

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST SCOTT STREET 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) COMPLETE DATE
S 000	Initial Comments  Facility Reported Incident of June 17, 2022 IL149009	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.1210 b) 300.1210 d)6)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to use the appropriate lift sling per manufacturer's instructions to ensure a safe mechanical lift transfer for 1 of 3 residents (R2) reviewed for mechanical lift transfers in the sample of 3. This failure resulted in R2 falling and sustaining a left femur comminuted intratrochanteric fracture.</p> <p>Findings include:</p> <p>R2's Face Sheet documents R2 has the following diagnoses: Osteoporosis, Arthritis, Hx Cerebral Vascular Accident with hemiparesis/hemiparalysis, Parkinson's Disease, Multiple Sclerosis, Hx (history) of Wedge Compression Fracture of T11 and T12 vertebrae, Hx of multiple Rib Fractures, Hx of Fracture of the lower end of Right Radius, Hx of non-displaced Bicondylar Fracture of Left Tibia, Hx of Chronic Embolism and Thrombosis of deep vein left distal lower extremity, Morbid Obesity due to excess calories, Hypertension, Aortic Aneurysm and Chronic Kidney Disease.</p> <p>R2's Minimum Data Set, dated 6/14/22 in Section C, documents R2 has a Brief Interview for Mental Status of 13, indicating R2 is cognitively intact</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>with some forgetfulness. In Section C of R2's MDS, it is documented R2 was totally dependent with 2+ assistants for transferring.</p> <p>R2's Care Plan, dated 6/21/22, documents R2 is limited in mobility/Functional Status and requires the use of a mechanical lift/sling from wheelchair to bed and bed to wheelchair. This same care plan documents R2 prefers his personal sling be utilized during transfers related to comfort.</p> <p>R2's Care Plan for Falls, dated 9/17/21, under Problem: Resident at risk for falling R/T: History of falls, Cognitive Impairments, Communication Impairments, Visual Acuity Impairments, Decreased Safety Awareness, Impulsiveness with attempts to stand or self transfers without assistance from staff, Difficulty using call light and/or requesting staff assistance, Requires ADL assistance with transfers and mobility, Impaired ROM and/or loss of functional movement of joints, Incontinence, Decreased strength and endurance, Leaning forward in chair with attempts to pick up objects.</p> <p>The undated manufacturer's instructions for the facility's mechanical lift under WARNING documents, "the mechanical lift slings are made specifically for use with the manufacturer's patient lifts for the safety of the patient. DO NOT use slings and patient lifts of different manufacturers".</p> <p>R2's Progress Note, dated 9/16/21, documents R2 was admitted to the facility and his admission weight was 311 pounds, and in April 2022, R2's weight was 348 pounds. R2 refused to be weighed in May or June of 2022.</p> <p>R2's "Serious Injury Incident Report", dated 6/17/22, documents R2 had a fall with a physical</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>injury from a mechanical lift. Under "Detail Incident Summary" it documents; R2 is a 45 year old male with a Brief Interview for Mental Status of 13. R2's diagnoses include, Attention Deficit Disorder, Morbid Obesity, Chronic Kidney Disease and Reduced Mobility. On 6/17/22 at 4:32 PM, staff reported a witnessed fall during a transfer with a mechanical lift. Two staff, V4 (Certified Nurses Aide) and V5 (Certified Nurses Aide) were assisting R2 in the mechanical lift when the lift tipped sideways and V4 and V5 lowered R2 to the floor. V6 (Licensed Practical Nurse) immediately assessed R2 and he complained of left hip pain. V8 (Physician) and V9 (Family) were both notified and an order was received to send R2 to the emergency room for evaluation and treatment. The local hospital notified the facility that R2 had been transferred to an out of state hospital due to R2 having a left hip fracture.</p> <p>R2's Emergency Department report, dated 6/17/22, documents under Computed Tomography (CT) Left Hip, Findings/Impression:</p> <ol style="list-style-type: none"> <li>1. Stable previous fractures and Open Reduction and Internal Fixation changes with upper pelvis.</li> <li>2. New findings of left femur comminuted intratrochanteric fracture with slight angulation. No dislocation of the left hip. Left pelvic fixation hardware is in the expected position. There is an acute fracture involving the proximal left femoral diaphysis.