STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145863	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Integrity Hc of Marion	1301 East Deyoung Marion, IL 62959

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 - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32619 Based on interview, observation, and record review, the facility failed to develop and implement appropriate fall interventions for one of three residents (R2) reviewed for falls in the sample of 4. This failure resulted in a repeated fall for R2 on 3/28/24, resulting in a left patellar fracture. Findings include: R2's Face Sheet documented an initial admitted [DATE], a discharge date of [DATE], and a Readmitted [DATE]. This Face Sheet listed diagnoses including a history of CVA (Cerebral Vascular Accident) and TIA (Transient Ischemic Attack), Fibromyalgia, Peripheral Vascular Disease, and Cervical Disc Degeneration. R2's 12/6/23 (Re)Admission Minimum Data Set documents in section C, Cognitive Patterns, R2 has a Brief Interview for Mental Status (BIMS) score of 15, indicating R2 is cognitively intact. Section GG, Functional Abilities and Goals, of the same MDS documents R2 used both a walker and wheelchair, and requires supervision or touching assistance with sit to stand and walking 10 feet. R2's Nursing Progress Notes documented the following: 3/28/24 at 2pm by V5 (Registered Nurse): Res (resident) left facility via (transit) bus to go to (local hospital) for MRI (Magnetic Resonance Imaging). Res sent with copy of facesheet/orders. Res is clean and wearing appropriate clothing for weather. 3/28/2024 at 3:44pm by V5: Res returned to facility from appointment at this time. 3/28/24 at 5:00pm by V5: Late entry: Res approached this nurse stating they lost their balance while getting on the (name of transportation company) bus and caught themselves on the chair preventing a fall. Res appeared upset about how the bus driver responded to the situation. Res was touching knee during the conversation and stated their knee was against the seat when they caught themselves, this nurse assessed sites with no injuries or changes observed to bilateral knees. This nurse offered in-house imaging or hospital transfer but was refused by resident, res denied any new pain at that time. Res educated to notify staff if any new pain starts or if there are any concerns. Res verbalized an understanding. (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
	145863	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Integrity Hc of Marion	1301 East Deyoung Marion, IL 62959

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 - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	3/29/24 at 1:51pm by V6 (Licensed Practical Nurse): Resident states, 'I fell yesterday on the bus outside of the facility. My shoulder is pretty sore, and I am having a tremendous amount of flank pain to my left side. It feels like my kidney is on fire. Could you please call an ambulance for me so I can go to the ER (emergency room)? I feel like something is wrong.' EMS (Emergency Management Services) notified and are en route. Copy of face sheet, orders, bedhold policy printed off to send resident. R2's Fall Incident Report dated 3/8/24 authored by V5, Registered Nurse (RN), documents an incident location of the Hallway and documents In conclusion to this fall investigation resident was not using walker and slipped and fell . The same report documents an intervention (INT) of resident educated to use walker at all times and a Root Cause Analysis (RCA) of Resident slipped and fell while not using walker. R2's Fall Incident Report, dated 3/29/24, authored by V6, Licensed Practical Nurse, documents self reported fall from 3/28/24 and a resident description of I guess I got tripped up on the bus during transport yesterday et (and) I fell on my LT (left) side et shoulder. The same report documents and intervention of, Resident educated to bring walker with her on outings and a Root Cause Analysis of Resident had a fall while on outings, did not have her walker with her. R2's Care Plan documented a problem area of,(R2) is at risk for falls related to deconditioning and gait/balance problems, with corresponding interventions, 3/8/24: Educated (R2) to use her walker at all times, and 3/29/24,Educate (R2) to take her walker with her on her outings. An Initial IDPH (Illinois Department of Public Health) Incident and/or Abuse Notification for R2, dated 3/29/24, stated, On 3/29/24, (R2) self reported a fall she had on 3/28/24 while on an outing via (transit bus). The nurse immediately assessed her. Per her interview she voiced, 'My shoulder is pretty sore, and I am having a tremendous amount of flank pain to my left side.' Medical Doctor notified and gave orders to send to the emergency room (ER) for evaluation. R2's Radiology Report, dated 3/29/24, for imaging of the left knee documents the following under findings: Calcification is noted in the distal quadriceps at the insertion with the patella. A hairline fracture appears to be present at the base of the calcified enthesophyte. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145863	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Integrity Hc of Marion	1301 East Deyoung Marion, IL 62959

