

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

PRINTED: 04/10/2025
FORM APPROVED
OMB NO. 0938-039

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|--|---|---|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155827 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING | | X3) DATE SURVEY COMPLETED 03/24/2025 | |
| NAME OF PROVIDER OR SUPPLIER SAGE BLUFF HEALTH & REHAB CENTER | | | | STREET ADDRESS, CITY, STATE, ZIP COD 4180 SAGE BLUFF CROSSING FORT WAYNE, IN 46804 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 |
| F 0000 Bldg. 00 | <p>This visit was for the Investigation of Complaint IN00454853, IN00455256, IN00455764, and IN00455806.</p> <p>Survey dates: March 23, and 24, 2025.</p> <p>Complaint IN00454853- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00455256- Deficiencies related to the allegations are cited at F675</p> <p>Complaint IN00455764- Deficiencies related to the allegations are cited at F686</p> <p>Complaint IN00455806- No deficiencies related to the allegations are cited.</p> <p>Facility number: 013293 Provider number: 155827 AIM number: 201273090</p> <p>Census Bed Type: SNF/NF: 56 Total: 56</p> <p>Census Payor Type: Medicare: 4 Medicaid: 34 Other: 18 Total: 56</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed March 25, 2025</p> | | | F 0000 | We respectfully request paper compliance due to the low scope and severity of the citations. | | |

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

TITLE

(X6) DATE

Isaac Lenon

Administrator

04/09/2025

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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| F 0675 SS=D Bldg. 00 | <p>483.24 Quality of Life</p> <p>Based on interview and record review the facility failed to ensure 1 of 3 residents reviewed were free from condescending remarks. (Resident C)</p> <p>Findings include:</p> <p>A review of an investigation, dated 3/10/25, indicated Resident C stated she overheard QMA (Qualified Medical Assistant) 8 say the resident needed to stop lying. Resident C indicated she was afraid QMA 8 would retaliate if she said anything to her. Resident C was placed on care in pairs.</p> <p>A written statement, signed by QMA 8, dated 3/10/25, indicated Resident C complained about everything. When staff would go in to help her, the resident would indicate "its fine if you don't want to help me". The resident accused QMA 8 of pulling her curtain in her room when I was helping the other resident. Resident C tells stories after stories since she has entered the building.</p> <p>A written statement from the social services worker, dated 3/10/25, indicated shortly after the incident in the dining room, QMA 8 was removal from Resident C's care. QMA 8 then went into Resident C's room to take Resident C's room mate out. Resident C accused QMA 8 of giving her a look. When QMA 8 was leaving the room, QMA 8 aggressively yanked on the curtain. Resident C also indicated she was in fear of her life and might call the police after she called her daughter.</p> <p>A progress note dated 3/11/25 indicated Resident</p> | | | F 0675 | <p>Element 1 Resident C discharged from the facility on 3/10/25. On 3/10/2025, a self-reported incident was submitted to Indiana Depart of Health. On 3/10/25 QMA 8 in question was suspended pending investigation.</p> <p>Element 2 Current residents residing in the facility could have been impacted by the allegation of poor customer service related to condescending remarks. Facility will interview alert and oriented residents to ensure they do not have any current customer service concerns. (Attachments A). Interviews will be completed by Department Managers on or before 4/18/25.</p> <p>Element 3 Staff to be educated on Residents' Rights (Attachment B) by Administrator or Designee. Education will be completed on or before 4/18/25.</p> <p>Element 4 Using the resident interview questions (Attachment A), residents will be interviewed to assure they do not have current customer service concerns. This</p> | | 04/18/2025 |

