STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265755	A. BUILDING _____ B. WING _____	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHLAND CARE CENTER INC	400 TRI-COUNTY LANE RICHLAND, MO 65556

(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 568 SS=E	Accounting and Records of Personal Funds CFR(s): 483.10(f)(10)(iii) §483.10(f)(10)(iii) Accounting and Records. (A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf. (B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident. (C)The individual financial record must be available to the resident through quarterly statements and upon request. This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to prevent the commingling of four current residents (Resident #4, #22, #12, and #14) out of 15 sampled residents personal funds with the operating funds of the facility. The facility census was 35. 1. The facility did not provide a policy for accounting records. 2. Review of the facility maintained Account Receivable (AR) Aging report, dated 09/17/24, showed current residents with personal funds held in the facility operating account as follows: -Resident #4 with a credit balance of $446.00 with a start date of 01/2024; -Resident #22 with a credit balance of $988.00 with a start date of 03/2024; -Resident #12 with a credit balance of $2971.92 with a start date of 05/2024; -Resident #14 with a credit balance of $18.00 with	F 568		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Julie Avila — TITLE: Admn — (X6) DATE: 10/11/24

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.

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F 568	Continued From page 1 a start date of 06/2024. During an interview on 09/19/24 at 10:00 A.M., the administrator said he/she has been at the facility since 08/02/24 and is now responsible to review the AR reports monthly. The administrator said prior to him/her starting last month the former Business Office Manager (BOM) had been responsible to monitor the AR report. The Administrator said he/she started researching each account last week but had not completed it yet and does not know yet why each resident has a credit.	F 568		
F 569 SS=C	Notice and Conveyance of Personal Funds CFR(s): 483.10(f)(10)(iv)(v) §483.10(f)(10)(iv) Notice of certain balances. The facility must notify each resident that receives Medicaid benefits- (A) When the amount in the resident's account reaches $200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and (B) That, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI. §483.10(f)(10)(v) Conveyance upon discharge, eviction, or death. Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's funds, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.	F 569		

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F 569	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and interview, facility staff failed to provide refunds of personal funds to from the facility operating account for nine residents (#294, #290, #296, #288, #295, #287, #286, #291, and #289) out of 15 sampled residents who discharged from the facility within the required 30 days. The facility census was 35. 1. The facility did not provide a policy for accounting records. Review of the facility's Admission Agreement, undated, showed the facility agreed to refund the unused balance of payment when the resident discharges from the facility. 2. Review of the facility maintained Account Receivable (AR) Aging report, dated 09/17/24, showed discharged residents with personal funds held in the facility operating account as follows : -Resident #294 discharged from the facility on 12/21/23 with a credit balance of $2020.00; -Resident #290 discharged from the facility on 01/20/24 with a credit balance of $226.00; -Resident #296 discharged from the facility on 01/28/24 with a credit balance of $1323.00; -Resident #288 discharged from the facility on 02/24/24 with a credit balance of $466.38; -Resident #295 discharged from the facility on 05/02/24 with a credit balance of $452.00; -Resident #287 discharged from the facility on 06/08/24 with a credit balance of $452.00; -Resident #286 discharged from the facility on 06/28/24 with a credit balance of $353.00; -Resident #291 discharged from the facility on 07/01/24 with a credit balance of $7173.00;	F 569		

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F 569	Continued From page 3 -Resident #289 discharged from the facility on 08/20/24 with a credit balance of $1932.00. During an interview on 09/19/24 at 10:00 A.M., the administrator said he/she has been at the facility since 08/02/24 and is now responsible to review the AR reports monthly. The Administrator said he/she started working on researching each account last week, but had not completed it yet and does not know yet why each resident has a credit. The Administrator said refunds should be issued within 30 days of a resident discharge. The Administrator said the facility does not have a written authorization to hold the credit balances from any resident.	F 569		
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(5)(ii)(iii) §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, §483.12(b)(4) Establish coordination with the QAPI program required under §483.75. §483.12(b)(5) Ensure reporting of crimes occurring in federally-funded long-term care facilities in accordance with section 1150B of the Act. The policies and procedures must include	F 607		

