

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/11/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145813</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/04/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>METROPOLIS REHAB &amp; HCC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2299 METROPOLIS STREET</b> <b>METROPOLIS, IL 62960</b>			
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F 000	INITIAL COMMENTS			F 000			
F 157 SS=D	<p>Complaint #1554147/ IL#79040</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>			F 157			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 157	<p>Continued From page 1</p> <p>by:</p> <p>Based on interview and record review, the facility failed to timely notify the physician of weight gain and increased acites for 1 of 1 resident (R2) reviewed for physician notification in the sample of 3.</p> <p>The findings include:</p> <p>On 08-03-2015 at 9:00 AM, Z4 (family) stated that R2 called him before lunch on 07-29-2015 and stated that he was sick and was having trouble breathing and needed to go to the hospital. Z4 stated that he went to the nurses station and told E10 (Registered Nurse) that R2 needed to go to the hospital immediately because he couldn't breathe and his abdomen was very swollen. Z4 stated that he demanded that E10 call an ambulance immediately. On 08-04-2015 at 12:15 PM, E2 (Director of Nursing) stated that R2 was admitted with Congestive Heart Failure and there were no orders for daily weights or measuring R2's abdomen. E2 also stated that R2 was beginning to have ascites and as a nursing measure the nurses were supposed to measure his abdominal girth. E2 stated that she wasn't aware of the 14.6 pound weight gain and E2 also stated that if a resident had a 14 pound weight gain within two or three weeks, the resident's physician should be notified. On 08-04-2015 at 12:35 PM, E8 (Registered Nurse/Wound Care Liason) stated that he worked the night shift of 07-28-2015 and R2 was on 3 liters of oxygen per nasal cannula and was not having problems breathing and wasn't complaining. E8 stated that R2's abdomen was getting larger and at the facility's morning meeting on 07-28-2015, they decided that R2's abdomen needed to be</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>measured. E8 stated that during the night, R2's abdomen measured 62 inches, but R2 didn't seem concerned. E8 stated that R2's physician should have been called the next morning after he had given report to E10 the morning of 07-29-2015. On 08-04-2015 at 1:25 PM, E10 stated that she thought the other nurses had already contacted Z5 (R2's physician) about R2's 14.6 pound weight gain and the increasing size of R2's abdomen. E10 also stated that she didn't contact R2's physician prior to sending him to the hospital because Z4 was yelling and cursing at her to send R2 out. On 08-04-2015 at 12:18 PM, E3 (Assistant Director of Nursing) stated that R2 was admitted with a diagnosis of Prerenal Azotemia and verified that E10 should have contacted R2's physician the morning of 07-29-2015.</p> <p>R2's Progress Notes dated 07-08-2015 documents that R2 was admitted to the facility with a diagnosis of Congestive Heart Failure and edema of both feet and legs. R2's Progress Notes also document that R2 was on oxygen at 2/3 liters per nasal cannula and he had difficulty breathing upon exertion. R2's weight record at admission documents that R2 weighed 259 pounds and on 07-29-2015 R2's weight was 273.6 pounds. R2's Progress Notes dated 07-09-2015 documents that Z5 visited R2 and ordered Zaroxolyn 2.5 milligrams 1 daily for increased edema. R2's Progress Notes dated 07-11-2015 and 07-16-2015 document that R2 continued to have redness and edema of both lower extremities and his legs needed to be elevated. R2's Progress Notes dated 07-28-2015 at 3:05 AM documents that R2's abdominal girth was getting larger and measured 62 inches, and that R2 wasn't concerned about it and wasn't</p>	F 157			

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F 157	Continued From page 3 having shortness of breath or discomfort. R2's Progress Notes dated 07-29-2015 at 13:06 PM, documents that R2 was sent to the local hospital because Z4 demanded R2 be sent to the hospital. There is no documentation in the progress notes that R2's physician was notified about the 14.6 pound weight gain or R2's abdominal girth increasing.	F 157			
F 469 SS=C	483.70(h)(4) MAINTAINS EFFECTIVE PEST CONTROL PROGRAM  The facility must maintain an effective pest control program so that the facility is free of pests and rodents.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the facility was free from flies. This has the potential to affect all 63 residents living in the facility.  The findings include:  On 08-03-2015 at 9:00 AM, Z4 (family) stated that R2 had lots of flies in his room. On 08-03-2015 at 9:30 AM, R1 stated that there are a lot of flies in his room and when he gets ready to eat a meal, that is when he gets his fly swatter out. On 08-03-2015 at 12:05 PM, Z1 (R4's family member) and Z2 (R5's family member) stated that the facility has a lot of flies and both Z1 and Z2 were fanning the flies away from R4 and R5's food. On 08-03-2015 at 11:05 AM, E1 (Administrator) stated that she hasn't had any complaints regarding the flies and the facility has	F 469			

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F 469	<p>Continued From page 4</p> <p>a Pest Control program. E1 also stated that the Pest Control contractor had recently been in to take care of the fly problem. On 08-03-2015 at 2:45 PM, Z3 (Pest Control Technician) spoke with this surveyor via telephone and stated that there are fly traps in the kitchen where the flies are the biggest problem, and now that he is aware of this fly problem he will be going to the facility on 08-04-2015 to spot spray in the facility. On 08-03-2015 at 12:45 PM, E4 (Food Service Supervisor) stated that there are a lot of flies and the Pest Control contractor comes in and pours chemicals into the drains to treat the fly infestation and there is a fly trap near the back door to take care of the house flies. On 08-04-2015 at 1:55 PM, E9 (Maintenance) stated that Z3 was contacted after this surveyor was checking for flies in the facility and Z3 stated that he was going to put more fly traps in the kitchen and dining rooms and will put chemicals around the dining room windows and doorways to eliminate the fly problem and target some of the resident rooms.</p> <p>On 08-03-2015 at 12:10 PM, there were several flies noted in the large dining room. R1, R4, R5, R6, R7, R8 and R9 had flies landing on them, their plates, and in their food during the meal. There was a trash can in the corner of the dining room that E5 (Certified Nurses Aide) and E6 (Certified Nurses Aide) were scraping plates of food into and there were six flies swarming around that trash can. On 08-03-2015 at 12:30 PM, flies were seen over the steam table and around the trash can in the kitchen.</p> <p>The facility's agreement dated 01-15-2003 from "EcoPro, Scope of Service for Tintera Health Care Group", page3, under STEALTH FLY PROGRAM</p>	F 469			

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F 469	Continued From page 5 states under Exterior: Ecolab will apply fast-acting, long-lasting residual products to fly resting surfaces such as garbage storage areas and building entryways during the months of services. Under Interior: Ecolab will strategically place and service Stealth Fly Traps on a monthly basis. This service will include the replacement of Stealth glue boards each active month of the program and bulbs as needed. Residual products will be applied to interior fly resting surfaces as needed. The facility's Facility Data Sheet dated 08-03-2015 documents that 63 residents are currently residing in the facility during this survey.			F 469			