STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)2) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 1	S9999		

of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

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 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)

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.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 2 following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure pressure ulcers were assessed, treated, and interventions were implemented timely for 1 of 3 (R66) residents reviewed for pressure ulcers in the sample of 36. This failure resulted in R66 developing a Stage 3 Pressure Ulcer to R66's coccyx which was up to 1 week old before it was assessed and treated. Findings Include: R66's facility Admission Record with a print date of 5/24/23 documents R66 was admitted to the facility on 4/17/23 with diagnoses of fracture of femur, cirrhosis of liver, fracture of ribs, neurocognitive disorder, diabetes, and fracture of vertebra. R66's MDS (Minimum Data Set) dated 4/23/23 documents a BIMS (Brief Interview for Mental Status) score of 02, which indicates R66 has a severe cognitive deficit. This same MDS documents R66 is dependent on staff for bed mobility and toilet use and requires extensive assistance with transfers. This same MDS documents under Section M, R66 is at risk for developing pressure ulcers, has a Stage 2 pressure ulcer, and has the following interventions: pressure reducing device for chair,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 3 pressure reducing device for bed, nutrition/hydration intervention, and pressure ulcer/injury care. R66's Braden Scale for Predicting Pressure Sore Risk assessments document a score of 17 on 4/17/23 and a score of 15 on 4/24, 5/1, and 5/8/23. This indicates R66 is at risk for skin breakdown. On 05/24/23 at 9:25 AM, V4 (Registered Nurse/Wound Nurse) was observed administering treatments to the pressure ulcers located on R66's buttocks and coccyx. The area to R66's left buttock was red and opened with the surrounding tissue being red and inflamed. The area to R66's coccyx was covered with yellow slough with the surrounding tissue being red and inflamed. V4 stated R66 came to the facility with the small area on his left buttock and then developed the Stage 3 pressure ulcer to his coccyx after admission. V4 cleaned the areas with wound cleanser and applied calcium alginate to the pressure ulcer on R66's left buttock and applied Santyl, Adaptec, and silicone foam to the pressure area on R66's coccyx. V4 performed hand hygiene per current standards of practice. R66's weekly skin checks document on 4/24/23 there was a pressure ulcer to R66's left buttock with no assessments or measurements notes. R66's weekly skin check dated 5/8/23 documents a pressure ulcer to R66's coccyx and left buttock with no assessments or measurements notes. R66's weekly skin checks dated 5/1, 5/16, and 5/23/23 do not document assessments of pressure areas. R66's progress notes were reviewed from 4/17/23 to 5/24/23 and did not document assessments of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 4 pressure areas including measurements, classifications, and/or descriptions. R66's Skin and Wound Evaluation dated 4/18/23 documents a Stage 2 pressure ulcer to left buttock, present on admission to the facility. The assessment documents the pressure ulcer measures 3.1 cm x 2.3 cm x 0.1 cm with no undermining or tunneling. Under Notes the assessment documents, "Stage 2 pressure ulcer to left buttock present on admission. Turn/reposition frequently. Arginaid to promote healing." R66's Skin and Wound Evaluation dated 5/8/23 documents the Stage 2 pressure ulcer to R66's left buttock that measures 2.9 cm x 1.1 cm x 0.1 cm. Under Notes the assessment documents, "Stage 2 pressure area to buttock stable. Calcium Alginate continues to wound bed covered by silicone bordered foam daily." This indicates the pressure area to R66's left buttock was not assessed from 4/18/23 until 5/8/23. R66's Skin and Wound Evaluation dated 5/15/23 documents the Stage 2 pressure ulcer to R66's left buttock measures 1.2 cm x 0.6 cm x 0.1 cm with no undermining or tunneling. Under Notes the assessment documents, "Stage 2 pressure area to left buttock has improved in size. Will continue calcium alginate to wound bed cover with silicone bordered foam daily. R66's Skin and Wound Evaluation dated 5/22/23 documents a Stage 2 pressure ulcer to left gluteus that was present on admission that measures 0.7 cm x 0.3 cm. x 0.1 cm. The assessment documents a light amount of exudate, no odor, attached edges, no pain, no swelling, and normal in color. Under Notes the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 5	S9999		

assessment documents, "Stage 2 pressure ulcer to left buttock continues to show improvement. Will continue calcium alginate to wound bed and cover with silicone bordered foam daily. Arginaid daily to promote wound healing."

