

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145135</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RICHLAND NURSING &amp; REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 EAST SCOTT STREET OLNEY, IL 62450</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b>  Based on interview and record review, the facility failed to provide a safe transfer using a mechanical lift for 2 of 3 residents (R8 and R7) reviewed for transfers in the sample of 11. Findings include: 1. On 8/1/20 at 11:20 AM, V12 (Family) stated she had witnessed Certified Nurses Aides (C.N.A.s) transfer R8 with the mechanical lift, using only 1 staff member and felt that wasn't safe. On 8/3/20 at 2:30 PM, V2 (Director of Nurses) stated R8 was to be transferred via mechanical lift and the policy is that 2 Certified Nurses Aides (C.N.A.s) transfer with a mechanical lift at all times. V2 stated she wasn't aware that 1 C.N.A. was doing mechanical lift transfers and she didn't have any complaints regarding improper mechanical lift use. 2. On 8/2/20 at 9:55 AM, R7 who was alert to time, person and place and stated sometimes only one person gets him up with a mechanical lift. On 8/5/20 at 8:45 AM, V1 (Administrator) stated she did catch a C.N.A. on the night shift doing a mechanical lift by herself. V1 stated that the C.N.A. received a verbal and a written warning and was re-educated. V1 stated that 2 C.N.A.s should always transfer residents. On 8/2/20 at 6:30 AM, V5 (Registered Nurse) stated residents should always be transferred via mechanical lift with 2-3 staff members to be safe. The facility's Manual Gait Belt and Mechanical Lift policy, revision date of 1/19/18, documents: The transferring needs of the residents will be assessed on an ongoing basis and designated into one of the following categories - Mechanical Lift with 2 caregivers. Failure to comply with lifting guidelines may result in disciplinary action as deemed appropriate.		
F 0804  <b>Level of harm</b> - Potential for minimal harm  <b>Residents Affected</b> - Many	<b>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</b>  Based on interview, observations, and record review, the facility failed to provide food at temperatures that were preferred by residents. This has the potential to affect all 119 residents in the facility. Findings include: On 8/2/20 at 5:54 AM, R4 who was alert to time, person and places stated the hot food is cold. On 8/2/20 at 9:45 AM, R3 who was alert to time, person and place stated the hot food is sometimes cold. On 8/2/20 at 9:55AM, R7 who was alert to time, person and place stated the food sucks, he doesn't get what he orders and the hot food is cold. On 8/2/20 at 10:05 AM, R2 who was alert to time, person and place stated food is good but the hot food is cold. On 8/2/20 at 10:10 AM, R5 who was alert to time, person and place stated the hot food is occasionally cold. On 8/2/20 at 10:45 AM, R6 who was alert to time, person and place stated the hot food is cold. On 8/2/20 at 6:45AM, V4 (Culinary Manager) stated that she has received reports from the residents that the hot food is cold. On 8/2/20 at 12:50 PM, V4 stated that the hot food being cold is an ongoing problem. The food is cooked in the other building and transported in food carts to the resident rooms. On 8/2/20 at 12:50PM, V4 (Culinary Manager) provided a test tray. The food and temperature on the test tray are as follow: green beans were 115 degrees, ham 112 degrees, and the cornbread 108 degrees. All temperatures were in Fahrenheit. Dietary Manual Food Temp policy, dated 2009, documents: #6 Food will be held at proper temperatures. Hot Food will be a minimum of 135°F. On 8/2/2020 at 6:00AM, V1 Administrator stated there is 119 residents in the facility.		

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