| Illinois Depar | rtment of Public | Health | | | FORM | APPROVE |
|--|--|--|---------------------------------------|---|------------|-------------------------|
| STATEMENT OF | DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | | E SURVEY PLETED |
| | | | | | С | |
| | | IL6001275 | B. WING | | 01/ | 02/2025 |
| NAME OF PROV | IDER OR SUPPLIER | | DDRESS, CITY, S T SCOTT STF | STATE, ZIP CODE | | |
| RICHLAND N | URSING & REHA | B | IL 62450 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY) | IOULD BE | (X5) COMPLET DATE |
| S 000 Initi | ial Comments | | S 000 | | | |
| Cor | mplaint Investiga | ation 24510443/IL183134 | | | | |
| S9999 Fin | al Observations | | S9999 | | | |
| Sta | tement of Licens | sure Violations | | | | |
| | 300.610a) 300.1210b)4) | | | | | |
| Sec | Section 300.610 Resident Care Policies | | | | | |
| faci be Cor adr me of r poli The the by t | cedures governi ility. The written formulated by a mmittee consisti ministrator, the a dical advisory co nursing and othe icies shall comple written policies facility and shal | shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed of the meeting. | 9 | | | |
| | ction 300.1210(rsing and Persor | General Requirements for nal Care | | | | |
| pra wel eac plan car res | e and services to cticable physica Il-being of the re- ch resident's con n. Adequate and e and personal o ident to meet the e needs of the re- | shall provide the necessary o attain or maintain the highes l, mental, and psychological sident, in accordance with nprehensive resident care properly supervised nursing care shall be provided to each total nursing and personal esident. Restorative measures ninimum, the following | | | | |
| | t of Public Health | ER/SUPPLIER REPRESENTATIVE'S SIG | GNATURE | TITLE | | (X6) DATE |
| Electronically | | | | | | 01/22/2 |
| ATE FORM | | | 6899 8 | SCLU11 | lf continu | ation sheet 1 |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | | A. BUILDING: | | | |
| | | IL6001275 | B. WING | | | C 02/2025 |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| RICHLAI | ND NURSING & REHA | AR STREET | T SCOTT STR | EET | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
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| | procedures: | | | | | |
| | encourage residem in activities of daily circumstances of th demonstrate that d This includes the re dress, and groom; eat; and use speed functional commun who is unable to ca shall receive the se good nutrition, groo These regulations Based on observat review, the facility f requests for assista ensure dignity and (R3, R6 and R7) of dignity. This failure provided timely, ca | personnel shall assist and ts so that a resident's abilities living do not diminish unless ne individual's clinical condition iminution was unavoidable. esident's abilities to bathe, transfer and ambulate; toilet; th, language, or other ication systems. A resident mry out activities of daily living ervices necessary to maintain oming, and personal hygiene. were not met as evidenced by: ion, interview, and record ailed to respond to residents' ance in a timely manner to respect for quality of life for 3 7 residents reviewed for resulted in care not being using R3, R6 and R7 to | | | | |
| | feel humiliation and urine and/or feces | fort/pain, and caused R3 to anxiousness from sitting in for extended periods of time, ing it will take for her to receive ice. | 9 | | | |
| | Findings Include: | | | | | |
| | 12/27/2024, docum facility on 01/11/202 included acute resp chronic obstructive failure, secondary p | r depressive disorder, type 2 | | | | |

