

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  08/21/2025
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)
F 0600  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.  (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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure a resident was free from verbal and physical abuse from staff for 1 of 9 (R1) residents reviewed for abuse in the sample of 9. Findings include: R1's admission record documents an admission date of 12/07/23 with diagnoses including: Alzheimer's disease, dorsalgia, type 2 diabetes mellitus, speech and language deficits following other cerebrovascular disease, bipolar disorder, dementia, unsteadiness on feet, cognitive communication deficit, acute kidney failure, muscle weakness, difficulty in walking, and depression. R1's Minimum Data Set, dated [DATE] documents a brief interview of mental status (BIMS) of 09 indicating R1 is moderately impaired. An incident report sent to the Illinois Department of Public Health with a final reportable date of 8/19/25 documents in part, . An allegation of inappropriate staff behavior towards resident (R1) was reported to the Abuse Coordinator on 8/14/25. Employee's (V6) CNA, (V5) CNA, (V4) LPN were immediately suspended, pending investigation . (V5), C.N.A., reports that (R1) had feces on his hands, bed and body and was very agitated. (V6) entered the room when she heard (R1) cursing. (R1) immediately used racial slurs towards (V6) once she entered the room, because she was being rude to him. (V5), reports, (V6) placed her hands over (R1's) mouth to get him to stop calling her the N word. (V6) exited the room, while I continued to care for (R1) and his roommate . (V6) reports, I overheard (R1) hollering at (V5), C.N.A., I finished with the resident I was caring for and went to check in to see if I could be of assistance. (R1) was soaked with urine and covered in feces and refusing care. I attempted to calm him down when he started using racial slurs towards me, I then left the room in frustration! Interview with (R1), he reports, a boy and girl came into his room and put him to bed roughly and held him down. He said, it happened sometime after supper, unsure exact time. (R1) denies anyone holding their hand over his mouth. (R1) denies injury, denies being scared to stay here and feels safe .IDT (Interdisciplinary Team) met and determined to substantiate allegations of abuse towards (V5), C.N.A. and (V6), C.N.A. for allegedly holding (R1) down to clean him up from where he was soiled and for (V6) using a rude tone of voice towards him. On 08/17/25 at 3:41 PM, R1 stated she held his arms down, he didn't want to go to bed. R1 stated, he doesn't remember her name, that girl, he knows what she looks like. R1 stated then she got mad and she yelled at him. R1 stated she yelled he was going to bed and he was to stop. He said he didn't want to, he tried to grab onto something. R1 stated that guy was there, he wears a white thing on his head. R1 stated he usually goes to bed around 9 to 9:30 PM sometimes, 10:00 PM. R1 stated sometimes he may lay down for a bit earlier. R1 stated he knows he is in a nursing home but that does not give them the right to do that. R1 stated, he didn't tell anyone, he does want to get into problems or get someone into trouble. R1 stated he was fine and did not feel afraid to stay at the facility. On 08/17/25 at 3:41 PM, R1 was sitting in his wheelchair on the back hall, he was pleasant and did not appear in any distress. On 08/17/25 at 4:05 PM, V2 (Director of Nursing) stated they were notified of the allegation concerning R1 on Thursday and V5 (Certified Nurse Aide), V6 (Certified Nurse Aide), and V7 (Licensed Practical Nurse) were suspended pending the investigation. V2 stated, the investigation is ongoing. On 08/17/25 at 5:30 PM, V7 (Licensed Practical Nurse) stated, she came in to work the evening the incident with R1 happened. V7 stated, she was in a resident's room just down from R1's room and she heard V6 yelling, stop and something like stop trying to get out of bed, then heard her say loudly, You are my problem then she (V6) came out of R1's room. V7 stated, V5 and V6 did not know she was in a room nearby. V7 stated, she did not hear V5 yelling or sounding agitated. V7 stated, what she heard was later in the evening around 9:00 PM. V7 stated, she had not heard anything with R1 earlier in the evening she only heard the incident around 9:00 PM. V7 stated, she checked on R1 shortly after the incident and R1 stated he was fine. V7 stated, she checked on R1 again a little later in the evening and he was sleeping. On 08/17/25 at 7:11 PM, V5 (Certified Nurse Aide/CNA) stated he was working the evening the incident happened with R1. He was working the hall with V6 (CNA). Later in the evening R1 needed changed and cleaned up he had feces on him. V5 stated, he was working on cleaning R1 up and he was having some behaviors but he was still cooperating with him however he was yelling, but it was not bothering him. V5 stated he was just letting R1 say whatever he wanted it was fine, R1 was still doing whatever V5 had asked him to do. V5 stated then V6 (CNA) came into the room to help but she did not have any patience with R1 so he was getting more agitated. V5 stated V6 was holding R1's arms down and covering R1's mouth with her arm to the point R1's words sounded muffled. V5 stated he told V6 a couple times that he (V5) was fine and did not need her help with R1 V5 stated V6 was getting</p>		