

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 07/12/2024
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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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(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</p> <p>Final Observations</p> <p>Statement of Licensure Violations (1 of 2)</p> <p>300.615e) 300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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

Electronically Signed

TITLE

(X6) DATE
07/24/24

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S9999	<p>Continued From page 1</p> <p>failed to conduct the Criminal History Information Response Process (CHIRP), the Illinois Sex Offender Registry, and the Illinois Department of Corrections website checks within 24 hours of resident admission for 3 (R181, R231, R232) of 5 residents reviewed for background checks in the sample of 41.</p> <p>Findings include:</p> <p>1. R181's face sheet documented an admission date of 7/3/24 with diagnoses including: repeated falls, acute kidney failure, chronic kidney disease, atrial fibrillation, cognitive communication deficit, chronic bronchitis.</p> <p>R181's CHIRP documented a completion date of 7/10/24.</p> <p>2. R231's face sheet documented an admission date of 7/3/24 with diagnoses including: pneumonia, dysphagia, muscle weakness, malignant neoplasm of nasopharynx.</p> <p>R231's CHIRP documented a completion date of 7/9/24.</p> <p>On 7/12/24 at 12:36 PM, V8 (Business Office Manager/ BOM) said she was told the CHIRP could not be completed until the resident signed the consent. V8 said R181 and R231's CHIRPs had not been completed within 24 of being admitted to the facility.</p> <p>3. R232's face sheet documented an admission date of 7/8/24 with diagnoses including: iron deficiency anemia, gastric ulcer, esophagitis, hyperlipidemia, alcohol dependance.</p> <p>R232's Illinois Sex Offender Registry, and Illinois</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Department of Corrections checks documented completion dates of 7/10/24.</p> <p>On 7/12/24 at 12:36 PM, V8 (BOM) said when a resident's referral is received the Illinois Sex Offender Registry, and Illinois Department of Corrections websites will be checked by the corporate office. V8 said when R232 was admitted the facility was not aware the corporate office had not completed the background checks and V8 had completed them on 7/10/24.</p> <p>On 7/12/24 at 12:48 PM, V1 (Administrator) said she expected all background checks to be completed within 24 hours of a resident's admission. (C)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.625n)</p> <p>Section 300.625 Identified Offenders</p> <p>n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>failed to have care plans in place for identified offenders for 2 (R8 and R30) of 5 residents reviewed for background checks in the sample of 41.</p> <p>Findings include:</p> <p>1. The facility's Identified Offenders Program Facility Report documented R8 was admitted on 5/24/21 and Illinois Department of Public Health was notified on 5/25/21. It also documented R30 was admitted to the facility on 5/15/20 and Illinois department of Public Health was notified on 5/19/20.</p> <p>R8 and R30's care plans did not document R8 or R30 were an identified offenders or any interventions specific to the identified offense.</p> <p>On 7/12/24 at 12:43 PM, V9 (Registered Nurse/ Minimum Data Set Coordinator) said was responsible for resident care plans. V9 said she was not aware of R8 or R30 being identified offenders. V9 said both had been admitted prior to V9 working in the facility. V9 said all identified offenders should have a care plan specific to the person.</p> <p>On 7/12/24 at 12:48 PM, V1 (Administrator) said she expected all identified offenders to have a care plan with the offenders specified needs. (C)</p>	S9999		