41.5 inches wide. LSC 18.2.3.5 requires the clear width of doors in the means of egress from nursing homes shall be no less than 41.5 inches. This deficient practice could affect any up to 8 residents on the Rehabilitation Hall in the event of an emergency evacuation.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor on 02/08/16 at 1:36 p.m., the exit door #12 in the path of egress from the Rehabilitation Hall measured thirty six inches. Based on interview, this measurement was provided and confirmed by the Maintenance Supervisor at the time of observation.</p> <p>3.1-19(b)</p> | K 0040        | <p>This is an ongoing issue with the design of the building. Saint Anne has retained RTM Consulting in order to perform the proper risk assessment. An on-site visit was conducted with RTM on February 23, 2016. We have the Fire Safety Evaluation System (FSES) report attached. Saint Anne Home has also engaged MKM architecture to address this issue long-term aspart of an overall campus expansion and improvement project.</p> | 02/23/2016           |