

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/13/2024
NAME OF PROVIDER OR SUPPLIER  Southgate Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  900 East Ninth Street Metropolis, IL 62960	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40666</b></p> <p>Based on interview and record review, the facility failed to provide a safe mechanical lift transfer to prevent falls for 1 of 3 residents (R3) reviewed for accidents in the sample of 7.</p> <p>This past non-compliance occurred between 7/25/24 and 8/9/24.</p> <p>The findings include:</p> <p>R3's Admission Record documents that R3 was admitted to the facility on [DATE]. The same Admission Record also documents some of R3's diagnoses as repeated falls, cerebral infarction due to unspecified occlusion or stenosis or left posterior cerebral artery, difficulty in walking, not elsewhere classified.</p> <p>R3's care plan notes a focus area of R3 has a potential for falls and injury, non-ambulatory, history of falls, requires assist with all ADL's (Activities of Daily Living). One of the interventions listed is mechanical lift with assist of 2 as needed for transfers.</p> <p>R3's MDS (Minimum Data Set) dated 8/3/24 documents R3 is dependent for transfers which indicates the helper does all the effort, resident does none of the effort to complete the activity or, the assistance of 2 or more helpers is required for the resident to complete the activity. The same MDS documents R3 has a BIMS (Brief Interview of Mental Status) of 09, which indicates R3 has moderate cognitive impairment.</p> <p>On 8/9/24 at 1:00pm, V5 (CNA/Certified Nurse Assistant) said she was working on 7/25/24 when an incident with R3 occurred. V5 stated that her and another CNA were getting ready to transfer R3 from chair to bed using a mechanical lift. V5 stated that they realized that R3 was not in her sling good and said that they had not lifted her yet. V5 stated that they had 2 hooks on the lift and R3 then slid out the chair landing on the footrests and legs of the wheelchair.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/9/24 at 1:15pm, V10 (CNA) stated she was working with V5 when an incident occurred with R3. V10 said she was the standby person helping since she cannot operate the lift due to being only [AGE] years old. V10 stated they had 2 of the hooks hooked to the lift when R3 began to slide out of the sling. V10 was sitting in her chair. V10 stated that when R3 slid out, she landed on the footrests and legs of the wheelchair causing a small scratch to the back of her right thigh. V10 stated she grabbed R3 to ease her landing on the wheelchair leg and footrests. V10 said they had not lifted the lift when R3 slid out of the chair.</p> <p>On 8/13/24 at 8:55am, V11 (Licensed Practical Nurse/LPN) stated the CNA's had R3 hooked to the top of the mechanical lift and went to hook the bottom and R3 just slid down out of her chair. V11 stated after she assessed R3, she only had a scratch on the back of her thigh. V11 stated she thinks the nylon on the sling made it easier for R3 to slide and she just slid right out. V11 also said R3 did not hit anything, she landed on the legs and footrest of the wheelchair. V11 said they had not raised the lift or hooked the last 2 hooks.</p> <p>Facility undated Policy and Procedure of Mechanical Lifts documents in part .Center the sling under the resident (the lower edge of the sling should be behind the knees).</p> <p>Prior to this survey date, the facility took the following actions to correct the non-compliance:</p> <ol style="list-style-type: none"> <li>1. All staff were in-serviced on 8/9/24 on preventing falls. Reviewed use of lift for safe transfers, and proper positioning of resident and sling before attempting to transfer a resident using the lift. QA (Quality Assurance) team will be checking all staff off on safe lift transfers over the next 2 weeks.</li> <li>2. QAPI (Quality Assurance and Performance Improvement) goal setting workshop was held on 8/9/24 on safe positioning and use of mechanical lifts. Goal listed is to ensure safe transfers of resident's requiring mechanical lift transfers. All nursing staff competency with use of mechanical lifts. The measure used will be competency check off with demonstration of safe use of mechanical lifts. The target date for achieving this goal is 8/23/24 completion of competency check off's with all CNA's.</li> </ol>		