R66's Skin and Wound Evaluation dated 5/8/23 documents a Stage 3 pressure ulcer on R66's coccyx, acquired in house within the last week. The pressure ulcer is measured at 2.1 cm x 0.7 cm x 0.2 cm. Under Notes the assessment documents, "Stage 3 pressure area noted to coccyx. 50% yellow slough. 50% granulation tissue noted to wound bed. New order for honey absorbing sheet to wound bed covered by silicone bordered foam daily. Arginaid added to promote wound healing."

R66's Skin and Wound Evaluation dated 5/15/23 documents a Stage 3 pressure ulcer on R66's coccyx measured as 3.5 cm x 1.7 cm x 0.2 cm. Under Notes the assessment documents, "Stage 3 pressure area to coccyx has deteriorated. Larger in size with 90% yellow slough noted to wound bed. 10% granulation tissue. Honey absorbing sheet to wound bed covered by silicone bordered foam daily. Arginaid daily to promote wound healing."

R66's Skin and Wound Evaluation dated 5/22/23 documents a Stage 3 pressure ulcer to coccyx that was acquired in house, approximately one week ago. The assessment documents the area measures 3.0 cm x 1.0 cm x 0.2 cm with no undermining or tunneling. The assessment of the area is documented as no evidence of infection, moderate serous exudate, no odor, attached edges, no swelling, and normal peri-wound temperature. Additional care is documented as turning/repositioning program with no other

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 6 interventions documented on this assessment. Under Notes the assessment documents, "Stage 3 pressure area to coccyx stable. 90% yellow slough noted to wound bed. 10% granulation tissue. New order to apply Santyl ointment to wound bed covered with Adaptec and silicone bordered foam daily. Arginaid daily to promote wound healing." R66's Order Summary Report dated 5/24/23 includes the following physician orders "Cleanse stage 2 pressure area to left buttock with wound cleanser. Pat dry. Apply calcium alginate to wound bed. Cover with silicone bordered foam dressing daily and prn (as needed) for soiling or dislodgement until healed. Every night shift for wound healing. Start date: 4/23/23," and " Santyl External Ointment 250 unit/gm(gram) (Collagenase) Apply to stage 3 coccyx topically every night shift for wound care apply nickel thick layer Santyl to wound bed. Cover with Adaptec and silicone bordered foam daily. Start date: 5/22/23." This same Order Summary Report documents an order that was discontinued 5/22/23 to cleanse Stage 3 pressure ulcer to coccyx with wound cleanser, apply honey absorbing sheet to wound bed and cover with silicone bordered gauze daily with a start date of 5/8/23. This indicates there was no physician order for treatment of the Stage 2 pressure ulcer on R66's left buttock from 4/17/23 until 4/23/23. R66's Treatment Administration Record (TAR) dated 4/1/23 to 4/30/23 documents an order to "Cleanse Stage 2 pressure area to left buttock with wound cleanser. Pat dry. Apply calcium alginate to wound bed. Cover with silicone bordered foam dressing daily and prn (as needed) for soiling or dislodgement until healed. Start date: 4/23/2023." The treatments are signed	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 7 as being administered as ordered. R66's TAR dated 5/1/23 to 5/31/23 documents an order to "Cleanse Stage 2 pressure area to left buttock with wound cleanser. Pat dry. Apply calcium alginate to wound bed. Cover with silicone bordered foam dressing daily and prn for soiling or dislodgement until healed. Every night shift for wound healing. Start Date: 4/23/2023." This TAR documents signatures for all dates except 5/11, 5/14, and 5/20/23, which indicates treatments were administered as ordered on every day except 5/11, 5/14, and 5/20/23. R66's TAR dated 5/1/23 to 5/31/23 documents an order for "Santyl External Ointment 250 unit/gm (Collagenase) Apply to Stage 3 coccyx topically every night shift for Wound Care. Apply nickel thick layer Santyl to wound bed. Cover with Adaptec and silicone bordered foam daily. Start Date: 5/22/23." This TAR documents signatures indicating treatments were administered as ordered. This same TAR documents an order to cleanse the Stage 3 pressure ulcer to coccyx with wound cleanser, apply honey absorbing sheet to wound wound bed and cover with silicone, with a start date of 5/8/23 and discontinue date of 5/22/23. This TAR documents signatures on each day indicating the treatments were administered as ordered except on 5/11, 5/14, and 5/20/23. R66 Care Plan dated prior to 5/24/23 did not contain an area related to potential skin breakdown or a pressure ulcer care area. On 05/24/23 at 10:12 AM, this surveyor reviewed R66's care plan with V4 (RN/Wound Nurse) and she confirmed R66 did not have a potential for skin breakdown or pressure ulcer care area on his current care plan. When asked how to tell	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 8	S9999		

