

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155827	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2024
NAME OF PROVIDER OR SUPPLIER SAGE BLUFF HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 4180 SAGE BLUFF CROSSING FORT WAYNE, IN 46804		
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00423851, IN00424136, IN00424470, IN00424494.</p> <p>Complaint IN00423851 - Federal/State deficiencies related to the allegations are cited at F692.</p> <p>Complaint IN00424136 - Federal/State deficiencies related to the allegations are cited at F689.</p> <p>Complaint IN00424470 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00424494 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: January 4 and 5, 2024.</p> <p>Facility number: 013293 Provider number: 155827 AIM number: 201273090</p> <p>Census Bed Type: SNF/NF: 34 SNF: 12 Total: 46</p> <p>Census Payor Type: Medicare: 10 Medicaid: 27 Other: 9 Total: 46</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed January 8, 2024</p>	F 0000		

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

TITLE

(X6) DATE

Isaac Lenon

Administrator

01/19/2024

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 disclosed 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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F 0689 SS=D Bldg. 00	<p>483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. Based on interview and record review the facility failed to ensure a fall assessment was completed after a witnessed fall for 1 of 3 residents reviewed (Resident C).</p> <p>Findings include:</p> <p>Resident C's record was reviewed 1/4/24 at 11:18 AM. Diagnosis included: developmental disorder, epilepsy and schizophrenia.</p> <p>A fall risk assessment, dated 12/8/23, indicated resident was a high fall risk.</p> <p>A nursing note, dated 12/9/23, indicated Certified Nurse Aide (CNA) 2 entered Resident C's room to assist CNA 3. CNA 2 noticed a raised area on Resident C's forehead with blood. CNA 3 indicated resident had fallen before dinner and CNA 3 had notified the nurse on duty. CNA 3 indicated herself and the nurse assisted Resident C back into her wheelchair. CNA 3 told CNA 2 she didn't think the fall had been reported and CNA 3 had also notified her Agency Supervisor of the fall which occurred sometime between 4-5 PM. CNA 2 indicated she asked the oncoming Nurse 7 about the fall, who indicated she was not notified of Resident C's fall during report.</p>		F 0689	<p>We respectfully request paper compliance due to low scope and severity of the tags.</p> <p>Element 1 Resident C discharged from the facility on 12/9/2023.</p> <p>Element 2 Like residents are identified as residents who have had a fall in the facility. Utilizing the Fall Audit Tool (Attachment A) an audit along with identified corrections will be completed of falls dating back to 12/1/23 to ensure the facility completed an assessment of the resident after the fall. This audit along with identified corrections will be completed by the Director of Nursing or Assistant Director of Nursing on or before 1/23/24.</p> <p>Element 3 The Director of Nursing or Assistant Director of Nursing will be educate Licensed Nurses,</p>

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	<p>An investigation file was provided by the Interim Director of Nursing (DON) on 1/4/24 at 1 PM. The file indicated on 12/9/23 around 6 PM, CNA 3 was assigned to Resident C as a one on one. CNA 3 indicated she was pushing Resident C in her wheelchair to the dining room at approximately 5 PM, Resident C leaned forward, and fell out of her wheelchair. CNA 3 indicated she had notified the nurse and the nurse had assisted CNA 3 with transferring Resident C back into her wheelchair. CNA 3 indicated she notified the nurse of Resident C's head bleeding. CNA 3 had later told the facility later that the nurse was a Qualified Nurse Aide (QMA). The file indicated an interview was conducted with QMA 4. In the interview QMA 4 indicated she had assisted CNA 3 in transferring Resident C back into her wheelchair and did not observe any blood. QMA 4 indicated she did not realize Resident C had fallen. The file also included an interview with another aide who assisted QMA 4 and CNA 3 with transferring Resident C back into her wheelchair and also indicated she was unaware the resident had fallen. The file indicated later on in the evening CNA 3 requested assistance from CNA 2 with Resident C's shower. CNA 2 noticed a raised area on her forehead and some blood. CNA 2 notified Nurse 7.</p> <p>The file included statements regarding Resident C's fall. The statements indicated the following:</p> <p>CNA 3's statement, dated 12/9/23, indicated she assisted Resident C to the dining room, but prior to, Resident C leaned forward in the doorway of her room and fell out of her chair. CNA 3 indicated she called for the nurse. CNA 3 indicated the nurse arrived and assisted CNA 3 in transferring Resident C back into her wheelchair. CNA 3</p>		<p>Qualified Medication Aides and Certified Nursing Assistants on the Fall Prevention and Management Program with an emphasis on the licensed nurse performing an evaluation of the resident for injury after a fall occurs. This education will be completed on or before 1/23/24.</p> <p>Element 4</p> <p>The Director of Nursing or Assistant Director of Nursing will complete audits utilizing the Fall Audit Tool weekly for 8 weeks then monthly for 4 months to ensure residents are evaluated post fall for injury. Results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.</p>	

