### Summary Statement of Deficiencies

**S 000**

Initial Comments

Complaint #1455069  IL #73119

**S1505**

Section 340.1505 Medical, Nursing and Restorative Services

This Regulation is not met as evidenced by:

**STATEMENT OF Licensure ViOLATIONS:**

Section 340.1505 b) Medical Nursing and Restorative Services

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.

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.

Findings include:

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
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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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.

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.

R2's X-ray dated 10-14-14 indicates a comminuted compound fracture of the right femur.

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.

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.

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.
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Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER: ILLINOIS VETERANS HOME - ANNA

STREET ADDRESS, CITY, STATE, ZIP CODE: 792 NORTH MAIN, ANNA, IL 62906

STATE FORM: 6899

If continuation sheet: 3 of 3