

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2025
NAME OF PROVIDER OR SUPPLIER Lutheran Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 800 West Oakton Street Arlington Hts, IL 60004	

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure a resident was safely transferred with a mechanical lift, resulting in the resident sustaining a fractured toe. This applies to 1 of 3 residents (R1) reviewed for mechanical lift transfers in the sample of 3. R1's BIMS-Brief Interview of Mental Status dated 07/16/25 shows, R1 is Cognitively Intact. On 07/16/2025 at 9:51AM, R1 was sitting in her wheelchair. R1 was wearing a surgical shoe on her right foot. R1's right great toe had a grey/black bruise. On 07/16/2025 at 9:51AM, R1 said, I have used a wheelchair for the past 8 years. I used to be able to use a slide board with two persons assist. Currently, I am a full body mechanical sling lift. I have a displaced fracture to my right toe. On Sunday (07/13/2025) after lunch I was being transferred from the wheelchair to the bed with a full body mechanical sling lift. I was sitting back in the sling with my feet dangling in the air. Usually, the staff will guide my feet, this time my foot got caught between the center bars of the lift. As I was being lowered my foot got pinched between the bars forcing my great toe backward. The pain was very bad. I do not remember who was with me or how many staff were in the room. I remember saying, MY TOES! MY TOES! MY TOES! It hurt. It was a 9/10 painful pinching burning feeling. They had to lift my toes out from between the bars of the lift. It bothered me the rest of the day. About an hour later I noticed my toe was still hurting and it had turned purple. On 07/16/2025 at 10:45AM, V1 Administrator said, R1's injury is still being investigated. We do not know who was in the room performing the transfer. The facility's Staffing Schedule dated 07/13/2025 shows, V4 RN-Registered Nurse, V6 CNA-Certified Nursing Assistant, V7 LPN-Licensed Practical Nurse, V8 CNA, V5 CNA, worked in the facility on R1's unit 07/13/2025 on the day shift. On 07/16/2025 at 10:55AM, V4 RN-Registered Nurse said, I was the day shift nurse for R1 on 07/13/2025. Today is the first I have heard about R1's foot injury. Two people are needed for a mechanical lift transfer. On 07/16/2025 at 11:02AM, V6 CNA-Certified Nursing Assistant said, I did not take care of R1 on 07/13/2025. R1 is a full body mechanical sling lift transfer. R1 cannot transfer herself. On 07/16/2025 at 11:25AM, V7 LPN-Licensed Practical Nurse said, I have not provided any care to R1. I'm not even sure who she is. On 07/16/2025 at 11:33AM, V8 CNA-Certified Nursing Assistant said, I work in the opposite hallway. I was not called to assist R1 on Sunday (07/13/2025). On 07/16/2025 at 12:16PM, V5 CNA said, I was R1's CNA on Sunday (07/13/2025). Towards the end of my shift 5:30PM to 6:30PM, R1 started complaining of toe pain. R1 said, it happened when she was transferred back into bed when I was on break. I think V6 CNA transferred her. I do not know anything past that. I do not know who assisted V6 CNA with R1's transfer. I was working the middle hall, when I went on break V6 CNA took over my assignment. When I came back from break R1 was in bed. R1 is a full body mechanical sling lift. R1 cannot transfer herself. On 07/16/2025 at 12:40PM, V2 DON-Director of Nursing said, we obtained an order for a Xray at 9:30PM, 07/13/2025. The resident claimed she bumped into the mechanical sling lift when being transfer. I was not there; I do not know. Staff report there was no complaint of pain during the transfers. On 07/16/2025 at 12:44PM, V1 Administrator said, we are still looking for the source of the injury. R1 is stating her toe was bumped on the mechanical sling lift. R1's Progress Notes dated 7/13/2025 at 7:21AM, shows, General Nursing Note, Note Text: Patient reports 4/10 pain to her right foot. When this writer assessed her right foot, there was bruising and swelling on the right foot. She claims that when she was being transferred from the mechanical sling lift to her bed around 1:30 pm by AM CNA, her right foot was pushed into the bar. She told the CNA, so he pushed her foot and toe so she can get down. R1's Radiology Results dated 07/14/2025 at 10:17AM, shows, Reason for study: Pain in Right Foot. Right Foot 2 view Findings: 1st proximal phalanx fracture with mild displacement. Soft tissues appear swollen. Conclusion: Acute appearing 1st proximal phalanx fracture. R1's MDS-Minimum Data Set, dated [DATE] shows, R1 is dependent on two staff members for transfers. Mobility: Transfers dependent on 2 or more staff with no effort from the resident during transfer.</p>		