

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 11/19/2025
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)		
F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview and record review the facility failed to maintain the kitchen free from roaches. This failure has the potential to affect all 94 residents residing in the facility. Findings include: On 11/18/25 at 10:25 AM, a cockroach was crawling across the back of the hand washing sink in the kitchen. On 11/18/25 at 10:33 AM, a cockroach was crawling along the wall under the 3-compartment sink in the kitchen. On 11/18/25 at 11:28 AM, two cockroaches were crawling along the wall next to the three-compartment sink in the kitchen. On 11/18/25 at 10:28 AM, V3 (Cook) said the kitchen had a lot of cockroaches and had been trying to get rid of them since V3 started in January of 2025. V3 said a pest control company would come to the facility once a month and the cockroach problem would get better, but they would slowly return. V3 said staff tried to keep the kitchen as clean as possible to decrease the cockroach population. On 11/18/25 at 3:50 PM, V4 (Chief Executive Officer) said the dietary manager should have told us there were roaches in the kitchen and he would have called the exterminator to come back and spray. V4 said he had called the pest control company to ask what they were using to exterminate the cockroaches and question why kitchen was still infested. V4 said the pest control company told him the kitchen was large, and they had been trying to exterminate the cockroaches and V4 said he told the pest control company they were going to have to try harder because this was unacceptable. The facility's 11/18/25 Pest Control policy documented in part. This policy establishes standardized procedures for preventing, identifying, reporting, and treating pest activity within the facility. Reporting. 1. Staff must report any pest activity immediately to: Maintenance Director. 3. Maintenance will notify the contracted pest control provider if immediate treatment is required outside of their monthly inspection. The facility's 11/18/25 Daily Census documented 94 total residents living in the facility.		

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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