

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

PRINTED: 01/02/2025

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155827		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 12/04/2024	
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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E 0000 Bldg. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 12/04/24 Facility Number: 013293 Provider Number: 155827 AIM Number: 201273090 At this Emergency Preparedness survey, Sage Bluff Health and Rehabilitation Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 84 and had a census of 50 at the time of this survey. Quality Review completed on 12/11/24			E 0000			
K 0000 Bldg. 01	A Life Safety Code (LSC) Recertification and State Licensure Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a). Survey Date: 12/04/24 Facility Number: 013293 Provider Number: 155827 AIM Number: 201273090 At this LSC survey, Sage Bluff Health and Rehabilitation Center was found not in compliance with Requirements for Participation in			K 0000	We respectfully request paper compliance due to low scope and severity of the citations.		

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

TITLE

(X6) DATE

Isaac Lenon

Administrator

12/26/2024

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 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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K 0353 SS=E Bldg. 01	<p>Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety From Fire and the 2012 Edition of the National Fire Protection Association (NFPA) 101, LSC, Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The facility has a capacity of 84 and had a census of 50 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinkled. All areas providing facility services were sprinkled except a small storage shed.</p> <p>Quality Review completed on 12/11/24</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review and interview, the facility failed to ensure 2 of 2 dry pendant sprinklers in the cooler that were older than ten years were replaced or tested in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. Section 5.3.1.1.1.6 states dry sprinklers that have been in service for 10 years shall be replaced or representative samples shall be tested and then retested at 10-year intervals. Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by</p>			K 0353	<p>Element 1 Sprinkler heads have been ordered. Repair to be scheduled upon receipt of the sprinkler heads.</p> <p>Element 2 Like areas are identified as other sprinkler heads. Sprinkler Heads will be audited using sprinkler head audit tool (Attachment C) to ensure no additional sprinkler heads need replaced per Life Safety Code K353.</p> <p>Element 3</p>		01/17/2025

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K 0521 SS=F Bldg. 01	<p>this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. section 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect staff in the kitchen.</p> <p>Findings include:</p> <p>Based on records review of the sprinkler inspection documentation dated 09/27/24 with the Maintenance Director and the Administrator on 12/04/24 at 10:18 a.m., the report stated, "the dry pendant sprinklers in the cooler were older than ten years and needed to be replaced or tested." There was no documentation to show if the dry pendant sprinklers in the cooler were replaced or tested. Based on interview at the time of record review, the Maintenance Director stated the dry pendant sprinklers in the cooler have not been replaced or tested.</p> <p>The finding was reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>			K 0521	<p>The Maintenance Director will be educated on Life Safety Code K353 including at what frequency routine damper testing must be complete (Attachment B).</p> <p>Element 4 Sprinkler heads will be audited using the Sprinkler Head Audit Tool (Attachment C) by the Maintenance Director weekly x4 weeks followed by monthly x5 months. Findings will be reviewed by QAPI committee.</p>		12/30/2024
	<p>NFPA 101 HVAC</p> <p>Based on record review and interview, the facility failed to ensure 1 of 1 fire damper systems were inspected and provided necessary maintenance after the first year after instillation and at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related</p>				<p>Element 1 Damper testing is scheduled to be completed on 12/30/2024.</p> <p>Element 2 Like areas are identified as other routine inspections required by</p>		

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	<p>equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. Section 19.4.1.1 states the test and inspection frequency shall be every 4 years except for hospitals where the frequency is every 6 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director and Administrator on 12/04/24 at 10:50 a.m., the fire damper testing was past due. The damper testing documentation had a completion date of 07/23/20 and was due for reinspection in July of 2024. Based on an interview at the time of records review, the Maintenance Director agreed the damper inspection was past due and no damper inspection has been conducted since July of 2020.</p> <p>The finding was reviewed with the Administrator and the Maintenance Director during the exit conference.</p>				<p>Life Safety Code. An audit utilizing the Routine Inspection Audit Tool (Attachment A) will be completed to make sure all routine testing is completed timely. This audit will be completed by the administrator by 12/31/2024.</p> <p>Element 3 The Maintenance Director will be educated on Life Safety Code K521 including at what frequency routine damper testing must be complete (Attachment B).</p> <p>Element 4 The "Life Safety Inspection Tracker" will be audited using the Routine Inspection Audit Tool (Attachment A) weekly x4 weeks followed by monthly x5 months by the administrator for timely completion of routine inspections. Findings will be reviewed by QAPI committee.</p>		

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K 0761 SS=F Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Maintenance, Inspection & Testing - Doors</p> <p>Based on records review and interview, the facility failed to ensure annual inspections and testing of 6 of 6 fire door assemblies were completed in accordance with LSC 19.1. and with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on records review with the Administrator and Maintenance Director on 12/04/24 at 10:19 a.m., the annual fire door inspections were past due. The annual fire door inspection documentation had a completion date of 02/17/23, and the doors were due to be reinspected in February of 2024. No other documentation was available to show if the facility's fire doors were inspected within the last 12 months. Based on an interview at the time of records review, the Maintenance Director agreed the fire door inspections were past due and no inspections have been conducted since February of 2023.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>3.1-19(b)</p>		K 0761	<p>Element 1 Fire Door Inspection was completed on 12/26/2024.</p> <p>Element 2 Like areas are identified as other routine inspections required by Life Safety Code. An audit utilizing the Routine Inspection Audit Tool (Attachment A) will be completed to make sure all routine testing is completed timely. This audit will be completed by the administrator by 12/31/2024.</p> <p>Element 3 The Maintenance Director will be educated on Life Safety Code K761 including at what frequency routine fire door inspections must be complete (Attachment B).</p> <p>Element 4 The "Life Safety Inspection Tracker" will be audited using the Routine Inspection Audit Tool (Attachment A) weekly x4 weeks followed by monthly x5 months by the administrator for timely completion of routine inspections. Findings will be reviewed by the QAPI committee.</p>		12/26/2024	