STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145386	A. Building B. Wing	06/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southgate Health Care Center	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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide dependent residents timely ADL (Activities of Daily Living) assistance with toileting/incontinence care for 1 of 3 residents (R1) reviewed for ADL assistance in the sample of 11. R1's admission Record (print date 6/24/26) documented an original admission date of 8/2/23 and included diagnoses of cognitive deficit due to cerebral infarction, Alzheimer's disease, anemia, arthritis, cognitive communication deficit, and repeated falls.R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 3, indicating R1 has severe cognitive impairment. This MDS documents R1 is frequently incontinent of urine and bowel, is dependent upon staff for toileting hygiene, and R1 needs substantial/maximum assistance for toilet transfer. R1's most current Care Plan documents R1 has an ADL self-care performance deficit related to Alzheimer's, impaired balance, and limited mobility (initiated on 10/23/24, revised on 4/29/26). Corresponding interventions for this focus area document R1 requires substantial/maximum assistance by one staff for toileting and R1 requires substantial/maximum assistance of 1 staff to move between surfaces. R1's Care Plan documents another focus area for impairment to skin integrity and pressure ulcer related to generalized weakness, Alzheimer's, decreased mobility, anemia, pain and use of medications (initiated 1/16/24 and revised 4/2/26). Corresponding interventions for this focus area include keeping skin clean and dry (initiated 1/16/24 and revised 12/11/25).R1's Electronic Health Record (EHR) daily documentation in the Tasks tab for monitoring for incontinence of bowel and bladder document R1 is mostly always incontinent and sometimes frequently incontinent for the dates reviewed of 4/25/26 - 6/24/26.R1's EHR daily documentation in the Tasks tab for monitoring for ability to transfer documents R1 is usually dependent upon staff for transfer from bed to chair and going from sitting to standing position and sometimes a substantial/maximum assist for both activities for the dates reviewed of 4/25/26-6/24/26.On 6/24/26 at 4:46 PM, V5 (Family Member) stated she witnessed R1 left in bowel incontinence for a long period of time on Sunday, 6/21/26 via the camera she had installed in R1's room. V5 stated the CNA (Certified Nurse Aide) staff got R1 up for supper about 4:30 or 5:00 PM. V5 stated she arrived at the facility about 7:00 PM the same evening, and when she sat down beside R1 she noticed R1 smelled like bowel incontinence. V5 stated she (V5) provided incontinence care to R1, but stated if she had not done it then, CNA staff wouldn't have gotten to R1 before 8:30 PM or so. V5 stated yesterday, 6/23/26 she noted on the camera installed in R1's room CNA staff had gotten her up for breakfast at approximately 7:30 AM, and the CNA staff had not laid R1 down to provide incontinence care or attempted to toilet her up until the time V5 arrived at about 12:00 PM.On 6/24/26 at 11:28 AM, V5 was present in R1's room with R1 sitting in her recliner with her feet and legs elevated. V5 stated she had been in the facility with R1 for about the past hour and there had been no staff come in to offer to toilet R1 or offer/provide incontinence care. V5 has two cameras set up in the room for electronic monitoring. V5 showed this surveyor camera footage from 9:31 AM this morning to present and R1 had not been toileted or provided incontinent care in that 2-hour span of time. R1 had not left the room during this time either.On 6/24/26 at 12:28 PM, this surveyor observed a sign in R1's room taped to the wall in plain sight reading, (Name of resident/R1) (continued on next page)

