

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

PRINTED: 10/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145580</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND MEMORIAL HSP SK N FAC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 EAST LOCUST OLNEY, IL 62450</b>		
(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 157 SS=D	<p>Annual Certification Survey</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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F 157	<p>Continued From page 1</p> <p>by: Based on record review, observation and interview the facility failed to inform the physician of significant weight loss for 1 of 3 residents (R3) reviewed for nutritional concerns in the sample of 5.</p> <p>Findings include:</p> <p>1. The admission sheet in R3's medical record indicates a 74 year old female admitted to this facility on 9-4-14 from the hospital after a 7 day hospital stay for treatment of Aspiration Pneumonia.</p> <p>R3's Minimum Data Set, (MDS) dated 9-11-14 documents a height of 63 inches, and a weight of 102 pounds. The Nutritional Assessment completed by E4, (Registered Dietitian) on 9-5-14 also notes a weight of 102 pounds.</p> <p>Weights available for R3 on the facility's weight sheet are noted as follows: 9-6-14 =111 pounds, 9-13-14=104.5 pounds, 9-27-14= 91.2 pounds. A weight observation of R3 fully clothed in bed on her bed scales at 9AM on 9-30-14 indicated a current weight of 88 pounds.</p> <p>Using the admission weight of 102 pounds and the 9-30-14 weight of 88 pounds, R3 has lost 14 pounds = 14% undesirable and unplanned weight loss.</p> <p>E1, (Administrator), stated at 11:20AM on 10-2-14 that " there was no record that the physician was informed of R3's undesirable weight loss and poor acceptance of a mechanical soft diet until 3PM on 9-29-14."</p>	F 157			

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F 226 F 226 SS=C	<p>Continued From page 2</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to implement the facility's policy for Abuse and Neglect regarding Pre-employment screening. This has the potential to affect all 7 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Resident Census and Conditions of Residents form, dated, 9/29/14 documented the facility had a census of 7 residents.</p> <p>1. Review of the facility's Abuse and Neglect Policies and Procedures dated September 2012 stated "A. Pre-employment screening of potential employees:...</p> <p>3. Check the Illinois Health Care Worker Registry on any individual being hired for prior reports of abuse, previous finger print check results, and sex offender website links on the registry.</p> <p>4. Initiate a live scan fingerprint check for any unlicensed individual being hired without a previous fingerprint check."..</p>	F 226 F 226			

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F 226	<p>Continued From page 3</p> <p>2. Newly hired staff employment information review found that none of the following newly hired staff had documentation to indicate that the facility checked the required websites noted in A. 3. of the policy.</p> <p>E12 (Registered Nurse) hired 6/16/14 E13 (Phlebotomist) hired 5/27/14 E14 (Maintenance) hired 6/16/14 E15 (Respiratory) hired 8/15/14 E16 (Therapy) hired 5/27/14</p> <p>E19 (Certified Nurse Aide, CNA) hired 7/8/14 E20 (CNA) hired 7/8/14 E21 (CNA) hired 3/25/14 E22 (CNA) hired 7/8/14 E23 (CNA) hired 7/8/14 E24 (CNA) hired 7/8/14</p> <p>3. Employment information for E21 failed to have documentation that a fingerprint check was initiated. E21 was hired as a CNA on 3/25/14 and did not have documentation of a previous fingerprint background check. The record showed an Illinois State Police Universal Criminal Investigation Act background check was conducted on 3/25/14, but no fingerprint background check results were included.</p> <p>4. E6 (Director of Human Resources) stated on 9/30/14 at approximately 2:00pm that the employee files failed to include the needed information regarding the website checks and that each of the above employees were checked on the 30th and the information was added to the</p>	F 226			

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F 226	Continued From page 4 employment files. There were no negative findings on the new website checks. E6 indicated that the individual who usually conducted the required pre-employment screenings was away this week. E6 further stated that no fingerprint background check information for E21 could be located.	F 226			
F 283 SS=D	483.20(l)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS  When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to prepare a recapitulation of stay for 1 of 1 residents (R5) reviewed for discharge home in the sample of 5.  The findings include:  1. R5's closed medical record stated R5 was a 76 year old resident admitted on 5/16/14 for care and rehabilitation after a total knee replacement on 5/12/14. The care plan from May of 2014 stated R5 was a short term placement and would be returning home with a home health care referral. The discharge summary documented R5 was discharged home on 6/3/14. However, the closed record failed to include a recap of the	F 283			