| STATEMEN | epartment of Public IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | СОМ | E SURVEY PLETED |
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| | | IL6001275 | B. WING 0* | | | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| RICHLA | ND NURSING & REHA | NB 900 EAS OLNEY, | T SCOTT STRI IL 62450 | EET | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| S9999 | Continued From pa | ge 2 | S9999 | | | |
| | R3's "Physician Order Summary" with date range from 11/27/2024 - 12/27/2024 documented an order to apply zinc cream to gluteal fold and buttocks twice daily and as needed with incontinence. | | | | | |
| | documented a Brie (BIMS) score of 15, intact. Section GG is a mechanical lift "Skin Conditions" d developing pressur | a Set (MDS) dated 11/07/2024, f Interview for Mental Status , indicating R3 is cognitively of R3's MDS documented R3 for transfers, and Section M ocumented R3 was at risk for e ulcers/injuries with ented as application of ons. | | | | |
| | of "Dependent trans Date Initiated 11/20 included the followi | Plan documented a Focus Area sfers. May use stand up lift. /2024." This focus area ng interventions: "Descend instruction for proper hand | | | | |
| | authored by V15 (F "she is sitting up i States she can tole hour or two hours a | gress Note" dated 12/23/2024 amily Nurse Practitioner/FNP) n wheelchair eating lunch. rate sitting up for about an and then needs to go back to er the weekend she sat up way com hurt a lot." | | | | |
| | noted to be lit above alert could be heard station. This survey continuously from 1 completing intermit | 2:45 PM, R3's call light was e the door and the audible d going off at the nurse's ror was on R3's hall 2:45 PM to 1:43PM and tent observations of the call ed and heard during this time. | | | | |

| | | Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
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| | | | | | | С |
| | | IL6001275 | B. WING | | 01/ | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| RICHLA | ND NURSING & REHA | NB 900 EAS ⁻ OLNEY, I | T SCOTT STR L 62450 | EET | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| S9999 | Continued From pa | ge 3 | S9999 | | | |
| | her call light. At 1:4 Assistant/CNA) enti- call light off. V12 (C V11 with putting R3 On 12/26/2024 at 1 she has issues gett R3 stated that it is r to answer it, there ji job. R3 verified that 12:45 PM because put back in bed. R3 wait up to an hour a answer her call ligh to wait long periods pain in her coccyx a worse. R3 stated th hours for a staff me R3 stated that on the staff than during the therapy comes in of exercises, she will r never knows when R3 stated she tells lunch tray that she soon as they have the waits a few minutes R3 stated that the C that is why the facilit R3 stated that the t take her vitals today she was because s | t no staff had come to answer 6 PM, V11 (Certified Nursing ered R3's room and shut the NA) also arrived and assisted back to bed. :43 PM, R3 stated every day ing her call light answered. not a lack of the staff wanting ust isn't enough staff to do the t she turned her call light on at she wanted assistance to be t stated that it is not unusual to and a half to get someone to t. R3 stated that when she has of time it causes her to have area that continually gets hat on a weekend she waited 4 ember to answer her call light. Ne weekend they have less the week. R3 stated that when in the weekend to do her not get out of bed because she she will get to go back to bed. the staff when they pick up her wants to go back to bed as time. R3 said she generally to then turns on her call light. CNA's are treated terribly and ity has trouble getting them. ransportation aide came in to y and she had to ask her who he has never seen her before. n she has to wait long periods | | | | |