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F 607	Continued From page 4 but are not limited to the following elements. §483.12(b)(5)(ii) Posting a conspicuous notice of employee rights, as defined at section 1150B(d)(3) of the Act. §483.12(b)(5)(iii) Prohibiting and preventing retaliation, as defined at section 1150B(d)(1) and (2) of the Act. This REQUIREMENT is not met as evidenced by: Based on interview and record review, facility staff failed to complete pre-employment screenings of the Criminal Background Check (CBC), Employee Disqualification List (EDL) verification, and Family Care Safety Registry (FCSR), for three employees (Dietary Manager (DM), CNA C, and CNA B) out of 10 employees sampled. The facility census was 35. 1. Review of the facility's policy titled "Abuse Prohibition", dated 12/26/23, showed all persons hired will be checked with appropriate licensing agencies and CBC as required by Missouri law. 2. Review of the DM's personnel file showed: -Date of hire 06/07/23; -Did not contain FCSR or CBC. Review of the DM's timecard showed his/her first day worked as 06/07/23. 3. Review of CNA C's personnel file showed: -Date of hire 07/24/23; -Did not contain FCSR or CBC. Review of CNA C's timecard showed his/her first	F 607		

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F 607	Continued From page 5 day worked as 07/24/23. 4. Review of CNA B's personnel file showed: -Date of hire 10/03/23; -Did not contain a FCSR or CBC. Review of CNA B's timecard showed his/her first day worked as 10/03/23. 5. During an interview on 09/19/24 at 11:00 A.M., the administrator said the previous administrator had been responsible to complete the pre-employment screenings. The administrator said the Assistant DM is responsible to complete the screenings now but has only been responsible for two months. The administrator said he/she does not know why the pre-employment screenings were not completed prior to hire as he/she has only been in the facility a month. The administrator said all pre-employment screenings should be completed prior to the employee's date of hire. During an interview on 09/19/24 at 11:10 A.M., the Assistant DM said he/she is responsible for completing the pre-employment screenings now. The Assistant DM said he/she took on the responsibility two months ago. The Assistant DM said he/she did not complete any of the pre-employment screenings for the sampled staff. The Assistant DM said the previous Administrator was responsible for completing those. The Assistant DM said he/she does not know why they were not completed prior to the date of hire but should have been.	F 607		
F 688 SS=E	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)	F 688		

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F 688	Continued From page 6 §483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and §483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. §483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:	F 688		
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility staff failed to ensure prepared	F 804		

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F 804	Continued From page 7	F 804		

food items were served at a safe and appetizing temperature when the facility staff failed to maintain the internal temperatures of hot food items at 120 degrees Fahrenheit (° F) or higher upon service to residents who ate in their rooms. The facility census was 35.

1. Review of the facility's Cooking Potentially Hazardous Foods Standard of Practice policy, revised on 06/13/24, showed the policy directed staff to follow state and local health department requirements and to hold prepared hot foods at 135º F.

Observation on 09/17/24 from 12:05 P.M. to 12:19 P.M., showed Cook E prepared plates of garlic herb pork loin, creamed potatoes and peas and seasoned red cabbage, for service to the residents who ate in their rooms, from the food items held in hot holding on the steamtable. Observation showed the cook placed the food on plates warmed in the steamtable, covered the plates with an insulated dome plate cover and then put the plate on a tray inside a hot holding food cart. Observation showed the food cart was unplugged and the interior of the cart cold to touch. Observation showed dietary staff delivered the food cart to the unit.

During an interview on 09/17/24 at 12:19 P.M., Cook E said he/she warms the plates in the steamtable to try to keep the food hot since the heater to the food cart quit working a couple of months ago.