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	<p>indicated the nurse had indicated Resident C could eat in her bed if she wanted to. CNA 3 indicated she notified the nurse Resident C had hit head head and was bleeding. CNA 3 indicated Resident C stayed in bed, ate dinner and napped. CNA 3 indicated she had also alerted her Agency Supervisor of the fall and Resident C had hit her head. CNA 3 indicated she wasn't sure if the nurse on the floor had reported the fall.</p> <p>QMA 4's statement, dated 12/9/23, indicated she had assisted CNA 2 in assisting Resident C back into her wheelchair. QMA 4 indicated she had not noticed any blood and did not report the fall to the nurse.</p> <p>CNA 2's statement, dated 12/9/23, indicated CNA 2 assisted CNA 3 with Resident C's shower at 9:23 PM. CNA 2 indicated she noticed Resident C had a raised area on her forehead and some blood. CNA 2 indicated she notified Nurse 7 of the fall and CNA 3's statement: Resident C had fallen before dinner and she didn't know if it had been reported.</p> <p>In an interview on 1/4/24 at 12:38 PM, the Interim DON indicated Resident C fell on 12/9/23 between 5-6 PM. The Interim DON indicated at the time Resident C was a one on one with a CNA. The interim DON indicated while CNA 3 pushed Resident C via wheelchair to the dining room, Resident C leaned forward and fell out of her chair. The Interim DON indicated CNA 3 had indicated she notified the nurse and the nurse assisted CNA 3 in transferring Resident C back into her chair. The Interim DON indicated later on the same evening the oncoming CNA 2 had noticed a raised area and blood on Resident C's forehead. CNA 2 had indicated CNA 3 indicated she had told the nurse. The Interim DON indicated</p>			

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F 0692 SS=D Bldg. 00	<p>the oncoming Nurse 7 was not notified of the fall in report. The Interim DON indicated CNA 3 thought she told the nurse, but she told QMA 4 who did not tell anyone in charge. The Interim DON also indicated Resident C was not assessed at the time of the fall and the QMA should have notified the nurse.</p> <p>In an interview on 1/5/24 at 12:20 PM, the Interim DON indicated the nurse was aware of the fall at the time and did not do anything.</p> <p>In an interview on 1/5/24 at 10:31 AM, CNA 6 indicated when a resident fell, the nurse is alerted immediately. CNA 6 indicated if a QMA was working the floor, a nurse was notified.</p> <p>In an interview on 1/5/24 at 10:37 AM, Registered Nurse (RN) 5 indicated when a resident fell a nurse should assess the resident first. RN 5 indicated the resident was not moved until an assessment was completed.</p> <p>A policy, dated July 2017, titled "Fall Management Program," was provided by the Interim DON on 1/5/24 at 10 AM. The policy indicated all falls are recorded, investigated and documented by a qualified healthcare professional.</p> <p>This citation relates to Complaint IN00424136.</p> <p>3.1-45(a)</p> <p>483.25(g)(1)-(3) Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a</p>			

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	<p>resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. Based on interview and record review the facility failed to ensure meal consumption percentages were documented for 3 of 3 residents reviewed (Resident D, Resident E, Resident F) and monthly weights were documented for 2 of 3 residents reviewed (Resident D, Resident E).</p> <p>Findings include:</p> <p>1. A record review was completed for Resident D on 1/4/24 at 11:42 AM. Resident D's intake, dated 12/1/23 - 1/4/24 indicated meal consumption percentage was not documented for the following dates and meals:</p> <p>12/1/23 no breakfast, lunch or dinner was documented</p> <p>12/2/23 no breakfast, lunch or dinner was documented</p> <p>12/3/23 no breakfast, lunch or dinner was documented</p> <p>12/4/23 no breakfast, lunch or dinner was documented</p>	F 0692	<p>Element 1</p> <p>Resident D had a weight obtained on 1/17/24 by Darnella Williams, LPN and suffered no ill effect from the lack meal intake documentation.</p> <p>Resident E had a weight obtained on 1/17/24 by Darnella Williams, LPN and suffered no ill effect from the lack meal intake documentation.</p> <p>Resident F had a weight obtained on 1/17/24 by Darnella Williams, LPN and suffered no ill effect from the lack meal intake documentation.</p> <p>Element 2</p> <p>Like residents are identified as residents who reside in the facility. Utilizing the Nutrition Documentation Audit Tool</p>	01/23/2024

