STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145388	A. BUILDING _____ B. WING _____	R-C 10/06/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHLAND CARE & REHAB	**410 EAST MACK 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 First Complaint Certification Revisit to Survey 8/30/11, Complaint 1152508 / IL 54128.	{F 000}		
{F 323} SS=G	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interviews and records reviewed, the facility failed to provide safe wheel chair transportation by not properly securing the wheel chair with proper shoulder and lap belts.for one of four residents (R9) reviewed for safety measures from the sample of four. These failures resulted in R9 falling from the wheel chair to the van floor .This fall resulted in an injury requiring an emergecy room visit to treat the right knee avulsion requiring staples, numerous skin tears on the arms and legs,a head contusion and avulsion of the left elbow. Findings include: On 10/5/11, at 9:30am, E1 (Administrator) and E2 (Assistant Administrator) stated that E4 (CNA) was driving R9 to a physician's appointment with the facility's van. E4 stated a semi-trailer crossed into her lane of traffic. E4 said she turned into the concrete shoulder to prevent a collision with the	{F 323}		11/24/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{F 323}	Continued From page 1	{F 323}		

semi. Then E4 said the van went over the concrete shoulder and back onto the highway. When this occurred, R1 fell out of the wheel chair onto the van floor. E4 stated she stopped the van in a parking lot and assessed R9. E4 stated the wheel chair was still locked to the van floor. E4 stated R9 insisted she was ok and did not want to go to the hospital. E4 called the facility to report the incident. E1 and E2 drove to meet E4 and R9 to assess R9. E1 and E2 stated upon assessment of R9, she was transported to the local hospital emergency room.
The nurses notes dated 10/5/11 indicated R9 was not admitted to the hospital.

The consultation report dated 10/4/11 addresses the following injuries:
Struck head, multiple lacerations on the arms and legs, a 25 centimeter length laceration on the right thigh above the knee and this is an avulsion type injury going down through the subcutaneous fat but not violating the fascia or muscle layer; this is a curvilinear in nature: left forearm is another deep tissue avulsion but the skin has been completely avulsed and there is no overlying tissue that is amenable to primary closure. The report indicated the right thigh wound was closed primarily with a complex repair of the laceration. The report indicated R9 did not have any broken bones.

On 10/6/11 at 1:30pm, R9's treatment to the right leg was observed. R9 was noted to have several dressings on both hand, and left forehead. R9 stated her left shoulder is sore. R9 said she can still hear the sound of the van driving over the curve. R9 said it was awful.

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{F 323}	Continued From page 2 On 10/6/11at 9:30 A.M. E1 and E2 stated E4 has received no formal training in the use of the restraints for the wheelchair in the van. On 10/6/11, at 2:00pm, E2 stated upon checking with their insurance carrier for the employees cleared to drive the transportation van E4 was not included.	{F 323}		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210b) 300.3240a) 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations were not met as evidenced by: Based on observation, interviews and records reviewed, the facility failed to provide safe wheel chair transportation by not properly securing the	F9999		

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F9999	Continued From page 3	F9999		

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Findings include:

On 10/5/11, at 9:30am, E1 (Administrator) and E2 (Assistant Administrator) stated that E4 (CNA) was driving R9 to a physician's appointment with the facility's van. E4 stated a semi-trailer crossed into her lane of traffic. E4 said she turned into the concrete shoulder to prevent a collision with the semi. Then E4 said the van went over the concrete shoulder and back onto the highway. When this occurred, R1 fell out of the wheel chair onto the van floor. E4 stated she stopped the van in a parking lot and assessed R9. E4 stated the wheel chair was still locked to the van floor. E4 stated R9 insisted she was ok and did not want to go to the hospital. E4 called the facility to report the incident. E1 and E2 drove to meet E4 and R9 to assess R9. E1 and E2 stated upon assessment of R9, she was transported to the local hospital emergency room.
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