

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
--	--

(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) COMPLETE DATE
S 000	Initial Comments	S 000		
S9999	<p>Annual Licensure and Certification Survey</p> <p>Final Observations</p> <p>#1 Statement of Licensure Violations:</p> <p>300.1210b) 300.1210c)3) 300.1210d)6) 300.1220b)2)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p>	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
--	--

(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop and/or implement necessary interventions to effectively supervise a wandering resident for 1 resident (R39) reviewed for supervision. This failure resulted in R39 entering R67's room, and R67 pushing R39, which caused R39 to fall. The fall resulted in a closed fracture to the left femur and subsequent hospitalization.</p> <p>Findings include:</p> <p>R39's Electronic Health Record (EHR), under the section titled, "Resident Dashboard," documents R39 was admitted to this facility on 10/13/2021, with a diagnosis of Alzheimer's Disease, Altered Mental Status, Dementia with Behavioral Disturbance, among others. R39's Minimum Data Set (MDS) dated 3/11/2022 documents a Brief Interview for Mental Status (BIMS) score of 03, indicating R39 has severe cognitive impairment. R39's Care Plan with initiation date of 10/13/2021 documents that she is an elopement risk/wanderer related to disoriented to place, impaired safety awareness, enters other residents' rooms and takes their belongings. Interventions include: 1) Apply wanderguard, assess for fall risk, change wanderguard bracelet</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	---	---	--