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F 283	Continued From page 5 residents stay to assist in coordination of continuing care from the facility to the new environment and care givers.	F 283			
F 325 SS=D	E1 (Administrator) stated during interview on 10/2/14 at 10:10am, that the discharge material currently used by the facility did not include the recapitulation of the residents stay. E1 stated plans were to develop additional material to be used with the discharge summary for that requirement.  483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE  Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure optimum nutritional status for 2 of 3 residents (R3, R1) reviewed for nutritional concerns in the sample of 5. This failure resulted in R3 having a significant unplanned and undesirable weight loss and below normal nutritional lab values.  The findings include:	F 325			

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F 325	<p>Continued From page 6</p> <p>1. The admission sheet in R3's medical record indicates a 74 year old female admitted to this facility on 9-4-14 from the hospital after a 7 day hospital stay for treatment of Aspiration Pneumonia.</p> <p>The Hospital History and Physical dated 8-28-14 notes: R3 was in the Gastrointestinal (GI) lab and had an Esophagogastroduodenoscopy, (EGD). R3 had a lot of retained food still in her stomach at the end of the procedure, vomited and aspirated. She was suctioned and chunks of food was obtained. Because of still having some difficulty breathing, arrangements were made for her to be admitted to the Medical Floor for aspiration.</p> <p>The Minimum Data Set, (MDS) dated 9-11-14 documents her mental status as a 14 out of 15, a height of 63 inches, and a weight of 102 pounds.</p> <p>The physician's order sheet for 9-4-14 includes a diet order for a low residue and a mechanical soft.</p> <p>R3 stated in an interview at 11:20 AM on 9-29-14, she has no problems chewing or swallowing, teeth are good and she was unsure why she continues to receive ground up meat that she dislikes. R3 noted she has not ate much, knows she has lost weight and will gain weight when she gets back home.</p> <p>Weights available for R3 on the facility's weight sheet are noted as follows: 9-6-14 =111 pounds, 9-13-14=104.5 pounds, 9-27-14= 91.2 pounds. A weight observation of R3 fully clothed in bed on her bed scales at 9AM on 9-30-14 indicated a</p>	F 325			

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F 325	<p>Continued From page 7</p> <p>current weight of 88 pounds. E1, (Administrator), stated at 3 PM on 9-30-14, weights are to be obtained on admission and weekly. There was no follow up to the out of reasonable range 9-6-14 weight of 111 pounds. (This was a 9 pound increase in two days.) The next weight noted was not until the 104.5 pound weight on 9-13-14. No weight was recorded for the 14 days between 9-13-14 and 9-27-14. Using the admission weight of 102 pounds and current weight of 88 pounds, R3 has lost 14 pounds = 14% undesirable and unplanned weight loss.</p> <p>The Initial Physical Assessment Nutritional Services Form completed by E4, (Registered Dietitian, (RD), on 9-5-14 notes an Albumin on 9-13 of 1.9 low, (a decrease from 2.5 on 9-3-14) (normal 3.4 to 5.0). E4 references a weight gain from 102 pounds on 9-2-14 to 111 pounds on 9-17-14, with nutritional intervention ongoing. E4's documented evaluation notes R3 states she is fine, no gastric concerns, no chewing/swallowing concerns. E4 notes a diet change recommendation was not followed, patient continues to receive ground meat and does not like it. Also noted is the patient will order fruit and cottage cheese plates, grilled cheese, peanut butter and jelly to avoid ground meat with fair meal acceptance. Will continue to monitor intake, tolerance, weight, labs and reassess within 14 days.</p> <p>The Nutritional Services Form completed by E4, (RD), on 9-5-14, notes a diagnosis of Pneumonia, Ideal Body Weight, (IBW) of 115 pounds, weight of 102 pounds (89% of IBW), Mechanical Soft Low Residue diet order, adequate chewing and adequate swallowing abilities. E4 also noted on this assessment form that R3 states she does not</p>	F 325			



