

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 02/28/2025
NAME OF PROVIDER OR SUPPLIER Saint Anne Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Randallia Dr Fort Wayne, IN 46805	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46756</p> <p>Based on interview and record review, the facility failed to ensure water temperatures in facility storage tanks were monitored and legionella testing was performed routinely. 118 of 118 residents residing in the facility used water provided by the facility.</p> <p>Findings include:</p> <p>In an interview, on 2/27/25 at 1:04 PM, the Director of Nursing indicated she would provide policies and all records and logs pertaining to the facility's water management and legionella testing.</p> <p>A printed record of an email, dated 2/27/24 at 2:30 PM, indicated the Maintenance Director had contacted a company regarding a request for sample containers for legionella testing. The email indicated containers were being shipped that day or the following day for the facility to conduct legionella testing.</p> <p>A review of the facility assessment indicated the facility had a low probability of the occurrence of a resident with a legionella infection and a low capacity and performance to identify an issue.</p> <p>A review of 2024 temperature logs for water temperatures included spaces to record temperatures for hot water storage tanks 1 and 2 in the Nursing Home and hot water storage tanks 1 and 2 in the Rehabilitation section of the building. No values were documented in the spaces to record water temperatures of the water storage tanks in the Nursing Home or the Rehabilitation section of the building.</p> <p>In an interview, on 2/28/25 at 10:33 AM, the Maintenance Director indicated he was unable to obtain temperatures of water in the water storage tanks because no temperature gauge was present on the tanks.</p> <p>In an interview, on 2/28/25 at 10:33 AM, the Administrator indicated federal guidelines require the facility to provide a policy on water management for legionella and the policy should be followed. She indicated no legionella testing records were available for review and the policy had not been followed.</p> <p>An undated current policy titled Water Management Program- Legionella, provided by Administrator on 2/28/25 at 9:50 AM indicated the facility should maintain a temperature of 140 or above to prevent legionella growth. The policy also indicated legionella screening tests should be performed in 3-4 locations such as sinks or showers per floor and in the hot water tanks semi-annually.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3.1-18(a)		