

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/19/2014
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NAME OF PROVIDER OR SUPPLIER ILLINOIS VETERANS HOME - ANNA	STREET ADDRESS, CITY, STATE, ZIP CODE 792 NORTH MAIN ANNA, IL 62906
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(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) COMPLETE DATE
S 000	Initial Comments	S 000		
S1505	<p>Complaint #1455069 IL #73119</p> <p>Section 340.1505 Medical, Nursing and Restorative Services</p> <p>This Regulation is not met as evidenced by: STATEMENT OF LICENSURE VIOLATIONS:</p> <p>Section 340.1505 b) Medical Nursing and Restorative Services</p> <p>The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care shall be provided to each resident to meet the total nursing care needs of the resident.</p> <p>This requirement is not met as evidenced by: Based on record review, and interview, the facility failed to use a mechanical lift and the assistance of two in transferring one of three residents (R2) reviewed for proper transfer technique to prevent an injury in the sample three. This failure resulted in a fractured femur.</p> <p>Findings include:</p> <p>1. On 11-19-14 at 1:20 PM, E4 (Veterans Nursing Assistant Certified) stated on 10-14-14 at 5:00 AM he went into R2's room to get him up for breakfast. I tried to transfer R2 by himself from the bed to R2's chair. I thought I could get R2 up</p>	S1505		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S1505	<p>Continued From page 1</p> <p>by myself. When I realized I could not get R2 up by myself, I laid R2 back down and got the lift. I did the mechanical lift transfer by my self.</p> <p>On 11-19-14 at 2:28 PM, E5 (Registered Nurse) stated on 10-14-14 in report, they said R2 had been dropped and he had abrasions on his knees. At 7:10 AM I saw R2 out in the dining room, and there was blood on his lap blanket. I took him to the nurses station and his right leg was swollen. R2 was sent out for an X-ray.</p> <p>R2's X-ray dated 10-14-14 indicates a comminuted compound fracture of the right femur.</p> <p>R2's interim care plan dated 04-09-14, and his current care plan dated 04-22-14 indicates: R2 requires assist of two with transfers using a lift due to R2 being assessed high risk for falling.</p> <p>The facility's policy and procedure for Falls/Unusual Occurrences (Approved 08-06-13) indicates: B. For members who have been identified at risk, the plan of care shall implement interventions, including supervision, consistent with the member's needs, goals, plan of care, and current standards of practice in order to reduce the risk of an incident and/or accident.</p> <p>The facility's policy and procedure for HOM-Nursing, Lifting Equipment and Accessories---Resident Safe Handling Techniques (Revised 10-17-14) indicates: Safe lifting team means: At least 2 individuals who are trained and proficient in the use of both safe lifting techniques and safe lifting equipment and accessories.</p> <p>(B)</p>	S1505		

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