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	<p>12/6/23 no breakfast or lunch was documented</p> <p>12/7/23 no breakfast, lunch or dinner was documented</p> <p>12/8/23 no breakfast, lunch or dinner was documented</p> <p>12/9/23 no breakfast, lunch or dinner was documented</p> <p>12/10/23 no breakfast, lunch or dinner was documented</p> <p>12/11/23 no breakfast, lunch or dinner was documented</p> <p>12/15/23 no dinner was documented</p> <p>12/16/23 no breakfast was documented</p> <p>12/19/23 no dinner was documented</p> <p>12/21/23 no dinner was documented</p> <p>12/23/23 no dinner was documented</p> <p>12/26/23 no dinner was documented</p> <p>12/27/23 no dinner was documented</p> <p>12/28/23 no dinner was documented</p> <p>1/2/24 no dinner was documented</p> <p>Resident D's weight log, dated 6/1/23 - 1/4/24, indicated Resident D's weight was not completed for the following months:</p> <p>September 2023</p> <p>December 2023</p> <p>Resident D's progress notes, dated 6/1/23 - 1/4/24 were reviewed. There was no documentation regarding refusal of meals or weights.</p> <p>2. A record review was completed for Resident E on 1/4/24 at 12:19 PM. Resident E's intake, dated 12/1/23 - 1/4/24 indicated meal consumption percentage was not documented for the following dates and meals:</p> <p>12/1/23 no lunch or dinner was documented</p> <p>12/2/23 no breakfast, lunch or dinner was</p>	<p>(Attachment B) like residents will be reviewed by the Director of Nursing or Assistant Director of Nursing to ensure meal intakes and weights are being recorded. This audit along with identified corrections will be completed on or before 1/23/24.</p> <p>Element 3 The Director of Nursing or Assistant Director of Nursing will provide education to Licensed Nurses, Qualified Medication Aides and Certified Nursing Assistants utilizing the ADL Documentation policy with an emphasis on documentation of meal intake as well as residents weights. This education will be completed on or before 1/23/24.</p> <p>Element 4 The Director of Nursing or Assistant Director of Nursing will complete random audits utilizing the Nutrition Documentation Audit Tool weekly for 8 weeks then monthly for 4 months to ensure meal intake and residents weights are being recorded. Results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.</p>		

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	documented 12/3/23 no breakfast, lunch or dinner was documented 12/4/23 no dinner was documented 12/5/23 no lunch or dinner was documented 12/6/23 no breakfast or lunch was documented 12/7/23 no breakfast, lunch or dinner was documented 12/8/23 no breakfast, lunch or dinner was documented 12/9/23 no breakfast, lunch or dinner was documented 12/10/23 no breakfast, lunch or dinner was documented 12/14/23 no dinner was documented 12/15/23 no breakfast, lunch or dinner was documented 12/16/23 no breakfast, lunch or dinner was documented 12/17/23 no breakfast, lunch or dinner was documented 12/19/23 no dinner was documented 12/21/23 no dinner was documented 12/23/23 no dinner was documented 12/24/23 no breakfast, lunch or dinner was documented 12/25/23 no breakfast, lunch or dinner was documented 12/26/23 no breakfast, lunch or dinner was documented 12/27/23 no dinner was documented 1/2/24 no dinner was documented Resident E's weight log, dated 6/1/23 - 1/4/24 indicated Resident E's weight was not taken during the following months: September 2023 October 2023			

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	<p>Resident E's progress notes, dated 6/1/23 - 1/4/24 were reviewed. There was no documentation regarding refusal of meals or weights.</p> <p>3. A record review was completed for Resident F on 1/5/24 at 10:12 AM. Resident F's intake, dated 12/1/23 - 1/4/24 indicated meal consumption percentage was not documented for the following dates and meals:</p> <p>12/1/23 no lunch or dinner was documented 12/2/23 no breakfast, lunch or dinner was documented 12/3/23 no breakfast, lunch or dinner was documented 12/4/23 no dinner was documented 12/5/23 no lunch was documented 12/6/23 no breakfast or lunch was documented 12/7/23 no breakfast, lunch or dinner was documented 12/8/23 no dinner was documented 12/9/23 no breakfast, lunch or dinner was documented 12/10/23 no breakfast, lunch or dinner was documented 12/15/23 no dinner was documented 12/16/23 no lunch was documented 12/19/23 no dinner was documented 12/23/23 no dinner was documented 12/26/23 no dinner was documented 12/27/23 no breakfast was documented 12/28/23 no dinner was documented 1/2/24 no dinner was documented</p> <p>Resident F's progress notes, dated 12/1/23 - 1/4/24 were reviewed. There was no documentation regarding refusal of meals.</p> <p>During an interview on 1/5/24 at 10:31 AM, Certified Nurse Aide (CNA) 6 indicated resident</p>			(X5) COMPLETION DATE

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	<p>meal consumption percentages and weights were completed by the CNAs. CNA 6 indicated the CNA documented the meal consumption percentages and the nurse documented the resident's weight. CNA 6 indicated weights were completed monthly unless the resident's physician orders indicated otherwise.</p> <p>During an interview on 1/5/24 at 10:37 AM, Registered Nurse (RN) 5 indicated the CNA completed meal consumption percentages and weights. RN 5 indicated the CNA documented the meal consumption percentage and the nurses documented the resident's weight. RN 5 indicated weights were completed monthly unless the resident's physician orders indicated otherwise.</p> <p>A policy, dated May 2015, titled "Resident Weight Policy," was provided by the Interim Director of Nursing on 1/5/24 at 11:06 AM. The policy indicated weight were obtained upon admission, weekly for the first four weeks, monthly or more often as ordered.</p> <p>This citation relates to Complaint IN00423851.</p> <p>3.1-46(1)</p>				