

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 10/31/2023
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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 Facility Reported Incident of 10/12/23/IL166019	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE _____

(X6) DATE _____

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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 ensure a resident's wheelchair had foot rests in place when transporting a resident outside of the facility for 1 (R1) of 7 residents reviewed for accidents. This failure resulted in R1's foot dropping and pulling back under the wheelchair resulting in a closed fracture of distal end of the right tibia.</p> <p>The findings include:</p> <p>R1's Admission record documents an admission date to the facility of 4/13/18 with diagnoses including bipolar disorder, sepsis, unspecified organism, orthostatic hypotension, unspecified osteoarthritis, unspecified site. Additional diagnoses include displaced spiral fracture of shaft of right tibia, subsequent encounter for closed fracture with routine healing dated 10/12/23.</p> <p>R1's MDS (Minimum Data Set) section C, dated 10/12/23, note that R1 has a BIMS (Brief Interview of Mental Status) of 12 indicating R1 has moderate cognitive impairment. The same MDS section GG documents that R1 has impairment in both sides of lower extremities (hip, knee, ankle foot) and uses a wheelchair as a mobility device.</p> <p>R1's care plan documents a focus area of "The resident has limited physical mobility" with a documented goal of "the resident will remain free of complications related to immobility, including</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>contractures, thrombus formation, skin breakdown, fall related injury through the next review date." Documented interventions include the resident uses a wheelchair for locomotion and the resident requires 1 staff participation for mobility.</p> <p>R1's fall risk assessment dated 10/6/23 note a score of 8 which indicates that R1 was a low risk for falls.</p> <p>The Facility Incident Log, with an incident date of 10/12/23, documents the final investigation as R1 was exiting the transportation bus off the ramp being pushed by transport staff (V8/transport staff) when her right leg was caught on the end of the ramp and entangled under her wheelchair. The Facility Incident Log further documents "At that time, R1 was being transported to wound care appointment at a local out of state hospital. On the night of 10/12/23, R1 complained of pain to bilateral hips and feet. Pain medication was administered. Complaints of pain continued on 10/13/23. Registered Nurse (RN) began to question resident about her foot and hip pain and R1 stated at that time that she feels like it occurred during her wound care appointment. R1 was immediately sent to local out of state emergency room for evaluation." The Facility Incident Log documents that R1 was transferred to a local out of state emergency room on 10/13/23 due to complaints of right leg pain. R1 was noted to have a closed fracture of distal end of right tibia. A splint was applied in the emergency room. R1 was placed on non-weightbearing status and given recommendations to follow up with local orthopedic group next week.</p> <p>The hospital "ED (Emergency Department)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Provider Notes" dated 10/13/23, document R1 was discharged with a closed fracture of distal end of right tibia, unspecified fracture morphology, initial encounter. The same note documents that the emergency room physician discussed case with an on-call orthopedic surgeon who recommended posterior splint with non-weightbearing status. Plan to follow up outpatient in clinic next week.</p> <p>On 10/27/23 at 10:15 am, R1 said that they loaded her up in the wheelchair and put her on the transport bus. R1 said V8 was driving the bus and V9 (CNA/Certified Nurse Assistant) was helping her. R1 said they went to get her out and her leg went underneath her. R1 said that they did not put any foot rests on the wheelchair. R1 said that it started hurting later that night and they sent her to the emergency room. R1 said she did follow up with Orthopedics and said she has to wear the cast on her foot for 6 weeks.</p> <p>On 10/31/23 at 9:15 am, V8 (transport staff) said that he was pushing R1 off the lift and told her to keep her legs up. V8 said he guesses she could not hold them up or she dropped her leg. V8 said he is not sure if possibly her sock got caught in the lift. V8 said they had not made it off of the lift yet and R1 said "ouch" and when she said ouch, he stopped and got her foot up. V8 said that V9 was at the foot of the ramp to assist with R1 and go in the hospital with her. V8 said that R1 never complained of any pain other than saying ouch. V8 said he went back to get R1 from the hospital and R1 never complained of any pain. V8 said he does not transfer any residents, all he does is transport. V8 said he has been in-serviced on using leg rests while transporting a resident out of the facility. V8 said that now, no one gets on his bus unless they have their foot rests on.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 10/31/23 at 9:45 am, V9 (CNA) said she went out on transport to take R1 to the hospital for a wound care visit. V9 said that R1's foot basically drug back when she was being pushed off the ramp of the bus. V9 said that after V8 pulled back on the wheelchair, she got R1's foot up and all R1 said was "ouch." V9 said they went in for her appointment and R1 never complained of pain. V9 said that the doctor in wound care lifted her foot up and R1 never said anything- no ouch, that hurts or nothing. V9 said she has been in-serviced on using footrests when transporting a resident out of the facility.</p> <p>On 10/27/23 at 10:15 am, V1 (Administrator) said that they were not aware R1 had an injury to her foot. They realized it on 10/13/23 when she began complaining of pain and was sent to the emergency room. V1 said she immediately began an investigation.</p> <p>(B)</p>	S9999		