

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

PRINTED: 11/12/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145580	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2015
NAME OF PROVIDER OR SUPPLIER RICHLAND MEMORIAL HSP SK N FAC			STREET ADDRESS, CITY, STATE, ZIP CODE 800 EAST LOCUST OLNEY, 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 284 SS=D	<p>Annual Certification Survey</p> <p>483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN</p> <p>When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to include Oral Intake and Gastrostomy Tube instructions for 1 of 1 residents (R5) reviewed for discharge planning including a post-discharge plan of care in the sample of 5.</p> <p>Findings Include:</p> <p>R5 was admitted on 10/20/15 with the diagnosis of Pneumonia and a Gastrostomy Tube as documented on the Face Sheet (undated). The Physician's Nursing Orders Report dated 10/20/15, document Diet: NPO except fine ice chips and Jevity continuous feed to infuse at 40 milliliter per hour. Admission Orders for 10/20/15 documents order for 'Sips of Water'. E9 (Social Services Director) stated on 11/5/15 at 11:15 AM that the facility was aware from the time of R5's admission on 10/20/15 that R5 was planning to discharge home after completing a course of antibiotics.</p>	F 284			

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 284	<p>Continued From page 1</p> <p>Discharge Instructions for R5, dated 10/27/15, includes an order for Jevity 240 milliliters via Gastrostomy Tube as needed. The "Next Dose Due" on the Discharge Instructions is documented as 'take as directed'. There is no documentation for the clarification of the 'take as directed' order. There are no discharge instructions for the care of the Gastrostomy Tube. There are no discharge instructions for the order for 'Sips of Water' and 'Ice Chips'.</p> <p>On 11/3/15 at 10:37 AM, E9 stated the Gastrostomy Tube care and Jevity infusion rate was not included in the discharge plan. On 11/3/15 at 10:35 AM, E10 (Registered Nurse) stated R5 was sent home and verbally told to have ice chips and sips of water. She went on to say she does not know what Jevity instructions were given to the resident and family. E10 clarified the Gastronomy tube care was discussed during bath time with R5 throughout the stay but was not documented.</p>	F 284			