

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

PRINTED: 05/11/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____		(X3) DATE SURVEY COMPLETED R 05/10/2023
NAME OF PROVIDER OR SUPPLIER SAINT ANNE HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 RANDALLIA DR FORT WAYNE, IN 46805		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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	
{K 000}	INITIAL COMMENTS Paper compliance to the Life Safety Code Recertification and State Licensure Survey conducted on 03/16/23 was completed on 05/10/23 Review Date: 05/10/23 Facility Number: 000240 Provider Number: 155349 AIM Number: 100274960 Based on review of the Fire Safety Evaluation System (FSES) Survey conducted on 04/06/2023, Saint Anne Home was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2.	{K 000}			
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 90 days 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 14 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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{K 000}	Continued From page 1	{K 000}			
{K 225} SS=F	<p>Based on review of the Fire Safety Evaluation System (FSES) Survey conducted on 04/06/2023, Saint Anne Home was found in compliance with NFPA (National Fire Protection Association) 101A, Chapter 4, Fire Safety Evaluation System for Health Care Occupancies in regard to the PSR to the Life Safety Recertification and State Licensure Survey. Achieving a passing score on the FSES Survey for Health Care Occupancies found in Chapter 4 of NFPA 101A, Alternative Approaches to Life Safety, 2013 Edition, shows the facility provides a level of Life Safety at least equivalent to that prescribed by NFPA 101, Life Safety Code (LSC) and 410 IAC 16.2.</p> <p>Stairways and Smokeproof Enclosures CFR(s): NFPA 101</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: 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</p>	{K 225}	Correction Obviated - Passed FSES	4/6/23	

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{K 225}	<p>Continued From page 2</p> <p>exits, and not more than 50 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>	{K 225}			