

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2025
NAME OF PROVIDER OR SUPPLIER  The Haven of Farmer City		STREET ADDRESS, CITY, STATE, ZIP CODE  404 Brookview Drive Farmer City, IL 61842	
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.  (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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(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	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to safely transfer a resident (R1) from the bed to the wheelchair. This failure resulted in R1 sustaining a broken arm requiring emergency evaluation and treatment at the hospital. R1 is one of three residents reviewed for accidents in the sample list of four. This past non-compliance occurred from 8/13/25 to 8/14/25. Findings Include: The facility Safe Lifting and Movement of Residents Policy (revised August 2008) documents the following: In order to protect the safety and well-being of staff and residents, and to promote quality of care, this facility uses mechanical lifting devices for the lifting and movement of residents. Mechanical lifting devices shall be used for any resident needing a two person assist. Except during emergency situations or unavoidable circumstances, manual lifting is not permitted. R1's Face Sheet dated 8/22/25 documents R1 was admitted to the facility on [DATE] and R1's diagnoses include: Presence of Right Artificial Shoulder Joint, Paraplegia, Glaucoma, Osteoarthritis, Rheumatoid Arthritis, Contracture, and Dementia. R1's Comprehensive assessment dated [DATE] documents R1 is moderately cognitively impaired, has bilateral lower extremity impairments, uses a wheelchair (motorized) for mobility, and is dependent on staff for all activities of daily living (ADL) including transfers. R1's Care Plan (current) documents R1 has an ADL self-care performance deficit related to Paraplegia, Rheumatoid Arthritis, Weakness and cognitive decline. Further documents R1 is totally dependent on physical assist of two staff for transferring (bed-to-chair/chair-to-bed, toilet transfers, tub/shower transfers) with use of mechanical lift. R1's Injury of Known Cause Report dated 8/13/25 documents R1 was transferred from R1's bed to wheelchair without the use of a mechanical lift. This same report documents R1 was manually transferred from R1's bed to wheelchair by V5 (Certified Nursing Assistant/CNA) and V6 (CNA) when a pop was heard during said transfer and R1 complaining of right shoulder pain. This same report documents R1 would not allow V4 (Licensed Practical Nurse/LPN) to assess for injuries and R1 stating, it hurts, it hurts, please don't touch it and R1 sent out to the emergency department for evaluation and treatment. R1's Hospital Record dated 8/13/25 documents R1 was seen for upper arm trauma and R1 had an acute comminuted periprosthetic fracture of the proximal humerus (upper arm). This same record documents R1 received four intravenous (IV) injections of Hydromorphone (narcotic medication used to treat severe pain) and one IV injections of Ketorolac (nonsteroidal anti-inflammatory drug used for the short-term treatment of moderate to moderately severe acute pain) while in the emergency department. V5 (CNA) witness statement dated 8/13/25 documents, went into [R1's] to assist V6 with [R1]. We sat resident up on side of bed and two person assisted to wheelchair. As we transferred resident, I heard a loud pop. Immediately alerted nurse to assess. On 8/22/25 at 10:45am, R1 was lying in bed with an immobilizer present on R1's right arm. R1 stated, I told them I was a mechanical lift. I told them to use a mechanical lift. They dropped me in my chair. R1 stated R1 has no use of lower extremities. On 8/22/25 at 10:52am, R4 (R1's Roommate) stated R4 witnessed the incident. R4 stated staff (V5 and V6 CNAs) did not use a mechanical lift to transfer R1. R4 stated, they dropped [R1] in [R1's] wheelchair and [R1] hit arm on chair. On 8/22/25 at 11:13am, V6 (CNA) stated on the date of the incident (8/13/25) V6 had mechanical lift sling underneath R1 and the mechanical lift in the room ready to hook R1 up to the mechanical lift. V6 stated, [V5 CNA] entered the room and said 'we need to get [R1] up. Can you lift?' V6 stated V6 advised V5 not to lift R1, we have mechanical lift and need to be doing it the proper way. V6 stated V5 already started lifting R1 and V6 then assisted. V6 stated R1 started screaming immediately once in chair. V6 stated V5 ran out of the room at that time and V6 stayed with R1. V6 stated V4 (Licensed Practical Nurse) came into the room to assess R1 and R1 was sent out to the emergency department. V6 stated, I didn't feel the transfer was proper or correct. V6 stated V6 went by what the CNA communication book stated for resident transfer status. V6 stated V7 (Assistant Director of Nursing/ADON) made a cheat sheet for staff to use that listed resident transfer status. On 8/22/25 at 11:35am, V9 (Director of Physical Therapy) stated after a resident is screened for their transfer status, the recommendations are given to the nursing department who updates residents care plan with the appropriate transfer status. V9 stated if a resident is a mechanical lift transfer, the lift should be done with two staff, and the resident should never get transferred any other way especially a stand and pivot. V9 stated there is a reason they are a mechanical lift transfer. V9 confirmed R1 is a two staff assist mechanical lift transfer. On 8/22/25 at 11:47am, V4 (LPN) stated on the date of the incident (8/13/25) V4 was either at the nurses' station or the medication cart when V5 approached claiming V4 need to come to</p>		