Observation on 09/17/24 at 12:32 P.M., showed nursing staff served the trays of food to the residents who ate in their rooms. Observation showed the internal temperature of the garlic herb

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F 804	Continued From page 8 pork loin from Resident #10's tray, held in the cart, measured 105° F and the internal temperature of the creamed potatoes and peas measured 114° F. 2. Review of Resident #30's Admission Minimum Data Set (MDS), dated 08/20/24, showed staff assessed the resident as: -Cognitively intact; -Completed eating by him/herself with no assistance from a helper. During an interview on 09/18/24 at 10:55 A.M., the resident said he/she eats in her room and the food is cold most of the time. The resident said when the food is served cold it affects how he/she enjoys his/her food. 3Review of Resident #3's Annual MDS, dated 06/26/24, showed staff assessed the resident as: -Cognitively Intact; -Required set up assistance from staff for eating. During an interview on 09/18/24 at 01:21 PM., the resident said he/she routinely eats in his/her room. The resident said the food is "not good and it is not hot at all". Observation on 09/19/24 from 7:45 A.M. to 7:55 A.M., showed insulated bowls of oatmeal stacked on a tray on top of the steamtable. Observation showed Cook E prepared plates of french toast and sausage for service to the residents who ate in their rooms from the food items held in hot holding on the steamtable. Observation showed the cook placed the food on plates warmed in the steamtable, covered the plates with an insulated	F 804		

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F 804	Continued From page 9	F 804		

dome plate cover and then put the plate on a tray inside the hot holding food cart. Observation showed the cook placed the insulated bowls of oatmeal on the trays in the food cart. Observation showed the food cart was unplugged and the interior of the cart cold to touch. Observation showed dietary staff delivered the food cart to the unit.

Observation on 09/19/24 begining at 7:59 A.M., showed nursing staff served the trays of food held in the food cart to residents who at in their rooms.

Observation on 09/19/24 at 8:05 A.M., showed the internal temperature of the french toast from the trays held in the food cart for Resident #12 and Resident #21 measured 92° F and the internal temperature of the oatmeal measured 113° F. Observation showed staff served the trays to residents.

4. During an interview on 09/19/24 at 8:18 A.M., the Assistant Dietary Manager (DM) said the internal temperature of hot foods should be held at 135° F while in hot holding and should be at least 120° F when served to the residents. the Assistant DM said he/she checks the temperatures of room trays every once in a while at dinner as that seems to be the time when it takes staff the longest to serve them. The Assistant DM said the heater in hot holding food cart quit working a couple months ago, they do not make parts to fix it due to its age and the previous administrator would not authorize him/her to get a new one. The Assistant DM said he/she was not aware of any resident complaints about cold food and he/she did not know the room tray foods were served cold.

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F 804	Continued From page 10 During an interview on 09/19/24 at 2:00 P.M., the administrator said the temperature of hot foods should be at regulatory temperatures upon service to the residents. The administrator said staff should check the temperatures of hot foods when they are put on the steamtable and check the temperature of foods on a room tray daily. The administrator said plates of food for residents who eat in their rooms should be covered and placed in the hot holding food cart to keep them hot. The administrator said if a piece of equipment is not working, staff should notify him/her so it can be corrected. The administrator said staff had not told him/her the heater in the food cart did not work, he/she was not aware of any resident complaints about cold food, and he/she did not know the room tray foods were served cold.	F 804		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents,	F 880		

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F 880	Continued From page 11 staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.	F 880		

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F 880	Continued From page 12 §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility staff failed to develop and implement policies and procedures for the inspection, testing, and maintenance of the facility water systems to inhibit the growth of waterborne pathogens and reduce the risk of an outbreak of Legionnaire's Disease (LD). The facility census was 35. 1. Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification (S&C) letter 17-30, dated 06/02/17 and revised on 06/09/17; showed: -"The bacterium Legionella can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as shower heads, cooking towers, hot tubs, and decorative fountains;" -Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of Legionella and other	F 880		

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(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 880	Continued From page 13 opportunistic pathogens in water; -CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of Legionella and other opportunistic pathogens in building water systems. An industry standard calling for the development and implementation of water management programs in large or complex building water systems to reduce the risk of legionellosis was published in 2015 by American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE). In 2016, the CDC and its partners developed a toolkit to facilitate implementation of this ASHRAE Standard(https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html). Environmental, clinical, and epidemiological considerations for healthcare facilities are described in this toolkit; -Surveyors will review policies, procedures, and reports documenting water management implementation results to verify that facilities: -Conduct a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system; -Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens; -Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained."	F 880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	265755	A. BUILDING _____ B. WING _____	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHLAND CARE CENTER INC	400 TRI-COUNTY LANE RICHLAND, MO 65556

