

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145386</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SOUTHGATE HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 EAST NINTH STREET, PO BOX 843 METROPOLIS, IL 62960</b>	
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 0558  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Reasonably accommodate the needs and preferences of each resident.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, and record review the facility failed to get a resident out of bed for lunch due to a bed not functioning properly for one (R2) of three residents reviewed for furnishings not being maintained in a sample of 3. The findings include: On July 17, 2020 at 12:46 PM, R2 said on July 5, 2020 he did not get a lunch tray to eat, and when he reminded the staff, he had not received one, he was told it was time for dinner and did not get anything offered to eat. In R2's electronic health record progress notes dated July 5, 2020 at 3:30 PM the following was documented: daughter called and stated her dad did not have lunch today and that she had ordered him some food. this writer stated i would take it to him as soon as it was delivered. it was verified per day shift charting that res had refused his lunch and it was charted as refused. On July 22, 2020 at 9:16 AM V9, Social Service Director verified R2's electronic health record listed R2 as refusing lunch on 7/5/20 and the lunch refusal was documented in R2's record by V11, Certified Nurses' Aide (CNA). On July 22, 2020 at 9:30 AM, V11 said he had documented R2 had refused lunch on July 5, 2020 due to his bed being broken and the head of R2's bed was unable to be raised. As a result, V11 said he was afraid R2 would choke trying to eat lying flat. V11 also said R2's lunch tray was not taken into R2's room that day because of this. When asked if R2 was able to get out of bed to eat, V11 said he could not get up on his own and that R2 needed staff's help to get out of bed. When V11 was asked if he could have assisted R2 out of bed to sit in his wheelchair to eat lunch, V11 said that would have been to much of a hassle to get R2 up to eat. On this same date and time V11 verified R2 was not offered anything else from the kitchen for lunch. According to the admission MDS (minimum data sets) assessment dated [DATE] R2 needs extensive assistance of two persons with bed mobility and transfers. On 7/21/20 at 8:22 AM, V6, Maintenance Director said the he had to switch R2's bed out earlier in the month because the head of R2's bed would not raise or lower but he (V6) could not remember exact date. V6 said he was notified R2's bed was not working properly on July 17, 2020 by V5, CNA and he (V6) fixed R2's bed the same day by plugging it into the wall outlet rather than the power strip it was plugged into.</p>		
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.