

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

PRINTED: 07/12/2016
FORM APPROVED
OMB NO. 0938-0391

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 R 06/23/2016
NAME OF PROVIDER OR SUPPLIER METROPOLIS REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET METROPOLIS, IL 62960		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}			
F 365 SS=E	<p>First Certification Follow up to survey of 5/13/16</p> <p>483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS</p> <p>Each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide an ordered pureed diet for 8 (R1, R3, R9, R10, R17, R18, R25 & R26) out of 9 residents reviewed for pureed diet, in the sample of 17. Findings include: According to R1's, R3's, R9's, R17's, R18's, R25's and R26's June 2016 POS sheet they are all to receive meals that have a pureed texture. On 6/21/16 at 11:30 AM, E24 (Cook) was preparing the noon meal and the resident designated pureed roast beef had large chunks and shaving consistency, it was not finely ground or in a paste like consistency. The pureed designated bread was very thick and stuck together. R1, R3, R9, R10, R17, R18, R25 and 26 were all served these foods. E24 stated she did not follow any special recipe for the pureed except to get the number of portions from the regular roast beef and then add water until it was the right consistency. E24 stated she was using a new product for the pureed bread but there was a recipe to follow but she basically just took the mix and added water. When E24 was asked prior to meal service if all her meal was ready and all her meal textures and consistency were appropriate,</p>	F 365			

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

TITLE

(X6) DATE

07/08/2016

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.

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

PRINTED: 07/12/2016
FORM APPROVED
OMB NO. 0938-0391

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 R 06/23/2016
NAME OF PROVIDER OR SUPPLIER METROPOLIS REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET METROPOLIS, IL 62960		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 365	<p>Continued From page 1</p> <p>E24 stated " Yes, as far as I know " and proceeded to serve the meal. E8 (Dietary Manager) was in/out of the kitchen during the meal service and did not stop to correct or check for any issues with the pureed diet and/or consistencies.</p> <p>On 6/21/16 at 12:50 PM, E27 CNA (Certified Nursing Assistant) was feeding R18. E27 stated she has to feed R18 because R18 is totally dependent on staff for help. E27 stated she would not be able to feed R18 her roast beef because it was " nowhere near " a pureed diet and she(R18)might choke. E27 stated she did not consider R18 ' s roast beef or bread to be a pureed and that the meat had way too many chunks in it and she couldn't even get the spoon through the bread.</p> <p>On 6/21/16 at 12:52 PM, R10's pureed bread was in a thick sticky ball. R10 proceeded to pick up the whole pureed bread ball in one hand and attempt to eat it.</p> <p>On 6/21/16 at 1:00 PM, E28 RN (Registered Nurse) was helping R26 eat noon meal. When questioned E28 about R26's roast beef E28 stated that R26 had not been able to eat any of it. E28 confirmed that the roast beef had several chunks and shavings still visible in it and that the bread was very thick and hard.</p> <p>On 6/21/16 at 1:05 PM, E26 LPN (Licensed Practical Nurse) was assisting R17 with eating her noon meal. When questioned E26 stated the roast beef wasn't pureed consistency and she would not be feeding it to R17 for safety reasons so she (R17) didn ' t choke.</p> <p>At no time did E26, E27 and E28 make anyone from dietary aware of possible concerns or issues with the pureed foods and the consistency.</p> <p>On 6/21/16 at 1:20 PM, E8 was questioned about the lunch meal pureed consistency and any</p>	F 365			

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

PRINTED: 07/12/2016
FORM APPROVED
OMB NO. 0938-0391

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 R 06/23/2016
NAME OF PROVIDER OR SUPPLIER METROPOLIS REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 2299 METROPOLIS STREET METROPOLIS, IL 62960		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 365	<p>Continued From page 2</p> <p>possible concerns. E8 stated the roast beef wouldn't be considered a pureed diet and the bread was probably too thick and really needed to be thinner to be considered pureed</p> <p>On 6/21/16 at 1:25 PM, E3 DON (Director of Nursing) was questioned about the consistency of the roast beef and she stated " I wouldn't consider that pureed, I don ' t even know if I would consider this mechanical soft with all the shavings in it. "</p> <p>On 6/22/16 at 11:15 AM E25 (Corporate Dietary Consultant) stated that she did not know why E24 had pureed the roast beef yesterday. E25 stated there was no reason for the meat to be manually or mechanically altered by staff because the facility had gone to pre-molded meats for just this reason, so a pureed texture would be the right texture and they had been using these special pureed molds since the beginning of May of this year. " E25 stated if a resident is able pick up an item and hold it because it is a solid ball it is not considered pureed texture.</p> <p>On 6/21/16 at 12:40 PM, R10 was served the facilities pureed roast beef, mashed potatoes, carrots, bread and peaches. On 6/22/16 at 12:45 PM, R10 was also served the facilities pureed meat, marinara sauce, noodles, green beans, bread and pear crisp.</p> <p>According to R10's June 2016 POS (Physician Order Sheet), R10's diet is: Regular diet, Regular texture, Regular consistency, pureed meat(only).</p> <p>According to the facility document titled " Consistency Census Report " dated 6/26/16 shows the following residents have a pureed diet consistency: R1, R3, R9, R10, R17, R18, R25 and R26.</p>	F 365			