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F 325	<p>Continued From page 8</p> <p>have any trouble chewing or swallowing and does not know why her meats are being ground. E4 addresses Speech Therapy evaluated the patient and found no concerns with regular food and thin liquids. A call was made to the medical doctor for a diet change. Appetite and meal acceptance are good at this time. Will monitor intake, tolerance, weight, labs and reassess within 14 days.</p> <p>There was no further evaluation/assessment from E4 regarding R3's nutritional intake and status.</p> <p>R3 was observed in her room at lunch on 9-29-14. The facility has a selective menu. R3 selected and received only pot pie. (With no crust or biscuit.) R3 ate one bite and stated she disliked the pot pie. When asked why she did not select other food items on the menu sheet she stated she did not like chocolate pudding but would eat cottage cheese if obtained. R3 noted she is not routinely offered snacks and did not receive any nutritional shakes.</p> <p>The current care plan for R3 is dated 9-5-14 and notes a goal for no weight loss with interventions of recommend low fiber diet, serve preferences, monitor intake and weight, and assess needs ongoing. The care plan failed to address the problem of weight loss while in the facility.</p> <p>The facility failed to follow a plan to assist with weight maintenance and failed to evaluate reasons for undesirable weight loss.</p> <p>2. R1 was admitted 9/15/14 with Osteomyelitis, Diabetes, and Ulcer to Right Foot as per Face Sheet. R1 was placed on a Regular Diet and</p>	F 325			

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F 325	Continued From page 9 Humalog Insulin: 10 units in the A.M., 6 units at noon, and 8 units at supper, Lantus Insulin 9 units at bedtime as per Physician's Orders dated 9/15/14. On 9/19/14 Nutritional Notes documents a recommendation from E4 (Registered Dietician) for a 2000 Calorie Diabetic Diet. There is no order received or documented follow up for the recommended diet. On 9/30/14 at 11:30 AM E5 (Registered Nurse) stated there is no follow up for the diet recommendation. From 9/15/14 to 9/30/14 the Diabetic Flow Sheet documented the following: 12 times R1 received 2 extra units of Novolog Insulin for Blood Glucose ranging from 161 to 190, 10 times R1 received 4 extra units of Novolog Insulin for Blood Glucose ranging from 204 to 230, 1 time R1 received 8 extra units of Novolog Insulin for a Blood Glucose of 314, and 1 time R1 received 10 extra units of Novolog Insulin for a Blood Glucose of 387. There is no Hemoglobin A1c ordered during this stay. Previous Hemoglobin A1c dated 9/13/14 is 7.6%, normal level is 4.5 to 6.2% as per 48 Hour Summary form.	F 325			
F 441 SS=F	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation,	F 441			

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F 441	<p>Continued From page 10</p> <p>should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to develop a method to monitor and track infections based on causative organism and source of infection for residents that were admitted with or acquired an infection in the facility. This has the potential to affect all 7 residents residing in the facility.</p> <p>Findings include:</p> <p>On 09-29-2014 at 8:30 AM, R1, R6 and R7 were staying in their rooms because they were in</p>	F 441			

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NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND MEMORIAL HSP SK N FAC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 EAST LOCUST OLNEY, IL 62450</b>		
(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 441	<p>Continued From page 11</p> <p>isolation. R1, R6, and R7 had a cabinet outside their rooms with gowns and gloves and containers for trash and linens in their rooms. On 9/30/14 at 10:05 AM, staff were putting on gowns and gloves before entering R1, R6 and R7's rooms and each resident had signage on their doors to indicate they were in isolation.</p> <p>On 10-02-2014 at 10:45 AM, E1 stated that they do not have a method or documentation to monitor and track patterns, or types of infections within the facility. On 10-02-2014 at 11:00 AM, E8 stated that within the past month, they have had 2 residents with Clostridium Difficile, 2 residents with Methicillin Resistant Staphylococcus Aureus, and 1 resident with Extended Spectrum Beta-Lactamase in the urine.</p> <p>The September 2014 Daily Skilled Nurses Notes for R1 and R3 indicate that they had a bacterial infection that required them to be in isolation. R1's October 2014 Daily Skilled Nurses Notes state that R1 continues to be in isolation. The facility's Resident Census and Conditions of Residents dated 9/29/14 states that the facility had 7 resident's residing in the facility at the time of this survey.</p>	F 441			