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to be toileted every two hours while awake during waking hours. R1 remained in her recliner awake covered in a blanket. On 6/24/26 at 12:43 PM, V5 returned to the facility and was in R1's room. V5 showed this surveyor the recording of footage from R1's room from 9:31 AM to present time and there were no staff observed in her room to provide incontinence care or toileted in that 3-hour period and R1 had not left the room during this time. On 6/24/26 at 1:23 PM, V6 (CNA) verified she was assigned to R1's hall and stated incontinence care should be provided at least every 2 hours, but it gets done more frequently than that. V6 stated the last time she had provided incontinence care or toileted R1 was on Monday 6/23/26, her last shift before this one. V6 stated she had not provided incontinence care to R1 today. V6 stated she was not sure if anyone else had provided incontinent care or toileted R1, but states staff probably had at some point.On 6/24/26 at 1:34 PM, V7 (CNA) verified she was assigned to R1's hall and stated CNA staff should offer toileting or incontinence care at least every 2 hours and prior to and after meals. V7 stated she assisted in the transfer of R1 out of bed to her wheelchair this morning at about 7:00 AM but did not provide any incontinence care or toilet her today at all. V7 stated she was not sure if any other staff had toileted or provided incontinent care to R1 but thought they probably had at some point. V7 stated she has been working in other halls today as well, so she was not sure what all care had been provided to R1. On 6/24/26 at 1:45 PM, V3 (CNA) verified she was assigned to work R1's hall and stated the last time she checked R1 for incontinence or offered her the toilet was at approximately 9:30 AM before she assisted V6 (CNA) with R1's transfer from her wheelchair to her recliner. V3 stated R1 made it known she did not want to sit on the toilet, and she had not had any incontinence of bowel or bladder. V3 stated she made sure to check R1 for incontinence by opening R1's incontinence brief and visually checking.The camera footage this surveyor reviewed of R1 from 9:31 AM to 12:43 PM did not show V3 manually opening R1's incontinence brief and checking her for incontinence of bowel or bladder.On 6/24/26 at 2:04 PM, this surveyor again spoke to V5 (Family Member) via phone. When asked if camera footage revealed any staff coming into the room offering or providing toileting or incontinence care to R1 since last review of the camera footage at about 12:43 PM, V5 stated audio and visual footage from cameras in R1's room showed no staff had been in R1's room from 12:30 PM - 2:10 PM, indicating the last possible time R1 had been toileted or provided incontinence care was at the time she was cleaned and provided incontinence care prior to getting out of bed for breakfast at about 7:30 AM that morning. V5 stated R1 had never left the room during this time.On 6/25/26 at 9:59 AM, V8 (CNA) stated incontinence care/toileting should be offered/provided at least every two hours and more often if needed. V8 stated even if family is in the room, V8 still offers incontinence care/toileting every 2 hours. V8 denied any concerns with CNA staffing of the facility. V8 stated they do have enough staff to provide the care residents need.On 6/25/26 at 10:24 AM, V11 (Licensed Practical Nurse/LPN) stated toileting/incontinence care should be provided/offered every 2 hours and as needed even if family were here visiting. V11 agreed that 4 hours was too long to wait between offering incontinence care/toileting residents. On 6/25/26 at 11:54 AM, V13 (CNA) stated incontinence care or toileting should be provided every two hours and as needed for all residents. V13 stated waiting four hours for incontinence care was unacceptable. V13 stated she believed CNA staffing was adequate at this time to provide the care the residents needed.On 6/25/026 at 12:05 PM, V14 (CNA) stated incontinence care or toileting should be provided every two hours or as needed for the residents. V14 stated even if family were in the room, it would not prevent her from offering toileting/incontinence care. V14 stated CNA staffing is currently adequate to provide the needed care residents require.On 6/25/26 at 1:59 PM, when asked why she did not offer or provide incontinence care to R1 during the time frame of 9:30 AM - 2:10 PM, V6 stated it was because she simply forgot to pop in and check on her. V6 stated, It was an oversight. I didn't mean to but just did. I should have checked on her during that time frame and provided incontinence care.On 6/25/26 at 2:09 PM, when asked why incontinence care was not provided to R1 during the time frame of 9:30 AM - 2:10 PM on 6/23/26, V7 stated I don't know why nobody made it to that room to provide incontinence care. V7 agreed 9:30 AM-2:10 PM was too long a (continued on next page)

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