

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

PRINTED: 05/30/2025

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 00 B. WING		X3) DATE SURVEY COMPLETED 05/22/2025	
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 Complaints IN00457991, IN00458919, and IN00459121.</p> <p>Complaint IN00457991 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00458919- No deficiencies related to the allegations are cited.</p> <p>Complaint IN00459121- Deficiencies related to the allegations are cited at F689.</p> <p>Survey dates: May 21 and 22, 2025</p> <p>Facility number: 013293 Provider number: 155827 AIM number: 201273090</p> <p>Census Bed Type: SNF/NF: 11 SNF: 36 Total: 47</p> <p>Census Payor Type: Medicare: 9 Medicaid: 27 Other: 11 Total: 47</p> <p>This deficiency reflects State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed May 22, 2025</p>			F 0000			
F 0689 SS=D Bldg. 00	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices						

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

TITLE

(X6) DATE

Isaac Lenon

Administrator

05/29/2025

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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	<p>Based on interview and record review the facility failed to ensure fall interventions were followed for 1 of 4 residents reviewed (Resident B).</p> <p>Findings include:</p> <p>An incident report, dated 5/7/25, was provided by the Administrator on 5/21/25 at 10 AM. The report indicated Resident B returned from an outside appointment on 5/2/25, reported to the facility staff she fell and her wrist was injured. The report indicated Resident B initially refused treatment but later accepted treatment on 5/7/25. Resident B had an open and closed left distal wrist fracture. The report indicated Resident B's fall interventions were in place.</p> <p>Resident B's record was reviewed on 5/21/25 at 11:30 AM. Diagnosis included congestive heart disease, muscle weakness and post-traumatic stress disorder.</p> <p>A nursing note, dated 5/7/25, indicated the fall intervention added was: Resident B accompanied by facility staff for all outside appointments.</p> <p>A nursing note, dated 5/20/25, indicated Resident B returned from an outside appointment, but there was no documentation to indicate whether staff had accompanied the resident.</p> <p>Resident B's care plan indicated Resident B was at risk for falls. Interventions included: staff to accompany resident to all appointments, start date of 5/2/25.</p> <p>Resident B's recent quarterly Minimum Data Set (MDS) Assessment, dated 3/10/25, indicated Resident B had a Brief Interview of Mental Status (BIMS) of 15/15 (cognitively intact).</p>			F 0689	<p>We respectfully request paper compliance due to the low scope and severity of the citation.</p> <p>Element 1</p> <p>Resident suffered no ill effects from attending the appointment on 5/20/2025 without staff accompanying her.</p> <p>Element 2</p> <p>Like residents were identified as residents who require an escort for appointments. Like residents will be audited utilizing the Care Plan Audit Tool (Attachment A) to ensure staff are scheduled to attend appointments.</p> <p>Element 3</p> <p>Nurses were educated on the Fall Policy (Attachment B) and use of resident profiles to assure all fall interventions are in place, including but not limited to appointment escorts (Attachments C, D, E). Education was completed on 5/23/2025.</p> <p>Element 4</p> <p>DON or designee to complete audits utilizing the Resident Profile Audit Tool (Attachment A) weekly x4 weeks and monthly x5 months to validate that identified fall interventions are in place per the care plan. Findings will be reviewed by the QAPI Committee.</p>		05/23/2025

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	<p>During an interview, on 5/22/25 at 9:22 AM, Resident B indicated she attended an outside appointment on 5/2/25, transported by the facility. Resident B indicated during the appointment she fell in the bathroom. Resident B indicated upon return to the facility she reported the fall to the facility staff. Resident B indicated the fall resulted in an open and closed distal fracture of her left wrist. Resident B indicated the facility transported her to the next appointment on 5/20/25, but no staff had accompanied her during the appointment.</p> <p>During an interview, on 5/22/25 at 10:40 AM, the Administrator indicated Resident B reported she fell in the bathroom during an outside appointment on 5/2/25. The Administrator indicated Resident B was transported to a follow up appointment on 5/20/25 by the Maintenance Director. The Administrator indicated the Maintenance Director did not accompany Resident B during her appointment. The Administrator indicated Resident B's fall intervention was for staff to accompany her at appointments. The Administrator indicated no staff accompanied Resident B at her appointment on 5/20/25.</p> <p>During an interview, on 5/22/25 at 10:52 AM, the Maintenance Director indicated he transported residents to outside appointments. The Maintenance Director indicated when a resident had to be accompanied during an appointment a Certified Nurse Assistant (CNA) or other staff member attended. The Maintenance Director indicated the Administrator or Director of Nursing (DON) notified him of any residents needed accompanied at appointments. The Maintenance Director indicated he transported Resident B to</p>						

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	<p>her appointment on 5/20/25 with no other staff present and did not accompany her at the appointment. The Maintenance Director indicated he was notified on 5/22/25 Resident B needed accompanied at appointments.</p> <p>During an interview, on 5/22/25 at 11:40 AM, Licensed Practical Nurse (LPN) 3 indicated fall interventions included therapy evaluation, proper foot wear and determined root cause. LPN 3 indicated she would ask her supervisor for guidance on residents going to appointments supervised or unsupervised. LPN 3 indicated when residents needed supervised for appointments a CNA accompanied the resident</p> <p>During an interview, on 5/22/25 at 11:43 AM, LPN 4 indicated fall interventions included lowered bed, floor mats and frequent monitoring. LPN 4 indicated she had not assisted Resident B prior to 5/2/25 but recalled she did not need supervision during outside appointments. LPN 4 indicated when she was unsure of assistance needed for outside appointments she reviewed the resident's care plan and asked the Maintenance Director who transported residents to appointments.</p> <p>A policy, last revised 8/6/2024, titled Fall Prevention and Management Policy, was provided by the Administrator on 5/22/25 at 12:16 PM. The policy indicated falls were reviewed by the interdisciplinary team, new interventions were implemented and the care plan was updated to prevent further falls.</p> <p>This citation is related to Complaint IN00459121.</p> <p>3.1-45(a)</p>						