</li> </ol> <p>On 7/14/22 at 9:40 AM, V4 stated she and V5 had to do a mechanical lift transfer on R2 from his electric wheelchair to his bed. V4 stated V5 hooked up the lift pad to the mechanical lift, and they both checked to see if it was hooked up correctly. V5 stated they lifted R2 up from his wheelchair and were rolling the mechanical lift</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001275</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RICHLAND NURSING &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST SCOTT STREET 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>toward his bed, and the lift pad with R2 in it wasn't swinging. V4 stated they got close to the bed and were turning the lift to the left, and the mechanical lift tipped over toward V5. V4 stated she thought the reason the mechanical lift tipped over was because R2 has severe contractures and is very heavy, and R2 insisted on using his own lift pad, and that lift pad didn't come all the way up to his shoulders, but hit him mid back. V4 stated R2 refused to use the nursing home lift pad because it hurt his neck. V4 stated she was standing on the left side of the mechanical lift with her shoulder holding the mechanical lift, and she had her hand and right leg under R2's buttocks, and V5 was holding onto the lift pad strap, and also had her leg under R2, as they slowly lowered R2 toward the floor. V4 stated R2 didn't hit his head, and he didn't land on the mechanical lift legs, and he didn't hit the floor because she and V5 were basically underneath R2. V4 stated V5 got out from under R2, and she went to get help. V4 stated V1 (Administrator) and V6 (Licensed Practical Nurse) came and assessed R2. V4 stated they didn't notice any shortening, but he said he heard a "pop", and he complained of left hip and left knee pain. V4 stated they were given an in-service by V2 and V12 (Treatment Nurse) on 6/17/22 on the right lift pads to use and how to use the new mechanical lifts.</p> <p>On 7/19/22 at 9:00 AM, V5 stated she and V4 were getting R2 back into bed from his electric wheelchair. V5 stated R2 had his own lift pad, and it crisscrossed around his legs. V5 stated he refused to use one of the nursing home lift pads, and his lift pad hit him in the center of his back rather than hitting his shoulders. V5 said she tried to get R2 to use the nursing home's lift pads trying to convince R2 that it would be safer, but he refused and said he wasn't going to use it</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022	
NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>because it hurt too much. V5 stated V4 turned the mechanical lift to the left and to get the mechanical lift to go under the bed, she had to close the mechanical lift legs. V5 stated R2's weight shifted, and the mechanical lift started tipping over onto her. V5 stated she had R2 land on her, not the mechanical lift legs or the floor. V5 stated she got out from under R2 so she could go get help, while V4 continued to hold R2. V5 stated R2 was complaining about left hip pain and that he heard a "pop". V5 stated V1 and V6 came to help them and they did an assessment of R2, and then called an ambulance. V5 stated she was in an in-service on 6/21/22 given by V13 (Registered Nurse) on the correct lift slings to use, and on how to operate the new mechanical lifts.</p> <p>On 7/20/22 at 2:30 PM, V14 (Certified Nurses Aide) and V15 (Certified Nurses Aide) both stated they were in-serviced on 6/17/22 on using the correct mechanical lift sling, and how to operate the new mechanical lift.</p> <p>On 7/14/22 at 11:30 AM, V2 (Director of Nursing) stated she investigated the accident involving R2 by actually having V4 and V5 demonstrate what happened. V2 stated the investigation showed the 2 C.N.A.s actually shielded R2 from landing on the floor. V2 stated R2 landed on the 2 C.N.A.s who were trying to prevent him from landing on the legs of the mechanical lift and onto the floor. V2 stated the turn may have shifted R2's weight and caused the mechanical lift to tip, but it was very hard to determine what happened. V2 stated R2 was very stiff, and he had fractured his left leg and pelvis when he had an automobile accident about 3 years earlier. V2 stated R2's bones are weak due to him not being able to stand, and R2 also has a diagnosis of Osteopenia and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>Osteoporosis that also makes R2's bones fragile.