

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  09/13/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49664</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure completely trained, qualified Certified Nurse Aide staff were present to provide routine care and meet residents' needs, including safe transfer/ambulation assistance for 1 of 3 (R2) residents reviewed for falls in the sample of 7.</p> <p>Findings include:</p> <p>R2's Admission Record documents admitted [DATE] including diagnoses of Muscle weakness, lack of coordination, abnormal posture, Cerebral Infarct followed by aphasia, dysphagia, abnormalities of gait and mobility, and Alzheimer.</p> <p>R2's MDS (Minimum Data Set) dated July 24th, 2024, includes BIMS (Basic Interview for Mental Status) score of 4 indicating severe cognitive impairment. Section GG indicates R2 is a set up for eating, partial/moderate assistance is needed for toileting, bathing, dressing and personal hygiene. R2 requires supervision or touching assistance with ambulation.</p> <p>R2's Care plan includes a focus date 3/14/2024, that documents R2 requires restorative nursing for ambulation to maintain or increase current level of function related to limited ability to ambulate. Interventions include ambulate R2 with a wheeled walker as often as opportunity presents itself daily dated 3/14/2024. Care plans focus for falls documents; R2 is at potential risk for falls and injury due to right tibia fracture, unsteady gait/mobility, generalized weakness, Alzheimer's, history of stroke, pain, use of medications with interventions that include R2 to ambulate to dine and to bathroom with supervision, stand by assist with front wheeled walker and to ambulate using front wheeled walker to bathroom with CNA (Certified Nurse Assistant).</p> <p>R2's MORSE Fall Scale reports dated 9/7/2024, 7/25/2024, 4/24/2024, and 1/15/2024 assessment scores indicating R2 has been a high fall risk on all assessments.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Fall During Staff Assist dated 9/7/2024, documents nursing description: resident being walked by staff with a gait belt back to her room following dinner. Resident got to her doorway and legs gave out and resident was lowered to the floor. Resident description: resident stated that she was not hurt, and she didn't know why her legs gave out, resident stated her shoes were not slick. Document states no injuries observed at time of incident. Document titled Incident Witnessed Statement dated 9/7/2024 at 7:30 PM documents I was walking her to her room with her walker, gait belt on her and she started getting weak as we went into her doorway, so I slowly lowered her to the ground and waited for a CNA (Certified Nurse Assistant) to come help and then she got the nurse, and we helped her back into bed. This document is signed by V9 RA (Resident Assistant).</p> <p>On 9/11/2024 at 3:15 PM R2 was observed lying in bed with O2 on at 2 liters per minute via Nasal Cannula. R2 was noted to be in Isolation due to COVID positive test. Noted walker in room as assistive device. Observed bed in lowest position and non-skid socks on resident. At that time an attempt was made to interview R2, but R2 was non interviewable.</p> <p>On 9/11/2024 3:45 PM, V2 DON (Director of Nursing) stated R2 uses a rolling walker and has someone to walk her to and from the bathroom and to and from the dining room for safety.</p> <p>On 9/10/2024 at 4:05 PM, V1 (Administrator) was asked if RA's (Resident Assistants) are qualified to assist residents with ambulation that uses assistive devices and requires assistance at times, On V1 stated No they are not qualified to do that.</p> <p>On 9/11/2024 at 1:34 PM, V21 RA (Resident Assistant) states she knows R2 requires a CNA to walk with her, with a walker to and from the dining room for safety, so she don't fall.</p> <p>On 9/11/2024 at 12 :51 PM, V19 (CNA/ Certified Nurse Assistant Instructor) stated the RA's (CNA students) have only had one class so far. V19 was asked if the students have been checked off on feeding residents, transferring residents, incontinence care, assisting residents with ambulation, dressing resident. V19 stated no they have not, and they should not be performing those duties, and they all know this. V19 stated the only skills they have been checked off on so far is Pulse/respirations, hand washing, nail care and PPE (personal protective equipment) donning and doffing. V19 stated the students cannot perform any duties without being trained, return demonstration/observation, and checked off if they pass the skills.</p> <p>On 9/11/2024 at 12:48PM, V1 and V2 were asked if there was a checklist of skills for the CNA (Certified Nursing Assistant) students from their instructor. V2 stated no we do not have a check list, but we have talked to her, and she informed us the students have only been checked off on nail care, PPE (personal protective equipment), handwashing and taking pulse and respirations. V2 stated the instructor stated this is all the skills the students should be allowed to do. V2 described RA's assisting residents to and from dining area as pushing wheelchairs and redirecting when residents are confused as to where their room is.</p> <p>On 9/11/2024 at 8:55 AM, V16 CNA (Certified Nursing Assistant) stated RAs (Resident Assistants) help change people and help them get dressed. V16 stated, I see the RAs transfer residents on their own and with a CNA.</p> <p>(continued on next page)</p>		

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