If continuation sheet 4 of 8

| | Department of Public NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | COM | E SURVEY PLETED |
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| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| RICHLA | ND NURSING & REHA | B 900 EAST OLNEY, II | SCOTT STR | EET | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| \$9999 | R6's "Resident F of 12/27/2024, door the facility on 07/24 included neurocogr bodies, peripheral w kidney disease, uns essential hypertens unsteadiness on fer R6's MDS dated 10 of 10, indicating R6 impairment. The sa required substantia transfers and that F pressure ulcers with applications of ointr application of dress R6's "Physician Ord reference of 11/27/2 an order for zinc ba daily, betadine to to heel daily, and calc daily. R6's current Care F of "Resident has a of motion, date initia area includes the fo observe for signs and report to nurse On 12/27/2024 at 8 to wait to receive ca that he has waited of be answered. R6 st provide care for him needs more staff, e | ace Sheet," with a print date umented R6 was admitted to /2024, with diagnoses that nitive disorder with Lewy vascular disease, chronic specified atrial fibrillation, ion, spinal stenosis, and et. //29/2024 documented a BIMS has moderate cognitive me MDS documented R6 I/maximal assistance for R6 was at risk for developing in treatments documented as ments/medications and ing to feet. der Report" with a date 2024-12/27/2024 documented rrier cream to buttocks twice ups of toes and to right and left ium alginate to bilateral heels Plan documented a focus area potential for diminished range ated 07/25/2024." This focus ollowing interventions: and symptoms of discomfort | \$9999 | DEFICIENC | Υ) | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | | E SURVEY PLETED |
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| | | 11 0004075 | B. WING | | C 01/02/2025 | |
| | | IL6001275 | [01/02 | | | |
| NAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, S | | | |
| RICHLAN | ND NURSING & REHA | NB 900 EAS OLNEY, | T SCOTT STR IL 62450 | EET | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
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| | cannot reposition h | imself and has wounds. R6 | | | | |
| | | ts for an hour for his call light | | | | |
| | | he can be repositioned, it | | | | |
| | causes him pain. | | | | | |
| | 3 R7's "Resident F | ace Sheet" with a print date of | | | | |
| | | ented R7 was admitted to the | | | | |
| | | 23, with diagnoses that include | | | | |
| | | failure, hyperlipidemia, | | | | |
| | essential hypertens | ion, retention of urine, and | | | | |
| | constipation. | | | | | |
| | of 15, indicating R7 same MDS docume developing pressur | /20/2024, documented a BIMS is cognitively intact. The ented R7 is at risk for e ulcers/injures with | 5 | | | |
| | treatments docume ointments/medication | ented as applications of ons. | | | | |
| | date of 11/27/2024 order for clean ope | der Report" with a reference - 12/27/2024, documented an n area to scrotum, apply pink /er change daily and as | | | | |
| | | dical record in the section agement documented R7 has ttock. | | | | |
| | | :00 AM, R7 stated the care in e to not enough staff. R7 | | | | |
| | | ole getting call lights | | | | |
| | | ed there are times he waits up | | | | |
| | to an hour for his lig | ght to be answered. R7 stated | | | | |
| | | phone when he turns the light | | | | |
| | | w long it takes for them to | | | | |
| | | that it is all shifts and | | | | |
| | | ally worse. R7 stated the | | | | |
| | | ve enough staff to care for the d he has sores on his coccyx | | | | |

| ND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | COM | E SURVEY PLETED C |
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| | | IL6001275 | B. WING | | 01 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| RICHLAI | ND NURSING & REHA | B | T SCOTT STRI IL 62450 | EET | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| \$9999 | on him. R7 stated th worse when he has On 12/26/2024 at 1 there are only 2 CN (East/Center) of the she is exhausted the residents with just of it takes 45 minutes residents on one have help often have they should. V11 state Aide/CNA was supponly did some vitals lights. On 12/26/2024 at 1 and V2 (DON/Direct there were two call- Transportation Aide little bit until she have appointment, leaving residents on East/C On 12/27/2024 at 9 Nurse) stated staffin V14 stated there ar CNA and one PA (P day off. V14 stated care to be provided provide any care. V posted with not end department heads to stated that there are come in to help. V1 | our for the staff to put cream nat the pain in his coccyx gets to wait long periods of time. :50 PM, V11 (CNA) stated A's on "this side" building today. V11 stated ying to care for this many one other CNA. V11 stated that to complete checking on all and the other residents who ve to wait longer than what ated that the Transportation bosed to help today but she and answered a few call :57 PM, V1 (Administrator) tor of Nurses) stated that in's today. V2 stated the was helping on the floor for a d to leave to take an g two CNA's to cover all the | t | DEFICIENC | Υ) | |

If continuation sheet 7 of 8

| TATEMEN | epartment of Public | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE | E SURVEY PLETED |
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| | | BERTH IO/ HON HOWBER. | A. BUILDING: | | | |
| | | IL6001275 | B. WING | | C 01/02/2025 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| ICHLAN | ND NURSING & REHA | AB 900 EAS [®] OLNEY, I | Г SCOTT STR L 62450 | EET | | |
| (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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY) | N SHOULD BE E APPROPRIATE | (X5) COMPLET DATE |
| S9999 | Continued From pa | age 7 | S9999 | | | |
| | stated that she has residents about the V18 stated that the the staffing shortag have to wait long po be answered. Company policy title with a revision date under section "Gen | 11:31 AM, V18 (Ombudsman) had several complaints from a facility being understaffed. residents are complaining that ge is causing the residents to eriods of time for call lights to ed "Answering the Call Light" of June 2020 documented heral Guidelines8. Answer ight as soon as possible." | | | | |
| ois Depar | tment of Public Health | | | | | |