

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2024
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NAME OF PROVIDER OR SUPPLIER METROPOLIS REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET METROPOLIS, IL 62960
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation #2451802/IL170539</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6)</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. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
03/18/24

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S9999	<p>Continued From page 1</p> <p>comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Requirements were not met evidenced by:</p> <p>Based on interview and record review, the facility failed to safely transport a resident in a wheelchair to prevent an accident for 1 of 3 residents (R1) reviewed for accidents in the sample of 6. This failure resulted in R1 receiving an 8 cm (centimeter) laceration over his right eye requiring 10 staples.</p> <p>The findings include:</p> <p>R1's face sheet documents R1 was admitted to the facility on 9/28/21 with diagnoses including neurocognitive disorder with Lewy bodies, Parkinson's Disease with dyskinesia, with fluctuations, and repeated falls.</p> <p>R1's Minimum Data Set (MDS) dated 12/2/23 documents in section C, Cognitive Patterns, a Brief Interview of Mental Status (BIMS) score of 01, indicating that R1 has severe cognitive impairment. Section GG, Functional Abilities and Goals, of the same MDS documents that R1 uses a wheelchair as a mobility device, R1 requires partial/moderate assistance (helper does less than half the effort) with sit to stand, walking 10 feet, and walking 50 feet with two turns. The same section documents that R1 requires supervision/touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance) with wheeling 50 feet in a wheelchair with 2 turns and requires partial/moderate assistance to wheel 150 feet in a wheelchair.</p> <p>R1's Fall Risk Data Collection dated 1/19/24 documents a score of 32 and documents "high</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>risk" for the category.</p> <p>R1's Fall Incident Report in the Electronic Health Record dated 3/3/24 documents under "Incident Description" that "at approx. (approximately) 1945 (7:45 PM) resident (R1) was being wheeled up the hall in wheelchair towards his room when the nurse witnessed resident lean forward and fall to floor hitting his head. Obvious laceration noted. Staff directed to not move resident." Under "Immediate Action Taken" it documents "Obvious laceration to right side of head noted. New orders received to send to ER (Emergency Room) for eval and treat." The intervention documented is "have leg rests on while being pushed in his w/c (wheelchair)."</p> <p>R1's "Patient Health Summary" from the local hospital dated 3/3/24 documents a chief complaint of "head laceration" and stated complaint of "...presents to the ER (Emergency Room) from local nursing home after he apparently fell forward out of his wheelchair striking his head on the ground resulting in a laceration over the right." The same document under "Physical Exam" stated "laceration over the right eye. It is stellate on the medial side almost in a Y-shaped. The 2 arms are 1cm (centimeter) and then the rest of the laceration is 6cm. Extending through the subcutaneous tissue. No visible bone." Under "Laceration/Wound Repair" it documents the wound length is 8 cm and the wound was repaired with 10 staples. "Physician Progress Note" on the same document states that a CT (Computerized tomography) head, maxillofacial and cervical were all negative for acute fractures or findings.</p> <p>R1's Care Plan documents that R1 is at risk for falls and documents an intervention of "Leg rests</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>to be on the wheelchair when pushing residents" with an initiation date of 3/3/24.</p> <p>On 3/7/24 at 2:15pm, V10 (CNA) said she was pushing R1 when he fell. V10 said she takes R1 with her in the wheelchair so she can watch him since he is always trying to get up. V10 said she parked R1 in his wheelchair outside of the room she had to go in. V10 said she was going to answer a call light and the nurse was at her medication cart. V10 said the nurse motioned to her that someone was trying to get up. V10 said she was about 6 doors down. V10 said she didn't pay attention and began pushing him. V10 said she didn't realize that R1 had scooted forward in his wheelchair and put his feet down causing R1 to fall face first on the floor. V10 said she did not have foot pedals on the wheelchair. V10 said they are using foot pedals now with R1 and he won't keep his feet on the pedals.</p> <p>On 3/7/24 at 3:00pm, V1 (Administrator) said she was aware of the foot rests not being on, but was not aware of R1 sitting at the edge of the wheelchair when being pushed. V1 said they implemented the intervention of ensuring the foot rests were on the wheelchair after he fell on 3/3/24.</p> <p>The facility policy titled "Fall Policy" (revision date 9/17/19) documents that the "the facility shall ensure that a Fall management Program will be maintained to reduce the incidence of falls and risk of injury to the resident and promote independence and safety."</p> <p>(B)</p>	S9999		