STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145344	A. Building B. Wing	02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Libertyville Manor Ext Care	610 Peterson Road Libertyville, IL 60048

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34490 Based on observation, interview, and record review, the facility failed to ensure care was performed in a safe manner while using a mechanical sit to stand lift for 1 of 3 residents (R1) reviewed for safety in the sample of 3. This failure resulted in R1 sustaining a distal femur (lower thigh bone) fracture. The findings include: R1's History and Physical, dated 2/8/25, shows, Patient presented to the ED (Emergency Department) due to c/o right leg pain s/p (status post) fall. She was being transferred from her bed at her facility, when the chair device sit to stand reportedly malfunctioned resulting in the patient falling. Patient c/o right lower leg pain s/p fall and was transferred to the ED for eval. (evaluation). In the ED, X-ray imaging showed, fracture of the distal femur. R1's X-ray of her right knee, dated 2/8/25, shows, Displaced and angulated comminuted fracture of the distal diaphysis of the femur with posterior displacement of the distal fragment by 1.4 cm (centimeters). R1's Orthopedic Notes, dated 2/8/25, shows, This is an [AGE] year old women with dementia nursing home resident. She is wheelchair-bound. While transferring she sustained a fall. She has right leg pain .right lower extremity is swollen. Tender about knee. Crepitation noted .painful supracondylar femur fracture, right . Surgery scheduled for tomorrow morning . R1's Operative Report shows she had an intramedullary nailing to stabilize her right femur on 2/9/25. R1's current Care Plan, printed on 2/18/25, shows she is at risk for falls related to weakness, unsteady gait related to recent CVA (Cerebral Vascular Accident) with left sided weakness. R1's Care Plan does not document the use of a sit to stand lift or mechanical lift. On 2/18/25 at 1:58 PM, R1 was sitting in a wheelchair in her room. R1 had an immobilizer brace on her right leg. R1 was unable to say what had happened to her leg. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0689 Level of Harm - Actual harm Residents Affected - Few	R1's Nursing Notes, dated 2/8/25, shows, At 1200, [V5, Resident Attendant] reported to this writer resident was on the floor in the shower room. Writer noticed resident laying on the floor in distress. CNA (Certified Nursing Assistant) stated that resident began to get agitated during care and stepped off [mechanical sit to stand lift] and began to slide off. CNA [V3 and V4] assisted resident onto floor. Upon assessment, skin is intact, resident yelling and agitated in distress.Resident assisted to [high back wheelchair] and then to bed with [mechanical lift] x3. In bed, Resident c/o (complained of) pain in R (right) knee when movement and noted to be swollen. Resident sent out to [local hospital] for evaluation. R1's Nursing Notes, dated 2/11/25, shows, Resident was readmitted from [local hospital] alert and oriented x 1 Resident had surgery due to fracture of the right femur on 2/9. Resident c/o pain during movement On 2/18/25 at 10:20 AM, V3 (CNA) said she brought R1 into the shower room to provide incontinence care. V3 said she was using the mechanical sit to stand lift. V3 said she lifted R1 up from her wheelchair and changed her brief and pulled her pants up. V3 said everything went fine with the care. She then went to put her back into the wheelchair and as she lowered R1 down, R1 began slipping off of the seat of the wheelchair. V3 said she then stepped out of the shower room to get help to move her back in the wheelchair. V3 said she saw V5 (Resident Attendant) and V5 came in the room and they tried to get her back into the chair, but could not, so V5 called V4 (CNA) to help. V3 said V4 and herself could not get R1 back into the chair, so they lowered her to the ground and then got V6 (Licensed Practical Nurse). V3 said R1's legs were strapped onto the lift, but she undid the straps before V4 arrived so they could try and move her back into the wheelchair. V3 said R1's feet never came off of the platform that she remembers. V3 stated, I did not think of that when asked why she did not raise her back up with the lift once she started to slip out of the chair. On 2/18/25 at 10:50 AM, V5 (Resident Attendant) said she was bringing residents down to the dining room around 11:50, when V3 came out of the shower room and waved her down to come help her. V5 said when she entered the shower room, R1 was hanging from the sit to stand lift and her bottom was halfway off of the chair. V5 said R1 was hanging onto the lift with both hands. V5 said V3 instructed her to try and push the wheelchair closer, but she could not move the chair due the foot rest being in the way. V5 said she noticed the left