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
--	--

(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>every 90 days and as needed, check wanderguard bracelet daily, and monitor for fatigue and weight loss (Initiation date: 10/13/2021). 2) Attempt to redirect resident from entering other residents' rooms; offer snacks, beverages, puzzles, and magazines to distract (Initiation date: 2/28/2022). R39's Care Plan had no interventions listed for wandering in other residents' rooms prior to 2/28/2022.</p> <p>A progress note in R39's EHR written by V11 (Licensed Practical Nurse/LPN) and dated 2/01/2022 at 9:07 a.m. describes R39 entering residents' rooms and was redirected multiple times. R39 attempted to enter R67's room and was redirected away from R67's door. R67 came to the doorway and yelled at R39, stating to R39, "You belong in a damn mental institution!" and slammed his door. A subsequent progress note, in R39's EHR written by V19 (LPN) and dated 2/27/2022 at 1:05 p.m. documents that R39 entered R67's room and R67 pushed R39, resulting in R39 falling to the floor. R39 began screaming that she hurt. Head to toe assessment was completed with external rotation of left hip. R39 was sent out to the hospital and admitted with a closed fracture of left femur.</p> <p>A hospital document dated 2/27/2022, at 2:47 p.m., documents that R39 has a comminuted 7 trochanteric fracture of the left femur. A progress note, in R39's EHR, dated, 1/03/2022, at 1:45 p.m., written by V12 (Social Services Director/SSD), describes R39 ambulating down A Hall and attempted to enter another resident's (R67) room, was told by (R67) that R39 was in the wrong room and R39 continued to enter the room until (R67) became angry and slammed his door. R39 was redirected toward the dining room.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62980
---	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>A progress note in R39's EHR, dated, 12/18/2021, at 5:59 p.m., written by V15 (Activities), describes R39 "wandering into residents' rooms and going through the residents' belongings, bullied and took things from other residents, stuck her hands in family's food that was visiting and tried to take another resident's food, dumped her meal tray onto another's resident's meal tray while they were eating, flashed others her breasts, cursed at visitors, and tried to take items off the med cart. R39 was not easily directed and refused anything offered to her."</p> <p>A progress note in R39's EHR, dated, 11/26/2021, at 5:24 p.m., written by V17 (LPN), describes R39 attempting to get into med cart, take applesauce, and carry water pitcher away. V17 and V12 (SSD) have tried to redirect R39 numerous times. R39 has wandered in and out of residents' rooms needing 1 on 1 attention most of the night. R39 is easy to redirect but redirection does not last long.</p> <p>A progress note in R39's EHR, dated, 11/16/2021, at 5:04 a.m., written by V18 (LPN), describes R39 got up between rounds and crawled into another's resident bed while that resident was occupied in it. When staff noticed that R39 was in another's resident's bed, they took R39 back to her room, but she would not stay there. R39 followed staff around until she got interested into some paperwork.</p> <p>R67's EHR, under the section titled, "Resident Dashboard," documents R67 was admitted to this facility on 2/25/2000, with diagnoses of Schizophrenia, Major Depressive Order, Alcohol Dependence with Alcohol-Induced Dementia, among others. R67's MDS dated 2/14/2022 documents R67 has a BIMS score of 12, R67 has</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>moderate cognitive impairment.</p> <p>R67's EHR has a Progress Note dated 2/1/2022, at 9:07 a.m., written by V11, (LPN) that describes R67 resting in his room when R39 entered his room and R67 yelled at R39 and slammed the door after R39 was redirected out of the room. A subsequent progress note dated 2/27/2022 at 2:30 p.m. and written by V19, (LPN) documents R67 becoming angry when R39 entered his room and R67 pushed R39 resulting in R39 falling to the floor.</p> <p>R67's Care Plan with an initiation date of 6/11/2013 documents that he has a history of behavioral problems related to verbal altercations with residents or staff. He can become verbally aggressive towards other residents. He also isolates himself to his room, is paranoid and has fixed delusions at times, and thinks that others including staff are out to get him. Interventions include: 1) Intervene as necessary to protect the rights and safety of others. Approach/Speak to R67 in a calm manner. Divert attention. Remove from situation and take to alternate location as needed. (Revision date: 11/16/2017). 2) Caregivers will provide me with opportunities for positive interaction, and attention. Stop and talk with me as passing by (Revision date: 2/20/2018). 3) If reasonable, discuss my behavior. Explain/reinforce why behavior is inappropriate and/or unacceptable to him (Revision date: 2/20/2018). 4) Nursing staff and Social Services will monitor my behavioral episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behaviors and potential causes (Initiation date: 6/11/2013). There are no new interventions implemented to R67's Care Plan after his verbal altercation with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>R39 that occurred on 2/01/2022.</p> <p>On 3/15/2022, at 10:00 a.m., V19 (LPN) stated that on 2/27/2022, at 12:56 p.m., R39 entered R67's room and R67 had pushed R39 resulting in R39 falling to the floor. V19 stated that this incident was witnessed by V20, (Housekeeping). V19 stated she assessed R39 and external rotation of the left hip was noted. V19 stated that R39 was screaming out that she hurt. V19 stated the physician was notified and R39 was sent out to the hospital and was admitted with a diagnosis of closed fracture of left femur. V19 stated that R39 wanders frequently in and out of residents' rooms. V19 stated that she usually redirects R39 by offering her a soda and she sits in the dining room to be monitored. V19 stated that R67 gets very irritated if anyone enters his room without permission. V19 stated that she has never witnessed R67 being physically aggressive with anyone.</p> <p>On 3/16/2022, at 1:10 p.m., V21 (MDS/ Care Plan Coordinator) stated that she has only worked at the facility for approximately 3 weeks or so. V21 stated that she has seen R39 wander in and out of residents' rooms. V21 stated that she has never seen R67 be physically aggressive with anyone since she has worked here.