what, if any interventions were in place to prevent skin breakdown V4 stated she didn't have a good answer for me at that time.

R66's current Care Plan documents a Focus area of "(R66) has potential/actual impairment to skin integrity r/t (related to) decreased mobility. Left Gluteus, Coccyx, Date Initiated: 5/24/23." The interventions documented for this care area dated 5/24/23 are, "Administer medications as ordered. Monitor/document for side effects and effectiveness...Administer treatments as ordered and monitor for effectiveness.... Document location of wound, amt (amount) of drainage, peri-wound area, pain, edema, and circumference measurements...Encourage good nutrition and hydration in order to promote healthier skin...Evaluate wound for: Size, Depth, Margins, peri-wound skin, sinuses, undermining, exudates, edema, granulation, infection, necrosis, eschar, gangrene. Document progress in wound healing on an ongoing basis. Notify physician as indicated...Inform the resident/family/caregivers of any new area of skin breakdown...Monitor dressing when providing care to ensure it is intact and adhering. Report lose dressing to nurse...Monitor pressure areas for changes in color, sensation, temperature, and report any change to nurse...Pressure redistributing mattress on bed...The resident needs pressure redistributing cushion to protect the skin while up in chair." This indicates there was no care plan implemented related to skin breakdown from 4/24/23 when the Stage 2 pressure ulcer was identified until 5/24/23.

On 05/24/23 at 3:22 PM, V9 (Certified Nursing Assistant/CNA) stated the facility staff rotate R66 every two hours and use pillows to keep him off his "bottom." V9 stated they keep R66 clean and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 9	S9999		

dry. V9 stated they have been implementing those interventions since R66 was admitted to the facility.

On 05/24/23 at 3:24 PM, V15 (LPN/Licensed Practical Nurse) stated R66 didn't have a cushion in his wheelchair. V15 stated R66 was non-weight bearing when he was first admitted to the facility and wasn't up in his wheelchair. V15 stated they had to order a cushion to fit his wheelchair and it hasn't come in yet. V15 stated they keep R66 clean and dry, float his heels, and turn and reposition him every two hours and they implemented those interventions when R66 was admitted. V15 stated R66 had the pressure ulcer to his buttock when he was admitted and the one on his coccyx developed after admission.

On 05/25/23 at 10:00 AM, V4 (RN/Wound Nurse) stated R66 should have had a skin breakdown/pressure ulcer care plan in place. V4 stated if the care plan wasn't present the staff would just use standard nursing practice for interventions such as turn and reposition, intake, hydration. V4 stated there is no documented assessment of the Stage 2 pressure ulcer to R66's left buttock until 5/8/23.