side of the chair was unlocked and the right side of the chair was locked when she went to try and move the chair. V5 said since they could not get her into the chair, she immediately called V4 to come help. V5 said once V4 entered the room, she left to continue bringing residents to the dining room. V5 said she did not pay attention to the position of R1's legs when she was in the room. On 2/18/25 at 10:05 AM, V4 (CNA) said she heard V5 yelling for help from the shower room. V4 said when she entered the room, she saw R1 hooked to the sit to stand lift and V3 was with her. V4 said R1 was holding onto the sit to stand lift. V4 said R1's left foot was still on the platform and her right foot was on the floor behind her left foot, and R1 was was halfway on and halfway off of the chair. V5 said R1 did not have the leg straps on when she entered the room. V4 said she then told V3 they were going to have to get her to the ground. V4 said she moved the wheelchair out of the way and they unhooked the sling and eased her down to the floor. V4 said she then went and got V6 (Licensed Practical Nurse/LPN) to do an assessment. V4 stated, She hurt the same leg that I had seen behind her when I came into the room. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	On 2/18/25 at 11:01 AM, V6 (Licensed Practical Nurse) said that around 12:00 PM, V4 came to her and said they needed her. V6 said she went into the shower room and R1 was laying flat on the floor. V6 said V3 said she was changing her and she began to slide off of the sit to stand. V6 said V3 said they could not put her back on the chair so they lowered her to the floor. V6 said R1 was screaming Ouch and saying she could not breathe. V6 said due to her not being able to breathe, they transferred her to bed with a mechanical lift. V6 said at that time, her right knee seemed swollen and was tender to the touch, so she was sent to the hospital for an evaluation. V6 said she asked the CNAs what had happened, and they had said her right leg did end up underneath her somehow. On 2/18/25 at 11:51 AM, V7 (Lead CNA) said when staff use the sit to stand lift, they should ensure the upper sling is applied and the buckles on the sling tightened appropriately for upper body support. V7 said the feet should be placed flat on the platform and their knees touching the padded leg supports. V7 said the legs should be strapped in to ensure they maintain their position and do not come off of the platform. V7 said if a resident is not positioned correctly when lowered into the wheelchair, the staff member should raise them up and adjust the wheelchair and then set them back down. V7 said staff should not unbuckle the legs until the resident is in the appropriate position. On 2/18/25 at 1:59 PM, V2 (Director of Nursing) said she did the investigation into R1's fall. V2 said she feels the fracture may have occurred when they lowered her to the ground. V2 said when they noticed they were not able to get her into the chair, they should have called for more help before deciding to lower her to the ground. V2 said their policy only states one person is needed to use the sit to stand, but she feels that it would be safer for the resident if there were two staff member present, and had told the staff in the past she wants them to always use two staff members with sit to stand transfers for the resident's safety. The facility's Sit to Stand Operating and Maintenance Policy, dated 10/24/24, shows, All new staff (RN's, LPN's and CNA's) to the facility should review the operating and maintenance instructions for proper use of the sit to stand lift .The resident's feet should always be in contact with the foot support. The facility's Sara lift 3000 Inservice packet shows, Lower leg straps: Can be used to those patients if it is determined that the patient is unable to maintain his knees within the knee supports Ensure that the straps are firm but comfortable for the patient .The patient's feet should always remain in full contact with the foot support. The Sara lift 3000 User Instructions, dated 6/2003, shows, Position the sling around the patients back so that the bottom of the sling lies horizontally about two inches above the patients waistline To fasten the support strap securely, press the buckles together. The strap should be tight, but comfortable for the patient .The support strap will help to support the patient in the sling during the lifting procedure. The strap also retains the sling in the correct position around the patient .Carefully push the left in closer to make full lower leg contact with the knee support Lower Leg Straps: used to ensure that the lower parts of the patient's legs stay close to the knee support. They pass around the knee supports, then around the patients lower calves. To fasten, overlap and press the ends together. Ensure the straps are firm but comfortable for the patient