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 - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 4/23/24 at 11:05am, R2 was interviewed in her room. R2 was alert and oriented. There was a manual wheelchair observed in the room, but no walker. R2 stated on 3/28/24, she went out on the transit bus to an appointment. R2 stated while getting off the bus, she attempted to ambulate through the narrow aisle around a person in a wheelchair, lost her balance and fell , with her left knee and left side making contact with the floor. R2 stated additionally, she fell earlier in March 2024 in front of the soda machine in the hall. R2 stated she was not using a walker on either occasion, and stated, I have not used one the entire time I've been here, and I won't be using one. I took care of my Grandma and she was dependent on her walker, and I don't want to be dependent on anything for walking. R2 stated when she came back into the facility on the afternoon of 3/28/24, she notified V5, who looked at her knee and thought maybe she should go to the emergency room , but she didn't want to, and said she would wait and see if it got any worse. R2 stated V5 did not perform a full body assessment, and she is not sure if her Physician was contacted. R2 stated the following day, the pain in her left side and knee was worse so she told V6 (Licensed Practical Nurse) about it, who examined her and got orders to send her to the emergency room . R2 stated the hospital discovered her left patella was fractured. R2 stated, Even if I had my walker with me on the bus, I wouldn't have been able to use it because the aisle was too narrow. On 4/23/24 at 1pm, V5 stated R2 left on 3/28/24 on the bus at about 2pm. V5 stated R2, Did not have a walker with her which she never does, she refuses to use one, although we have educated her many times that she needs to use one. V5 stated when R2 came back a little bit before 4pm, she told V5, When she was on the bus and got up she lost her balance and caught herself on the seat. She did not really say she fell . I did not do a fall report or a nursing assessment. When I went down to give her her afternoon medications a few minutes later, she complained of her left knee hurting, so I looked at it, it appeared normal. I didn't assess any of the rest of the body as she had no complaints of anything else at that time. I said maybe we better send you out (to the ER) or at least get an x-ray of the knee but she refused. I said well at least keep us aware if the pain gets worse or you develop any other symptoms, and she agreed. I left for the day at about 6:30pm and she had had no further complaints that shift. I told oncoming staff during shift report about it. I heard they sent her out the next day. She's usually pretty compliant, except for not using a walker. V5 stated she did not notify R2's Physician. On 4/23/24 at 1:20pm, V6 stated on 3/29/24 at about 9am, R2 complained of pain to the left knee and left shoulder and told V6 she tripped and fell the previous day while on the bus. V6 stated he looked at the knee and the shoulder both of which looked ok, with normal range of motion. V6 stated he suggested she go out for an evaluation, but she refused. V6 stated that afternoon, R2 complained of the pain being much worse, so he obtained orders to send R2 out to the ER. V6 stated he initiated a Fall Investigation at that time. V6 stated R2 has a history of falls. V6 stated he was not aware of R2 having a walker as a fall intervention, as he has never seen her use one. On 4/23/24 at 3:20pm V4, Director of Therapy Services, stated after R2's 3/28/24 fall, therapy is now working with her on using a walker. V4 stated she does not recall previously assessing R2 for a walker, and if nursing feels a walker is needed, then the resident would be referred to therapy for assessment. R2's Physical Therapy Evaluation and Plan of Care, dated 4/3/24, documented, Start of care: 4/3/24. Short Term Goals: Patient will safely ambulate on level surfaces 150 feet using (wheeled walker) with supervised (ambulation) with reduced risk for falls and with minimal pain in order to increase independence with all functional ambulation. Prior device use: Walker. Current device use: Walker. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145863	A. Building B. Wing	04/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Integrity Hc of Marion	1301 East Deyoung Marion, IL 62959

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 - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 4/24/24 at 8:35am, V2, Director of Nurses, stated R2 had a walker when she was readmitted to the facility and at some point they lost track of it. V2 stated he was not sure, but her previous roommate might be using it now. V2 stated R2 wouldn't use the walker even when she had it. V2 stated the 3/28/24 fall had caused a left Patella fracture. V2 stated after that fall, therapy has started working with her on using the walker, which the facility has provided. On 4/24/24 at 8:50am, V1, Administrator, stated R2 had her own walker upon readmission, and staff think maybe her previous roommate is using it. V1 stated R2 would not use the walker when she did have it. V1 stated therapy is working with R2 on using a walker, which the facility has provided. On 4/24/24 at 10am, V7, Minimum Data Set/Care Plan Coordinator/RN, stated the Care Plan intervention added after the 3/8/24 fall was to educate R2 to use her walker at all times, and the intervention added after the 3/28/24 fall was to educate her to use her walker on all outings. When the Surveyor told V7 that R2 told the Surveyor she refuses to use a walker, and the Surveyor asked V7 how effective that intervention would be, V7 stated, I don't think she refuses to use her walker per se, maybe she just forgets or doesn't use it for whatever reason, but I don't think she is actually refusing to use it. The facility policy titled Fall Management, dated 2019, documents, It is the policy of the facility to have a fall prevention program to assure the safety of all residents in the facility, when possible. The program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary and The fall may be witnessed, reported by the resident, or an observer or identified when a resident is found on the floor or ground. An intercepted fall occurs when the resident would have fallen if he or she had not caught him/herself or had not been intercepted by another person-this is still considered a fall.