

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2020
NAME OF PROVIDER OF SUPPLIER RICHLAND NURSING & REHAB		STREET ADDRESS, CITY, STATE, ZIP 900 EAST SCOTT STREET OLNEY, IL 62450	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, record review, and observations, the facility failed to wear appropriate Personal Protective Equipment and failed to follow the manufacturer specifications when cleaning. This has the potential to affect all of the 106 residents in the facility. Findings include: The Resident Roster, dated 10/05/20, documents that the facility has 106 residents in the facility. 1. On 10/5/20 at 10:10 AM, in the kitchen, V7 (Dietary Aide) was noted spooning a brown substance into Styrofoam bowls and not wearing a mask or gloves. On 10/6/20 at 9:40 AM, V12 (Dietary Manager) stated the kitchen staff should have a mask on at all times while in the facility, in the kitchen, and if the staff is dipping food, gloves should be worn. On 10/6/20 at 9:31 AM, V1 (Administrator) stated kitchen staff should always wear gloves when dipping food and wear a mask at all times while in the facility. 2. On 10/5/20 at 10:40 AM, V19 (Housekeeper) stated she uses instant cleaner foam spray and allows it to have a contact time of 2-5 minutes in the resident's bathroom. When surveyor asked the housekeeper to read the contact time on the side of the can, V19 stated she should have been allowing the cleaner to be on the bathroom surfaces for 10 minutes. The facility's COVID-19 Preparedness policy, dated 8/31/20, documents: EQUIPMENT, SUPPLIES AND ENVIRONMENTAL CLEANING, Facility ensures HCP (Health Care Personnel) have access to EPA (Environmental Protection Agency)-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Products with EPA-approved emerging [MEDICAL CONDITION] pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging [MEDICAL CONDITION] pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions. The instant cleaner foam spray information on the side of the can documented that the contact time is 10 minutes for all surfaces. 3. On 10/5/20 at 11:20 AM, V14 (Certified Nurse Aide) stated staff should wear mask, gown, gloves, shield, and shoe protectors when going into an isolation room. V14 stated she does not wear the shield in the isolation rooms because it fogs up her glasses. On 10/5/20 at 10:20 AM, V14 was on the isolation hall between the Harmony and Delta Hall. She was wearing an N95 mask, gown, and gloves. V14 was not wearing a face shield. On 10/5/20 at 11:10 AM, V1 (Administrator) stated the staff should be wearing full PPE. The staff should wear an N95 mask, gowns, gloves, goggles, or face shield and shoe coverings while on the Isolation Halls. The facility's Covid 19 Preparedness policy documents on Page 4: 'Place the resident in contact/droplet isolation and close the door. All staff must wear full PPE' and Page 5: 'PPE includes: Gloves, Gown, Medical face mask and eye protection will be used. Eye Protection that covers both the front and sides of the face.' The facility's undated Floor Plan with Isoation Halls identified, documents that the Isolation Hall between Harmony and Delta Hall is a COVID Positive Unit. 4. On 10/5/20 at 11:00 AM, the staff on the Garden Unit were wearing gowns, and an N95 mask. No face shields or shoe coverings were being worn by the staff and the nurse was not wearing gloves. On 10/5/20 at 11:10 AM, V1 (Administrator) stated the staff should be wearing full PPE. The staff should wear N95, gowns, gloves, goggles or shield and shoe covering while on the isolation halls. The facility's Covid 19 Preparedness policy documents on Page 4: 'Place the resident in contact/droplet isolation and close the door. All staff must wear full PPE' and Page 5: 'PPE includes: Gloves, Gown, Medical face mask and eye protection will be used. Eye Protection that covers both the front and sides of the face.' The undated floor plan, with isolation halls, documents that the Garden Unit is a COVID Positive Unit.</p>		

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.