On 05/25/23 at 10:25 AM, V2 (Director of Nurses) stated she put the physician order for the treatment to the pressure ulcer on R66's buttock in on 4/23/23 and the pressure ulcer was documented on the 4/24/23 weekly skin check. V2 stated she didn't have measurements, or an assessment of the area documented until 5/8/23. V2 stated the pressure ulcer should have been assessed weekly and she knows it was measured but she failed to document the measurements. V2 stated there was no care plan documented and the interventions to prevent the pressure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 10	S9999		

ulcer from worsening was to turn and position at least every two hours, observe the area with treatments, and if it was worsening to put new interventions in place. This surveyor reviewed R66's TAR and asked her why there were some days with no signatures, V2 stated she believes the nurses did the treatments but just failed to document them. When asked how they monitored the pressure ulcer on R66's left buttock to ensure it wasn't worsening, V2 stated they did it with the dressing changes. V2 stated she didn't administer every treatment and the same nurse did not administer every treatment. When asked if she had different nurses doing the treatments with no assessments of the area documented, then how would the nurse know if the area worsened or improved, V2 stated, "They can only go off what they have seen prior." When asked if there were any new interventions implemented after R66 developed a Stage 3 pressure ulcer on his coccyx, V2 stated there were dietary interventions implemented to promote healing. V2 stated a cushion was also placed in R66's chair. This surveyor reviewed with V2, R66 didn't have cushion in his chair and V2 stated, "Ok." When asked if she had a resident who had a Stage 2 and developed a Stage 3 pressure ulcer if she would expect new interventions to be implemented other than dietary changes, V2 stated, "Yes."

On 05/25/23 at 2:15 PM, V1 (Administrator) stated she would expect staff to assess, obtain treatment orders, and implement new interventions for residents with pressure ulcers. V1 stated she couldn't find an order to treat the Stage 2 pressure ulcer to R66's left buttock prior to 4/23/23.

On 05/25/23 at 2:23 PM, V17 (Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 11 Practitioner/NP) stated he wasn't aware R66 had pressure ulcers. V17 stated with R66's condition he doesn't think the pressure ulcers would be avoidable. V17 stated he would expect the facility staff to assess and document assessments so they could monitor if the areas are improving or declining. V17 stated if the facility had notified him of the areas, he would have given the order to refer R66 to wound care. V17 stated he hasn't seen the pressure areas but has seen R66 three times since he was admitted to the facility. V17 stated every time he had seen him, R66 has been up in his wheelchair except when R66 was in isolation. V17 stated he has no documentation he was notified of the areas and/or gave orders to treat the areas. On 5/25/23 at 2:35 PM, V4 (RN/Wound Nurse) stated she thinks V17 (NP) gave her the orders for the treatments to R66's pressure ulcers. The facility Pressure Ulcer/Pressure Injury Prevention (PUP) policy dated 4/2018 documents, "Prevention of Pressure Ulcers/Injuries; A pressure ulcer/injury (PU/PI) can occur wherever pressure has impaired circulation to the tissue. A facility must: Identify whether the resident is at risk for developing or has a PU/PI upon admission and thereafter; Evaluate resident specific risk factors and changes in the resident's condition that may impact the development and/or healing of a PU/PI; Implement, monitor, and modify interventions to attempt to stabilize, reduce, or remove underlying risk factors; and If a PU/PI is present, provide treatment to heal it and prevent the development of additional PU/PI's....1. Assessment: A standardized pressure ulcer/pressure injury risk assessment (Braden Scale) will be used to identify residents who are	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006118	A. BUILDING: _____ B. WING _____	05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
METROPOLIS REHAB & HCC	2299 METROPOLIS 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	Continued From page 12 at risk for the development of pressure ulcer/pressure injury....2. Planning: An individual plan of prevention will be developed to meet the needs of the resident. It will include the consideration of mechanical support surfaces, nutrition, hydration, positioning, mobility, continence, skin condition and overall clinical condition of the resident as well as the risk factors as they apply to each individual...3. Implementation: Interventions for the prevention of pressure ulcer/pressure injury will be individualized to meet the specific needs of the resident....4. Evaluation and Reassessment: The facility's Care Management System committee will review program components to evaluate the effectiveness of the prevention program and facility systems. Findings and recommendations will be reviewed with the QA Clinical Committee. Based on evaluation, the need for reassessment and further changes to the individual resident's plan of care will be determined and acted upon." (B)	S9999		