</p> <p>On 7/20/22 at 3:34 PM, V2 stated they didn't evaluate R2's personal lift pad/sling to verify it was the correct size for R2, or that the lift sling was compatible to use with the mechanical lift used to transfer R2 on 6/17/22. V2 stated they tried to obtain R2's personal lift pad from the hospital on 6/17/22 to see if the lift sling was compatible with the mechanical lift, but no one could locate the lift sling R2 owned. V2 also stated V5 tried to talk to R2 about using the nursing home sling because it was safer. V2 stated it wasn't written anywhere concerning counseling R2 about using the sling that was supposed to be used with the mechanical lift. V2 stated on the day of the incident with R2, 6/17/22, and on 6/21/22, in-services were conducted on using the right size of mechanical lift slings and how to correctly use the mechanical lifts. V2 stated for the in-service training they used the Mechanical Lift policy and procedure, and the Validation of Competency form was used to explain how to use the mechanical lift and the importance of using of the correct sling. V2 stated they also used the Transfer Assessment Tool to determine residents who can transfer and how they are to be transferred.</p> <p>On 7/19/22 at 10:30 AM, V6 stated she wasn't in the room when the mechanical lift tipped over, but she went in to assess R2, and he was complaining of left hip pain. V6 stated when she went into R2's room, V4 was supporting R2 with her leg and she was holding onto him. V6 stated R2 wasn't on the floor, and he wasn't sitting on the mechanical lift legs. V6 stated R2 did have his own lift pad under him because he said it was more comfortable than the nursing home lift pads.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>On 7/19/22 at 10:45 AM, V3 (Assistant Director of Nursing) stated R2 used his own lift pad because the nursing home lift pads came up to his neck and pushed his head forward causing him pain. R2 insisted on using his own personal lift pad, and he refused to use the nursing home lift pads. V3 stated R2's bones were weak and he had a diagnosis of Osteopenia and Arthritis, and he hadn't stood on his legs for a very long time, making R2's bones weak.</p> <p>On 7/14/22 at 1:30 PM, V1 (Administrator) stated once the accident happened, they had another mechanical lift brought in from their sister facility just to ensure the safety of the residents. V1 stated they took all of the older model mechanical lifts out of service and rented newer mechanical lifts that were heavier and more sturdy. V1 stated the older lifts were designed to hold someone who weighed 400 pounds and R2 weighed around 340 pounds.</p> <p>On 7/20/22 at 2:12 PM, V10 (Physical Therapy Assistant/Rehab Director) stated R2 was in therapy for a while, and he wasn't cooperative with his therapy treatments. V10 stated she didn't ever see R2's personal lift pad because he was always up in his wheelchair. V10 stated R2 had gained a lot of weight since his admission, and it is possible the lift pad was too small for him. V10 also stated she heard him tell the C.N.A.s that he wouldn't use the facility's lift pad, and he demanded them use his personal lift pad and a certain mechanical lift or he wouldn't get up.</p> <p>On 7/20/22 at 3:10 PM, V11 (Medical Director) stated he was aware of R2's fall with left hip fracture related to the mechanical lift tipping over. V11 stated the facility staff should have used the lift sling recommended by the manufacturer of the</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001275	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RICHLAND NURSING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>mechanical lift to ensure the transfer was safe. V11 stated he was aware R2 was insistent on using his personal lift sling, but the facility should have counseled him on the safety risks associated with the use of a lift sling not designed for the mechanical lift. V11 stated that way, if there was a fall, it wouldn't be an issue related to an improper lift sling.</p> <p>The facility's Mechanical Lift policy, dated October 2017, documents under Policy: The mechanical lift may be used to lift and move a resident with limited ability during transfer while providing safety and security for residents and nursing personnel.</p> <p>(A)</p>	S9999		
-------	--	-------	--	--