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| | <p>C left against medical advice due to her fear after allegations of verbal abuse. A report to adult protective services was made.</p> <p>During an interview, on 3/24/25 at 9:20AM, the Dietary Director indicated Resident C was concerned and called her over to discuss QMA 8's refusal to assist her getting her pants back on. Resident C indicated QMA 8 was "nasty" towards her, QMA 8 became loud, while walking towards the resident, called her a liar and stated all the resident does is lie. The Dietary Director explained she attempted to intervene, asking QMA 8 to please stop and just walk away. QMA 8 came back over to the table and stated loudly "I don't care if she does go and tell all she does is lie". Resident C was visibly crying and was asking if I could get her moved. A peer came and was trying to console her. Resident C indicated she was in fear for her safety.</p> <p>During an interview, on 3/24/25 at 9:46AM, Resident F indicated she heard QMA 8 loudly calling Resident C a liar and had observed Resident C crying. Resident F explained to her QMA 8 refused to assist her in getting her pants on to come to breakfast and therefore she had to do it herself. Resident C indicated she ripped a stitch in her abdominal incision, then came to dining room to endure this treatment. Resident F indicated QMA 8 was being threatening, standing over Resident C, yelling, and telling her if she told no one would believe her.</p> <p>A review of Resident F's record on 3/24/25 at 12:56 PM indicated her most recent Brief Interview for Mental Status assessment, dated 2/26/25, was a 15. The score of 15 indicated Resident F had no cognitive deficits.</p> | | | | audit will be completed by Department Managers weekly for 4 weeks, and monthly for 5 months. Findings will be reviewed by QAPI committee. | | |

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| F 0686 SS=D Bldg. 00 | <p>A current policy and procedure titled "Indiana Resident Abuse Policy" dated May 2008 last revision date 07/11/2024 was provided by the Executive Director on 3/24/25 at 11:23AM. The policy stated ...Abuse-includes actions such as willful infliction of injury, unreasonable confinement, intimidation, or punishment with physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being ...Willful in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury ...Verbal abuse-is defined as the use of oral or written or gestural language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance, regardless of their age, ability to comprehend or disability ...</p> <p>This citation is related to complaint IN00455256</p> <p>3.1-37(a)</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>Based on interview and record review the facility failed to ensure wound care was provided to 1 of 3 residents reviewed. (Resident D)</p> <p>Findings include:</p> <p>Resident D's record was reviewed on 03/24/2025 at 10:15 AM. Diagnoses included rheumatoid arthritis, major depressive disorder, and stage 4 sacral pressure ulcer (small of the back).</p> | | | F 0686 | <p>Element 1 Resident D had her treatment completed on 3/22/25. Resident D suffered no ill effects from the missed treatment on 3/21/25.</p> <p>Element 2 Residents with pressure injuries could have been affected by the deficient practice. DON or</p> | | 04/18/2025 |

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| | <p>A review of Resident D's current quarterly MDS indicated their BIMS (Basic Interview for Mental Status) score was 15 (cognitively intact). The MDS indicated the resident was completely dependent on caregivers for mobility assistance.</p> <p>In an interview, on 03/23/2025 at 2:30 PM, Resident D indicated they did not receive wound care on Friday, 03/21/2025. The last time Resident D had their wound cleaned and changed was Friday, 03/14/2025. Resident D indicated they were residing at the facility specifically for wound care.</p> <p>A review of physician orders, dated 03/08/2025, indicated the stage 4 coccyx pressure ulcer needed cleansed, the wound packed daily and as needed. On 03/20/2025 and 03/21/2025, per the medication administration record (MAR), wound care was not completed.</p> <p>A current policy, dated 09/18/2023, provided by the Administrator indicated dressings will be left according to orders unless removal is indicated due to excessive drainage, odor, or other indications.</p> <p>This citation is related to complaint IN00455764.</p> <p>3.1-40</p> | | | | <p>designee will complete an audit of all residents with pressure injuries to ensure treatments are completed per MD orders using the Pressure Injury Audit Tool (Attachment C). Audit will be completed on or before 4/18/2025</p> <p>Element 3 Nurses will be educated on the Pressure Injury Prevention and Treatment Policy (Attachment D) by the DON or designee. Education will be completed on or before 4/18/2025.</p> <p>Element 4 Using the Pressure Injury Audit Tool (Attachment C), Treatments for pressure injuries will be audited for completion weekly for 4 weeks and monthly for 5 months by the DON or designee. Findings will be reviewed by the QAPI committee.</p> | | |