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F 880	Continued From page 14 Review of the facility's Water Management Program, provided by the maintenance director on 09/18/24, showed the records contained documentaion of the facility's water management team, water flow description and generalized control measures to prohibit the growth of waterborne pathogens. Review showed the records did not contain a risk assessment to identify potential areas for the growth of waterborne pathogens including legionella, control measures specific to the facility's water systems, actions to be taken when the specified control limits are not met, and actions to be taken upon identification of the presence of legionella or other opportunistic waterborne pathogen or of a suspected case of LD. During an interview on 09/19/24 at 1:15 P.M., the Maintenance Director said he/she just became the maintenance director in the middle of July 2024 and he/she could not provide any additional documentation related to the facility's water management program. The maintenance director he/she did not know who was responsible for the development and implementation of the water management program. During an interview on 09/19/24 at 2:00 P.M., the administrator said the maintenance director is responsible for the development and implementation of the facility's water management program. The administrator said he/she just became the administrator in August 2024, he/she could not provide any additional documentaion related to the facility's water management program, and he/she did not know the records did not contain all information required.	F 880		

Missouri Department of Health and Senior Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	08100	A. BUILDING: _____ B. WING _____	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHLAND CARE CENTER INC	400 TRI-COUNTY LANE RICHLAND, MO 65556

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A4032	19 CSR 30-85.042(28) Personnel Records/Retention The administrator shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education; references, if available; the result of background checks required by section 660.317, RSMo; a copy of any good cause waiver, granted by the division, if applicable; position in the facility; record that the employee was instructed on resident's rights; basic orientation received; and reason for termination, if applicable. Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates or statements evidencing competency for the position held. Facilities shall retain personnel records for at least one (1) year following termination of employment. III This regulation is not met as evidenced by: Class III Refer to F607	A4032		
A4086	19 CSR 30-85.042(77) Infection Control/Communicable Disease Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II	A4086		

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	08100	A. BUILDING: _____ B. WING _____	09/20/2024

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RICHLAND CARE CENTER INC	400 TRI-COUNTY LANE RICHLAND, MO 65556

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A4086	Continued From page 1 This regulation is not met as evidenced by: Class II Please refer to F880	A4086		
A7036	19 CSR 30-87.030(34) Food-120 Degrees/Above, 45 Degrees/Below At time of service to the resident, food shall be at least one hundred twenty degrees Fahrenheit (120°F) or forty-five degrees Fahrenheit (45°F) or below. II/III This regulation is not met as evidenced by: Class III Please refer to F804	A7036		
A8044	19 CSR 30-88.010(43) Resident Funds-Itemized Bill The resident, or his or her next of kin, legally authorized representative, or designee shall receive an itemized bill for all goods and services actually rendered. No later than thirty (30) days after the discharge or death of a resident, the operator of the facility shall submit a final itemized bill for all goods and services rendered, showing any credit balances accruing on the date of discharge or death of the resident, and a complete account of the resident ' s remaining funds with the facility, in any account, with whatever title the account(s) may be known, to the resident ' s guardian, conservator, fiduciary of the resident ' s estate, or the individual who was designated to receive the quarterly accounting of all financial transactions made. II/III	A8044		

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	08100	A. BUILDING: _____ B. WING _____	09/20/2024

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A8044	Continued From page 2 This regulation is not met as evidenced by: Class III Refer to F568 and F569	A8044		

PLAN OF CORRECTION

Provider/Supplier Name:	Richland Care Center, Inc
Street Address, City, Zip:	400 Tri Co Lane, Richland, MO 65556
Date of Survey:	9/17/2024-9/20/2024

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		
ID PREFIX TAG	**PROVIDER'S PLAN OF CORRECTION: (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**	**COMPLETION DATE**

