

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

PRINTED: 05/22/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155349		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 03/16/2023	
NAME OF PROVIDER OR SUPPLIER SAINT ANNE HOME				STREET ADDRESS, CITY, STATE, ZIP COD 1900 RANDALLIA DR FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/16/23</p> <p>Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960</p> <p>At this Emergency Preparedness survey, Saint Anne Home was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 166 certified beds. At the time of the survey, the census was 94.</p> <p>Quality Review completed on 03/20/23</p>			E 0000			
K 0000 Bldg. 01	<p>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).</p> <p>Survey Date: 03/16/23</p> <p>Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960</p> <p>At this LSC survey, Saint Anne Home was found not in compliance with Requirements for</p>			K 0000			

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

TITLE

(X6) DATE

Elaine Wilson

COO

05/09/2023

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 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 0225 SS=F Bldg. 01	<p>Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012 edition of National Fire Protection Association (NFPA) 101, LSC and 410 IAC16.2. The building was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>The facility consists of two attached buildings: Bldg. #1 a three-story building Type II (222) and Bldg. #2 Type V (111).</p> <p>Building #1 is a three-story building with basement, is fully sprinklered, and is Type II (222) 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. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. The facility has a capacity of 166 and had a census of 94 at the time of this survey.</p> <p>Quality Review completed on 03/20/23</p> <p>NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2 Based on observation and interview, the facility failed to ensure 2 of 2 exit stairways had at least 50 percent of the exits lead directly to the outside. LSC 7.7.1 states exits shall terminate directly, at a public way or at an exterior exit discharge, unless otherwise provided in 7.7.1.2 through 7.7.1.4. LSC 7.7.2 Exits shall be permitted to discharge through interior building areas, provided that all of the following are met: (1) not more than 50 percent of the required number of exits, and not more than 50</p>			K 0225	<p>Saint Anne Home 240 Citation: K225 Saint Anne Communities stair wells open only to the interior of the building. This citations occurs annually. Saint Anne Communities contracted with RTM Consultants to review the building structure resulting in the following findings: "The Report demonstrates that the</p>		04/06/2023

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K 0000 Bldg. 02	<p>percent of the required egress capacity, shall discharge through areas on any level of discharge. This deficient practice could affect staff and all residents in Building One.</p> <p>Findings include:</p> <p>Based on observation with the Facilities Director on 03/16/23 between 11:00 a.m. and 1:30 p.m., the southwest stairs and northeast stairs, which total all stairway exits, discharged onto the first floor and not directly to the exterior of the building. Based on interview at the time of each observation, Facilities Director stated all stairwells discharged onto the first floor and not directly outside.</p> <p>This finding was reviewed with the Facilities Director during the exit conference.</p> <p>3.1-19(b)</p> <p>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).</p> <p>Survey Date: 03/16/23</p> <p>Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960</p> <p>At this LSC survey, Saint Anne Home was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire, the 2012</p>			K 0000	<p>facility will be considered to be in equivalent compliance with the provisions of NFPA 101-2012 upon completion of the Plan for Improvement completed by the facility"</p> <p>It would be an unreasonable burden, displacing residents with an astronomical financial burden to renovate the building to have a stairwell with a direct exit of the building.</p>		

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	<p>edition of National Fire Protection Association (NFPA) 101, LSC and 410 IAC16.2. The building was surveyed with Chapter 19 Existing Health Care Occupancies.</p> <p>The facility consists of two attached buildings: Bldg. #1 a three-story building Type II (222) and Bldg. #2 Type V (111).</p> <p>Building two is a one-story building consisting of the main entrance, dining, the chapel, and rehabilitation unit with a physical therapy gym is fully sprinklered 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. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. The facility has a capacity of 166 and had a census of 94 at the time of this survey.</p> <p>Quality Review completed on 03/20/23</p>						