

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155787	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Indiana Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3851 N River Rd West Lafayette, IN 47906	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was kept safe during a transfer for 1 of 3 residents reviewed for accidents. (Resident B) This deficient practice resulted in Resident B sustaining a 3 cm laceration to his posterior scalp. The deficient practice was corrected on 6/13/25, prior to the start of the survey and was therefore past noncompliance.</p> <p>Findings include:</p> <p>A facility reported incident (FRI), dated 6/8/25, indicated Resident B had a change of plane from a Hoyer lift. Resident B received a 3 cm laceration to the posterior scalp, was sent to the emergency room (ER) for evaluation and returned with 3 staples to his posterior head.</p> <p>The clinical record for Resident B was reviewed on 6/18/25 at 1:10 p.m. The diagnoses included, but were not limited to, obsessive compulsive disorder, anemia, restlessness and agitation, and abnormal posture.</p> <p>A hospital report, dated 6/8/25, indicated the resident was seen for a scalp laceration and a closed head injury from a fall at a nursing home at 1:07 p.m. The wound was closed with 3 staples, and the resident was returned to the nursing home.</p> <p>A facility statement, dated 6/8/25, CNA 4 indicated the Hoyer swing was placed under the resident and hooked to the machine for the transfer. The Hoyer lift was turning the resident towards his chair, the swing was crooked, and the left corner of the lift went loose, and the resident went down on his left side. The resident hit his head on the floor.</p> <p>A facility statement, dated 6/8/25, CNA 5 indicated the resident was being transferred by herself and CNA 4 to his Broda chair. She and CNA 4 attached the Hoyer lift straps to the machine. She did not verify that all the straps were secure with CNA 4 before attempting to move the resident in the Hoyer lift. The strap on the resident's left side closest to his head fell off and therefore was not securely strapped. Resident B fell out of the lift with his feet in the air and his head on the ground. Resident B's head was bleeding.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155787	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER Indiana Veterans Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3851 N River Rd West Lafayette, IN 47906	
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)		
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A nursing progress note, dated 6/9/25, indicated Resident B had a fall from a Hoyer transfer on 6/8/25. The strap on the resident's upper side became dislodged, the resident had a change of plane and struck the back of his head. A 3 cm laceration to the back of his head was noted and the resident was sent to the ER for evaluation and treatment. Resident B returned to the facility with 3 staples to the back of his head. The root cause for the fall was determined to be equipment malfunction. The lift was assessed for proper operability. The transfer process and safety were reviewed.</p> <p>During an observation, on 6/17/2025 at 1:44 p.m., Resident B was transferred from his bed to the Broda chair using the Hoyer lift. The machine did not have a malfunction. Resident B did not move during the transfer. QMA 6 and QMA 7 ensured the Hoyer sling was secured and rechecked prior to utilization of the equipment.</p> <p>During an interview, on 6/18/25 at 11:36 a.m., CNA 4 indicated she and CNA 5 secured the Hoyer straps to the Hoyer lift prior to the resident being transported from his bed to the Broda chair. During the resident transfer, one of the straps became unhooked and the resident fell to the floor. The resident hit his head and had a laceration. He was sent to the hospital. She indicated she did not know how or why the strap came off the hook on the Hoyer lift.</p> <p>During an interview, on 6/17/25 at 1:50 p.m., QMA 6 indicated the Hoyer machine did work. The 4 straps for the machine must be secured and rechecked prior to using the lift. If the straps were secured, the lift would not allow the resident to fall. Two staff members must assist with the transfer.</p> <p>During an interview, on 6/17/25 at 1:58 p.m., QMA 7 indicated the Hoyer machine did work. Two staff members must assist with the Hoyer lift transfer. The 4 straps for the machine must be secured and rechecked prior to using the machine for a lift. If the straps were secured, the lift would not allow the resident to fall.</p> <p>During an interview, on 6/17/25 at 4:10 p.m., the interim Director of Nursing (DON) indicated the Hoyer equipment was checked. The Hoyer sling had no cuts or tears, and the mechanical functioning of the equipment was not in disrepair and was not malfunctioning.</p> <p>An electronic total lift competency check list, not dated and received from the Superintendent on 6/18/25 at 2:15 p.m., indicated .Attaches straps to lift on first or second pair of hooks. 8. Ensures all straps are secure</p> <p>The deficient practice was corrected by 6/13/25 after the facility educated staff on transfers, return demonstrations were performed, skill check offs were competed for all staff who utilize the Hoyer lift for transfers. Audits were initiated and on-going.</p> <p>This citation relates to Complaint IN00461086.</p> <p>3.1-45(a)(1)</p> <p>3.1-45(a)(2)</p>		