DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/25/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING B. WING			R-C		
145388		B. WING			10/06/2011		
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB				4	REET ADDRESS, CITY, STATE, ZIP CODE 110 EAST MACK DLNEY, IL 62450		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS		{F 000}				
{F 323} SS=G	8/30/11, Complaint 483.25(h) FREE OI		{F 3	23}			11/24/11
	environment remain as is possible; and	nsure that the resident ns as free of accident hazards each resident receives on and assistance devices to					
	by: Based on observatoreviewed, the facility chair transportation wheel chair with proone of four resident measures from the failures resulted in to the van floor. This requiring an emergishee avulsion requires	NT is not met as evidenced tion, interviews and records by failed to provide safe wheel by not properly securing the oper shoulder and lap belts.for ts (R9) reviewed for safety sample of four. These R9 falling from the wheel chair is fall resulted in an injury ecy room visit to treat the right iring staples, numerous skin and legs,a head contusion and elbow.					
	Findings include:	Iam E1 (Administrator) and					
	E2 (Assistant Admi was driving R9 to a the facility's van. E into her lane of traff	nam, E1 (Administrator) and nistrator) stated that E4 (CNA) physician's appointment with 4 stated a semi-trailer crossed fic. E4 said she turned into the to prevent a collision with the					
LABORATOR'	I Y DIRECTOR'S OR PROVIE	 DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		TITLE		(X6) DATE

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.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145388			(X2) M A. BU		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		B. WING			R-C 10/06/2011		
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB				4	REET ADDRESS, CITY, STATE, ZIP CODE 10 EAST MACK DLNEY, IL 62450	10,0	, _
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{F 323}	concrete shoulder a When this occurred onto the van floor. in a parking lot and wheel chair was stil stated R9 insisted s go to the hospital. the incident. E1 an to assess R9. E1 a assessment of R9, local hospital emery The nurses notes of not admitted to the The consultation re the following injurie Struck head, arms and legs, a 28 on the right thigh at avulsion type injury subcutaneous fat b muscle layer; this i forearm is another skin has been com overlying tissue tha closure. The repor wound was closed of the laceration. have any broken be On 10/6/11 at 1:30g leg was observed. dressings on both i stated her left shou	d the van went over the and back onto the highway. I, R1 fell out of the wheel chair E4 stated she stopped the van assessed R9. E4 stated the I locked to the van floor. E4 she was ok and did not want to E4 called the facility to report d E2 drove to meet E4 and R9 and E2 stated upon she was transported to the gency room. ated 10/5/11 indicated R9 was hospital. port dated 10/4/11 addresses s: multiple lacerations on the centimeter length laceration bove the knee and this is an going down through the ut not violating the fascia or a curvilinear in nature: left deep tissue avulsion but the oletely avulsed and there is no t is amenable to primary t indicated the right thigh primarily with a complex repair The report indicated R9 did not ones. om, R9's treatment to the right R9 was noted to have several and, and left forehead. R9 lder is sore. R9 said she can of the van driving over the	{F 3	23}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUI	LDIN	NG	R-C	
	145388		B. WI	NG _		10/06/2011	
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB				4	REET ADDRESS, CITY, STATE, ZIP CODE 110 EAST MACK DLNEY, IL 62450		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG		(EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	E ACTION SHOULD BE TO THE APPROPRIATE	
{F 323}	received no formal restraints for the who On 10/6/11, at 2:00 with their insurance	A.M. E1 and E2 stated E4 has training in the use of the	{F 3	23}			
F0000	included. FINAL OBSERVATIONS			200			
F9999	FINAL OBSERVAT	IONS	F9:	999			
	LICENSURE VIOL	ATIONS					
	300.1210b) 300.3240a)						
	Section 300.1210 G Nursing and Persor	General Requirements for hall Care					
	and services to atta practicable physical well-being of the re- each resident's com- plan. Adequate and care and personal of	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident.					
	Section 300.3240 A	buse and Neglect					
	agent of a facility shresident.	ee, administrator, employee or nall not abuse or neglect a vere not met as evidenced by:					
	reviewed, the facility	on, interviews and records y failed to provide safe wheel by not properly securing the					

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		B. WIN	G	R-C 10/06/2011			
NAME OF PROVIDER OR SUPPLIER RICHLAND CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 410 EAST MACK OLNEY, IL 62450				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F9999	wheel chair with proone of four resident measures from the failures resulted in to the van floor. The requiring an emergiance avulsion requite ears on the arms a avulsion of the left. Findings include: On 10/5/11, at 9:30 E2 (Assistant Admit was driving R9 to a the facility's van. Einto her lane of trafficoncrete shoulder a when this occurred onto the van floor. In a parking lot and wheel chair was stistated R9 insisted and wheel chair was stist	oper shoulder and lap belts.for its (R9) reviewed for safety sample of four. These R9 falling from the wheel chair is fall resulted in an injury ecy room visit to treat the right iring staples, numerous skin and legs,a head contusion and elbow. Tam, E1 (Administrator) and nistrator) stated that E4 (CNA) physician's appointment with 4 stated a semi-trailer crossed fic. E4 said she turned into the to prevent a collision with the did the van went over the land back onto the highway. If, R1 fell out of the wheel chair E4 stated she stopped the van assessed R9. E4 stated the ll locked to the van floor. E4 she was ok and did not want to E4 called the facility to report and E2 drove to meet E4 and R9 and E2 stated upon she was transported to the gency room. lated 10/5/11 indicated R9 was hospital.	F99	99			

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F9999	avulsion type injury subcutaneous fat b muscle layer; this i forearm is another skin has been compoverlying tissue that closure. The report wound was closed of the laceration. Thave any broken be On 10/6/11 at 1:30 pleg was observed. dressings on both instated her left shous still hear the sound curve. R9 said it with their insurance.	going down through the ut not violating the fascia or s a curvilinear in nature: left deep tissue avulsion but the pletely avulsed and there is no t is amenable to primary t indicated the right thigh primarily with a complex repair. The report indicated R9 did not ones. om, R9's treatment to the right R9 was noted to have several and, and left forehead. R9 lder is sore. R9 said she can of the van driving over the	F9:	66			