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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>145135</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                     | (X3) DATE SURVEY COMPLETED<br><b>09/24/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>RICHLAND NURSING &amp; REHAB</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>900 EAST SCOTT STREET<br/>OLNEY, IL 62450</b> |   |
| 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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Many             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interviews, record review, and observations, the facility failed to clean high touch-surfaces frequently and follow the manufacturer specifications. This has the potential to affect all of the 112 residents in the facility. Findings include: On 9/21/20 at 9:45AM, V1 (Administrator) stated that there are 112 residents in the facility. On 9/21/20 at 11:15AM, V5 (Laundry/ Housekeeping Director) stated (Brand name bleach cleaner) has a one-minute contact time and it is used in the resident's bathrooms. V5 also stated that she also uses (Brand name) Heavy duty Bathroom Cleaner and it has a 5 minute contact time. V5 stated she uses (Brand name) floor cleaner with bleach for the floor. On 9/21/20 at 1:20PM, V10 (Housekeeper) stated that she uses (Brand name) floor cleaner, and adds bleach for the floor. V10 stated she uses (Brand name) Heavy Duty Bathroom Cleaner and Instant Cleaner Form Spray on the bathroom, and she allows the cleaner to set on sinks and toilets for 5 minutes before she wipes them away. V10 stated she uses (Brand name bleach cleaner) for handrails and sometimes bathroom used for isolation. V10 stated she allows the (Brand name bleach cleaner) to set on surfaces for 1 minute. On 9/21/20 at 1:25 PM, V10 was noted cleaning and demonstrated how she would clean the bathroom. On 9/21/20 at 1:30PM, V11 (Housekeeper) stated that he cleans the bathrooms with (Brand name ) Heavy Duty Bathroom Cleaner and Instant Cleaner Foaming cleaner let it set for 5 minutes before removing the cleaner. V11 also stated he cleans the doorknobs and hallway hand rails in the hall once a day or if busy one a week. On 9/21/20 at 3:15PM, V14 (Housekeeper) stated she cleans with (Brand name) Heavy Duty and (Brand name bleach cleaner). Both cleaners are left on the toilets, sinks, soap and paper dispenser, and light switch for 4-5 minutes and then removed. V14 also stated that she cleans door handles and handrails once or twice a week. On 9/23/20 at 2:00PM, V5 (Laundry/ Housekeeping Director) stated that the contact time for the (Brand name) Heavy Duty Bathroom Cleaner and the Instant Cleaner Foaming Cleaner is 10 minutes and the housekeepers should allow the cleaner on the bathroom surfaces for a full 10 minutes. The (Brand name bleach cleaner) contact time is 2 minutes. Handrails, doorknobs, and high touch areas should be cleaned daily or more often. The label on the (Brand name) Heavy Duty Bathroom Cleaner and Instant Cleaner Form Spray can documented that the contact time is 10 minutes for all surfaces. The label on the side of the (Brand name bleach cleaner) documents that the contact time is 2 minutes. The facility's COVID-19 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.</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.