

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145757	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Integrity Hc of Carbondale		STREET ADDRESS, CITY, STATE, ZIP CODE 120 North Tower Road Carbondale, IL 62901	
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36384</p> <p>Based on observation, interview, and record review the facility failed to provide resident care in a timely and dignified manner for 2 (R1, R3) of 3 residents reviewed for timely assistance in the sample of 3.</p> <p>The Findings Include:</p> <p>R1's Admission Profile documents an admitted [DATE] with diagnoses to include: encounter for surgical aftercare following surgery on the nervous system, spinal stenosis, obesity, difficulty in walking, bipolar, and anxiety.</p> <p>R1's care plan documents a focus area of being at risk for falls due to bilateral lower extremity weakness with diagnoses of neuropathy, cervical spondylosis, spinal stenosis, use of anti anxiety and antidepressant medication and opioid use. The goal date of initiation documents 9/8/23 and states R1 is to have falls/injuries minimized through management of risk factors while maintaining maximum independence/quality of life through the next review. Interventions are as follows: be sure her call light is within reach and encourage her to use it for assistance as needed. She needs prompt response to all requests for assistance. Educate patient/family/caregivers about safety reminders and what to do if a fall occurs. Ensure she is wearing appropriate footwear non skid socks and/or shoes when ambulating or mobilizing in wheelchair. Follow facility fall protocol. Physical Therapy to evaluate and treat as ordered or as needed. She needs a safe environment with even floors, free from spills or clutter, adequate glare free light, a working and reachable call light, the bed in lowest position, handrails on walls, and personal items within reach. This same care plan has a focus area for Activities of Daily Living Self Care Performance deficit initiated 9/8/23 related to disease Process of cervical spondylosis, spinal stenosis, neuropathy and chronic pain, impaired balance and muscle weakness. R1 is occasionally incontinent of bladder and frequently incontinent of bowel. R1 mobilizes in a wheelchair and can use a walker with staff assist.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE] Section C documents a Brief Interview of Mental Status (BIMS) score of 15, indicating R1 is cognitively intact. Section GG of this same MDS documents that mobility on transferring on and off the toilet requires partial/moderate assistance.</p> <p>(continued on next page)</p>		

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/24 at 11:00 AM, R1 stated that on April 15th at 1:04 PM per her phone log she had called the main line to the long term care facility where she resides. R1 stated that she had pushed her call light and waited for 45 minutes for assistance to the restroom when she finally decided to call the facility to tell them she needed help. R1 stated that V2 (Payroll Coordinator/Receptionist) answered the phone and told her she would find someone to come assist her. R1 further stated that by the time V3 (Certified Nurse Assistant/CNA) arrived, she had an incontinent episode in her bed. R1 stated that this has happened one other time where she had to call the facility's main line to get staff to help her after prolonged wait time after pushing the call light. R1 stated that she is here for therapy and becoming more independent but is not supposed to get up alone due to being a fall risk. R1 stated that she cannot get up alone even against advice because they put her walker and wheelchair across the room out of her arms length, she supposes to keep her from getting up alone.</p> <p>A call don't fall sign was observed in R1's room hung on the wall in front her bed.</p> <p>On 4/23/24 at 11:30 AM, V1 (Administrator) confirms that R1 requires assistance for mobility from staff including getting out of bed and transferring to a chair and/or going to the restroom.</p> <p>On 4/23/24 at 10:30 AM, R3 stated that Monday and Tuesday day shift sometimes has long wait times for call lights. R3 stated that she has had to wait 45 minutes before for a staff member to come assist/check on her.</p> <p>R3's current annual MDS dated [DATE] documents in Section C a BIMS score of 13, indicating that she is cognitively intact. R3'S section GG of this same MDS documents that R3 is dependent on 2 or more staff for transfers out of bed.</p> <p>The facility Answering the Call Light procedure documents the purpose of this procedure is to respond to the resident's needs and requests. Under General Guidelines, number 8 lists Answer the resident's call as soon as possible.</p>		