

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145813	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Metropolis Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2299 Metropolis 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>40666</p> <p>Based on observation and interview, the facility failed to maintain a clean homelike environment in rooms of 3 (R7, R5 and R6) of 8 residents reviewed for housekeeping in the sample of 8.</p> <p>The findings include:</p> <p>1. On 10/22/24 at 10:00 am, R5 stated that they are not keeping his room clean and his trash can is always full. R5's MDS (Minimum Data Set) dated 10/14/24 note R5 has a BIMS (Brief Interview of Mental Status) of 14 which indicates R5 is cognitively intact.</p> <p>On 10/22/24 at 9:30am, V16 (Family member) said it is often the trash is not emptied. V16 said the trash in her husband's room had not been emptied since Friday (10/18/24). V16 said the housekeepers do not pick up or clean the rooms either.</p> <p>On 10/22/24 at 9:30am, the trash can inside the door of R5's room was piled full and had soda bottles stacked on top. There was no liner in the trash can.</p> <p>2. On 10/18/24 at 1:00pm, R6 who was alert and oriented to person, place and time stated she does not think the housekeepers do a very good job. She asked if they were supposed to clean a room good before a resident arrives. R6 said she had to tell them to close the door and dust behind it. R6 said there was dust behind it and in her closet when she arrived about a week ago. R6 said her closet had not been dusted either. R6 said when she told them it needed it, they did it. R6 also told surveyor to look at her toilet.</p> <p>On 10/18/24 at 1:00pm, observations were made of the toilet R6's bathroom. There was black matter around the top of the toilet ring that had a mold like appearance.</p> <p>3. On 10/22/24 at 9:45am, R7 who was alert to person, place and time stated that he doesn't feel they clean well and they don't clean his table off.</p> <p>On 10/22/24 at 9:45am, V18 (Friend) said he comes to visit his friend (R7) almost every day and the trash cans are usually full. V18 said he usually has to throw away trash off of the table in the room and it is usually not cleaned off.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145813	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/23/2024
NAME OF PROVIDER OR SUPPLIER Metropolis Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 2299 Metropolis 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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/22/24 at 1:30 pm, V17 (Certified Nurse Assistant/CNA) said housekeeping does not keep the rooms clean. V17 said often the trash is overflowing and the floors are dirty. V17 said yesterday some of the floors were so sticky her feet stuck to them. V17 said they do not clean the bathrooms like they should either.</p> <p>On 10/22/24 at 11:00 am, V13 (Registered Nurse) said that housekeeping is bad about not emptying the trash and cleaning the rooms. V13 said she has had to call them before and nobody comes. V13 said if she specifically tells them what she wants done, they will do it, otherwise it won't get done.</p> <p>On 10/18/24 at 1:30 pm, V7 (CNA) said that housekeeping is not doing so good. She said the trash cans are frequently running over and floors are nasty.</p> <p>Facility Daily Patient Room Cleaning chart revised 9/5/17 documents, to A. Announce yourself at the Resident's Door B. Do quick straighten up C. Follow 5 Step room cleaning method. 1. Empty trash. Get the trash out of all rooms first thing. Wipe basket-if necessary replace liner. 2. Horizontal dusting. With a cloth and disinfectant wipe all horizontal (flat surfaces). 3. Spot Clean. With a cloth and disinfectant, spot clean all vertical surfaces 4. Dust mop floor- Use dust mop to gather all trash and debris on floor. Sweep to the door; pick up with dust pan 5. Damp mop floor with germicide solution damp mop floor working from back corner to door. Use Wet floor sign when finished.</p>		