

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  265755	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/20/2024
NAME OF PROVIDER OR SUPPLIER  Richland Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  400 Tri-County Lane Richland, MO 65556	

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)
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>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.</p> <ol style="list-style-type: none"> <li>The facility did not provide a policy for accounting records.</li> <li>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: <ul style="list-style-type: none"> <li>-Resident #4 with a credit balance of \$446.00 with a start date of 01/2024;</li> <li>-Resident #22 with a credit balance of \$988.00 with a start date of 03/2024;</li> <li>-Resident #12 with a credit balance of \$2971.92 with a start date of 05/2024;</li> <li>-Resident #14 with a credit balance of \$18.00 with a start date of 06/2024.</li> </ul> </li> </ol> <p>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.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 265755
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<p>F 0569</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>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.</p> <p>1. The facility did not provide a policy for accounting records.</p> <p>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.</p> <p>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 :</p> <ul style="list-style-type: none"> <li>-Resident #294 discharged from the facility on 12/21/23 with a credit balance of \$2020.00;</li> <li>-Resident #290 discharged from the facility on 01/20/24 with a credit balance of \$226.00;</li> <li>-Resident #296 discharged from the facility on 01/28/24 with a credit balance of \$1323.00;</li> <li>-Resident #288 discharged from the facility on 02/24/24 with a credit balance of \$466.38;</li> <li>-Resident #295 discharged from the facility on 05/02/24 with a credit balance of \$452.00;</li> <li>-Resident #287 discharged from the facility on 06/08/24 with a credit balance of \$452.00;</li> <li>-Resident #286 discharged from the facility on 06/28/24 with a credit balance of \$353.00;</li> <li>-Resident #291 discharged from the facility on 07/01/24 with a credit balance of \$7173.00;</li> <li>-Resident #289 discharged from the facility on 08/20/24 with a credit balance of \$1932.00.</li> </ul> <p>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.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>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.</p> <p>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.</p> <p>2. Review of the DM's personnel file showed:</p> <ul style="list-style-type: none"> <li>-Date of hire 06/07/23;</li> <li>-Did not contain FCSR or CBC.</li> </ul> <p>Review of the DM's timecard showed his/her first day worked as 06/07/23.</p> <p>3. Review of CNA C's personnel file showed:</p> <ul style="list-style-type: none"> <li>-Date of hire 07/24/23;</li> <li>-Did not contain FCSR or CBC.</li> </ul> <p>Review of CNA C's timecard showed his/her first day worked as 07/24/23.</p> <p>4. Review of CNA B's personnel file showed:</p> <ul style="list-style-type: none"> <li>-Date of hire 10/03/23;</li> <li>-Did not contain a FCSR or CBC.</li> </ul> <p>Review of CNA B's timecard showed his/her first day worked as 10/03/23.</p> <p>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.</p> <p>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.</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility staff failed to ensure prepared 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 (&amp;ordm; F) or higher upon service to residents who ate in their rooms. The facility census was 35.</p> <p>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 135&amp;ordm; F.</p> <p>Observation on 09/17/24 from 12:05 P.M. to 12:19 P.M., showed [NAME] 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.</p> <p>During an interview on 09/17/24 at 12:19 P.M., [NAME] 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.</p> <p>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 pork loin from Resident #10's tray, held in the cart, measured 105&amp;ordm; F and the internal temperature of the creamed potatoes and peas measured 114&amp;ordm; F.</p> <p>2. Review of Resident #30's admission Minimum Data Set (MDS), dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively intact;</p> <p>-Completed eating by him/herself with no assistance from a helper.</p> <p>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.</p> <p>3Review of Resident #3's Annual MDS, dated [DATE], showed staff assessed the resident as:</p> <p>-Cognitively Intact;</p> <p>-Required set up assistance from staff for eating.</p> <p>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.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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 [NAME] 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 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.</p> <p>Observation on 09/19/24 beginning 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.</p> <p>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&amp;ordm; F and the internal temperature of the oatmeal measured 113&amp;ordm; F. Observation showed staff served the trays to residents.</p> <p>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&amp;ordm; F while in hot holding and should be at least 120&amp;ordm; 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.</p> <p>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.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 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.</p> <p>1. Review of the Centers for Medicare and Medicaid Services (CMS) Survey and Certification (S&amp;C) letter 17-30, dated 06/02/17 and revised on 06/09/17; showed:</p> <ul style="list-style-type: none"> <li>-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 [AGE] 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;</li> <li>-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 opportunistic pathogens in water;</li> <li>-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(<a href="https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html">https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html</a>). Environmental, clinical, and epidemiological considerations for healthcare facilities are described in this toolkit;</li> <li>-Surveyors will review policies, procedures, and reports documenting water management implementation results to verify that facilities:</li> <li>-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;</li> <li>-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;</li> <li>-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.</li> </ul> <p>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,</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>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.</p> <p>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.</p>		