STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145813	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Metropolis Rehab & Hcc	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145813	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Metropolis Rehab & Hcc	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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide and implement preventative measures and interventions for one (R3) on one resident reviewed for falls in a sample of three. Findings include:R3's admission record documents an admission date of 12/18/24 with diagnoses including: other cirrhosis of the liver, hepatic encephalopathy, chronic diastolic heart failure, Alzheimer's disease with early onset, type 2 diabetes mellitus, presence of left artificial knee joint, encounter for other orthopedic aftercare, repeated falls, disorders of lung, dementia, acute kidney failure, thrombocytopenia, obesity, hyperlipidemia, atherosclerotic heart disease of native coronary artery, acute on chronic systolic heart failure, nonalcoholic steatohepatitis, gout, osteoarthritis, muscle weakness, obstructive and reflux uropathy, disorder of kidney and ureter, abrasion of right upper arm, contusion of right knee, and reduced mobility.R3's minimum data set (MDS) dated [DATE] documents a BIMS (brief interview of mental status) score of 06 indicating cognition is severely compromised. Section GG documents R3's abilities are listed as: sit to stand, chair/bed-to-chair transfer, and walk 10 feet as partial/moderate assistance, indicating helper does less than half the effort, helper holds, or supports trunk or limbs, but provides less than half the effort. R3's care plan documents a focus area of R3 is at risk for falls due to confusion, deconditioning, and gait/balance problems dated 12/18/24 with interventions to include: move to room with higher visibility and offer resident snacks to keep in room on bedside table dated 10/06/25, send R3 to ER for evaluation dated 10/09/25 (only one intervention 2 falls), (no intervention listed for the 10/14/25 fall), (no intervention listed for 10/27/25 fall), apply bright colored tape to wheelchair to remind resident to use wheelchair dated 10/30/25, anti-roll backs on wheelchair dated 11/02/25, encourage resident to eat meals in the small dining so that staff can monitor more closely dated 11/04/25, (no intervention listed for 11/05/25 fall), antiskid mat under wheelchair cushion dated 11/08/25, encourage resident to use call light for assistance when ambulating dated 11/10/25, and (no intervention listed for the fall on 11/11/25).R3's Electronic Health Records documents R3 had falls on the following days:R3's health status note dated 10/09/25 at 1:15 PM documents: this nurse was notified by front hall nurse, that she witnessed this resident put himself in the floor in the dining room. Resident was slid down in his chair. CNA (Certified Nursing Assistant) asked to assist him up in his w/c, resident did not want assistance, then sat himself in the floor, no hard fall, no hitting of his head, sat gently in the floor, reported by nurse and 2 CNAs. Resident had no c/o pain. R3's health status note dated 10/09/25 at 6:08 PM documents: This nurse was called to resident's room by CNA. Resident noted to be lying on his right side on the floor beside his bed, feet towards head of bed, head towards his doorway. Resident c/o right hip pain, no shortening noted. When asked if he hit his head, he replied, a little bit. No lumps or bumps noted to his head, no abrasions noted. Called EMS (emergency medical services) for transport to (hospital name) for evaluation. EMS left with resident at 5:45 PM.R3's health status note dated 10/14/25 at 5:34 PM Late Entry; Resident fell at approximately 2:00 PM after attempting to sit back in wheelchair after getting bag of popcorn off table unassisted. Resident hit right side of head on dresser, no redness, swelling, or open areas noted. Resident did receive a skin tear to left wrist. This writer cleaned area, applied steristrips and bandage. No other areas of concern. R3's health status note dated 10/27/25 at 3:08 PM documents: At approximately 2:50 PM, resident fell to floor, landing on buttocks after attempting to stand. There is no apparent injury at this time. R3's health status note dated 10/31/25 at 5:36 AM documents: late entry: resident fell in room on buttocks while trying to get to bed from wheelchair at approximately 6:30 PM on 10/30/25 which was witnessed by staff. Staff denied resident hitting head. Resident has a small dime sized abrasion to hip area above the right buttock. No other injuries noted. R3's health status note dated 11/02/25 at 10:30 AM documents: nurse called to resident's room due to resident was on the floor. Upon entering R3's room R3 noted to be lying on his left side facing towards his window. His legs were out stretched, with the wheelchair to the back of his body. Resident assessed and denies any pain and is able to move all extremities without difficulty or pain and denies hitting his head. R3's health status note dated 11/4/25 at 5:29 PM documents: CNA informed this nurse that resident had an unwitnessed fall in large dining room. R3 states he fell out of his wheelchair but is unsure what happened. There are no injuries noted. R3's health status note dated 11/05/25 at 5:49 PM documents: late entry: at approximately 4:30 PM resident fell onto the floor while attempting to walk to get into his wheelchair from his bed. R3 received an abrasion/skin tear noted to right arm above the elbow. R3's health status note dated 11/09/25 at 2:19 AM documents: this nurse was down the hall when a CNA called