</p> <p>On 3/17/2022, at 9:15 a.m., V22 (Certified Nurse Assistant/CNA) stated that on 2/27/2022, at 12:56 p.m., she heard someone yell and went down the hall and saw R39 lying in the floor. V22 stated that R67 is cognitively intact and knows that hitting or pushing someone is not the right thing to do. V22 stated that R67 can get very irritated if someone enters his room without permission. V22 stated that she has never seen R67 be physically aggressive with anyone. V22 stated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>that R39 wanders frequently in and out of residents' rooms and usually is easily redirected but it only lasts for a short while.</p> <p>On 3/17/2022, at 9:45 a.m., V5 (Activity Assistant) stated that R39 wanders frequently in and out of residents' rooms. V5 stated that she has never seen R67 be physically aggressive with anyone.</p> <p>On 3/17/2022 at 12:00 p.m., V20 (Housekeeping) stated that on 2/27/2022, at 1:00 p.m., she heard R67 yell at R39 to get out of his room and then witnessed R67 push R39 up against the wall and R39 fell to the floor. V20 stated that R39 wanders frequently into other residents' rooms.</p> <p>On 3/17/2022 at 12:30 p.m., V2 (Director of Nursing) stated that she was notified on 2/27/2022 that R67 pushed R39 causing R39 to fall onto the floor and that R39 was sent out to the hospital related to her having an external rotation of her left hip and increased pain and was admitted to the hospital with a closed fracture of left femur. V2 stated that on 2/28/2022, a Velcro "STOP" sign was placed on R67's doorway to help keep other residents from entering his room. V2 stated that an IDT (Interdisciplinary Team) meeting was held on 3/9/2022, and it was discussed to have R67 moved to different hall. V2 stated that R67 was moved to the men's hall on 3/14/2022. V2 stated that she has never seen R67 be physically aggressive with anyone and that R39 wanders frequently in and out of residents' rooms. V2 stated that R39 is redirected out of residents' rooms and placed elsewhere and given something else to do like coloring, a drink or snack, etc.</p> <p>On 3/17/2022 at 3:00 p.m., V1 (Administrator) stated that he was notified by the staff nurse on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>2/27/2022 of the incident of R67 pushing R39 which resulted in R39 falling to the floor. V1 stated that R39 was sent out to the hospital and was admitted with a fracture of the left hip. V1 stated that on 2/28/2022, a Velcro "STOP" sign was placed on R67's doorway to deter any residents from entering his room. V1 stated that on 3/9/2022, an IDT meeting was held, and it was further discussed to have R67 moved to a different hall. V1 stated that R67 was moved to the men's hall on 3/14/2022. V1 stated that R67 has been at the facility for a long time, and he has never seen him be physically aggressive to anyone. V1 stated it is R67's normal behavior to be verbally aggressive especially when someone enters his room unannounced.</p> <p>(A)</p> <p>#2 Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210c)1)3) 300.1630d)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 10</p> <p>medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to administer prescribed pain medication as ordered to effectively manage the pain for 1 resident (R9) reviewed for pain. The failure resulted in R59 experiencing a severe level of pain for over 24 hours.</p> <p>Findings include:</p> <p>R9's Electronic Health Record (EHR) in the section titled "Resident Dashboard" documents that R9 was admitted to the facility on 6/3/21 with diagnoses including Chronic Pain Syndrome and Low Back Pain. R9's Medication Review Report dated 3/17/22 documents that R9 has an active order for Oxycodone/Acetaminophen 7.5-325 milligram (mg) tablet every 4 hours as needed (PRN) for pain with an order date of 7/15/21.</p> <p>On 3/15/22 at 1:00 PM, R9 who was alert to person, place and time said that she went over 24 hours without pain medication because the facility ran out of it. R9 said that she received a dose of the pain medication on Sunday evening, 3/13/22, and did not receive another dose until Tuesday morning, 3/15/22. R9 said that she was hurting so bad on Monday night, 3/14/22, that R9 was unable to get out of bed to change her clothes and put pajamas on. R9 said that this isn't the first time that the facility has ran out of R9's pain medication. R9 said that they wait until she runs out of medication to order it from the pharmacy</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>and has to wait for it to come in. R9 also stated that sometimes it takes 2 to 3 hours to get her pain pill when R9 asks for it because the nurses get busy and forget.</p> <p>R9's Medication Administration Record (MAR) for March 2022 documents that R9 had a dose of Oxycodone/Acetaminophen on 3/13/22 at 7:26 PM. The next documented dose on the March MAR for Oxycodone/ Acetaminophen is 3/15/22 at 2:29 AM. R9's pain level is documented at a 7 on a 1-10 pain scale at the time the medication was administered on 3/15/22.</p> <p>On 3/16/22 at 12:45 PM, V11 (Licensed Practical Nurse) said that R9 ran out of her pain medication on Sunday (3/13/22) and they didn't get any in until Tuesday morning, 3/15/22. V11 states that R9's Oxycodone/Acetaminophen requires R9's physician's authorization to refill and R9's physician is often hard to get ahold of. V11 said that the facility does keep that medication in stock in their emergency supply and that it requires a pharmacist's approval to use the facilities emergency supply. V11 said that she attempted to contact the pharmacy on Monday, 3/14/22, to receive authorization and the pharmacy's receptionist said that all pharmacists were on the phone and unable to take calls at that time. V11 said that she told the pharmacy's receptionist that she would just call back later. V11 said that she forgot to call back but did pass the information along to the nurse on the next shift.</p> <p>R9's Care Pan (last updated 9/13/21) documents goals for R9 to exhibit no signs and symptoms of pain and will not have an interruption in normal activities related to pain with interventions of administration of pain medications as ordered</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 12 and monitor for effectiveness.</p> <p>R9's Minimum Data Set (MDS) assessment completed on 12/8/21 in Section J: Health Conditions documents that R9 has pain "frequently" and documents "yes" for being on a scheduled pain medication regimen and receiving PRN pain medications.</p> <p>The facility policy titled "Pain Management Policy/ Procedure" (undated) in the section titled "Policy Statement" documents that "Each resident has the right to obtain optimal pain relief to attain the highest practical physical, mental, and psychosocial well-being. Nurses caring for the residents have the ethical obligation to ensure exploration of all possible alternatives including pharmacological and non-pharmacological interventions."</p> <p>(B)</p>	S9999		