F568 A8044	Administrator developed a policy and procedure stating that the Richland Care Center does not maintain resident funds. Policy Also states that credit balances of residents will be reviewed monthly when statements are printed, and refund checks will be drafted and mailed within seven days of monthly credit balance review.	10/11/2024
	One-on-one Inservice by Administrator with Business Office Manager on the above policy and procedures.	10/16/2024
	Business office manager to generate bill at time of discharge and Administrator to review and issue refund if applicable.	10/16/2024 & Ongoing
	Richland Care Center recognizes that all residents were	

	potentially affected by this alleged deficient practice.	
	The facility plans to monitor its performance to ensure that	10/11/2024
	solutions are sustained. This plan will be incorporated and	Ongoing
	followed by QA Quarterly and QAPI monthly.	
F569	See above Policy and Procedure	10/11/2024
A8044		
	One-on-one Inservice by Administrator with Business Office	10/16/2024
	Manager on the above policy and procedures.	
	Current credit balances reviewed by Forvis and Administrator	10/31/2024
	and checks to be issued and mailed if applicable, by the	
	Administrator	
	Past credit invoices to be reviewed and invoicing being checked	10/31/2024
	for accuracy. Credits due to residents to be drafted and mailed.	& Ongoing
	The facility plans to monitor its performance to ensure that	10/31/2024
	solutions are sustained. This plan will be incorporated and	& Ongoing
	followed by QA Quarterly and QAPI monthly.	
F607	Administrator developed Policy and Procedure on	10/10/2024
A4032	Pre-Employment screening.	
	Richland Care Center recognizes that all residents were	
	potentially affected by this alleged deficient practice.	
	One-on-one training completed by Administrator to Business	10/10/2024
	Office Manager, Director of Nursing, OSHA officer.	
	All current employee files audited by Administrator and	10/10/2024
	Business Office Manager to ensure that all current employees	
	have background check, EDL check and all professional	
	license current and active.	
	All employees stated on POC screened, background check	10/10/2024
	letter and EDL reviewed by Administrator for safety concerns.	
	Letter placed in Employee Folder and copy given to employee.	
	New form and process for Pre-Screening new employees	10/10/2024
	completed.	
	Administrator to audit next 10 new hire employees for	10/10/2024
	appropriate pre-hire screenings and paperwork.	& Ongoing
	2/10 new hire pre-screening audits completed by Administrator.	10/10/2024
	10/10. One employee to start 10/14 and all paperwork complete.	& Ongoing
	other employees awaiting start date and background check.	
	The facility plans to monitor its performance to ensure that	10/10/2024
	solutions are sustained. This plan will be incorporated and	& Ongoing

	followed by QA Quarterly and QAPI monthly.	
F804	Dietary Manager developed a policy and procedure on checking	10/7/2024
A7036	Food temperatures.	
	All Dietary Staff educated with in-service on temperature	9/2024
	protocols of food and ensuring that they are serving food at	10/16/2024
	correct temperatures. Inservice for both September/October	
	Heat Holding Proofing Cabinet ordered.	10/09/2024
	Delivered but needs new cord adapter before use	10/17/2024
	Dietary manager to complete weekly self-Inspection checklist	10/17/2024
	at random times/days and temp foods during the self-Inspection.	& Ongoing
	of both meals served in the main dining room and hall trays.	
	The facility plans to monitor its performance to ensure that	10/9/2024
	solutions are sustained. This plan will be incorporated and	& Ongoing
	followed by QA Quarterly and QAPI monthly.	
F880	Infection Preventionist and Administrator developed a policy	10/11/2024
A4086	And procedure on Legionella Risk Assessment.	
	Administrator, Infection Preventionist and Maintenance	10/11/2024
	Supervisor completed risk assessment to include control	
	measures and protocols for potential outbreaks.	
	Water management Program reviewed and updated to include	10/11/2024
	a facility risk assessment, control measures and what to do if	
	control measures are not met and actions to be taken upon idea	
	identifying Legionella or Suspected Legionella.	
	In-service with all members of the Water Management Team	10/11/2024
	The facility plans to monitor its performance to ensure that	10/11/2024
	solutions are sustained. This plan will be incorporated and	& Ongoing
	Followed by QA and QAPI monthly	

The Administrator signing and dating the first page of the CMS-2567/State Form is indicating their approval of the plan of correction being submitted on this form.