

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145863	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Integrity Hc of Marion		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32765</p> <p>Based on observation, interview, and record review, the facility failed to ensure fall interventions were implemented for 1 (R2) of 3 residents reviewed for falls in the sample of 11.</p> <p>Findings Include:</p> <p>R2's Admission Record documents R2 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease, adult failure to thrive, repeated falls, weakness, diabetes, major depressive disorder, hypertension, peripheral vascular disease, difficulty walking, syncope and collapse.</p> <p>R2's Minimum Data Set (MDS), dated [DATE], documents a Brief Interview for Mental Status (BIMS) score of 12, which indicates R2 has a moderate cognitive deficit.</p> <p>R2's current Care Plan documents a Focus area of, (R2) is at risk for falls r/t (related to) Deconditioning, Gait/balance problems. Date Initiated: 02/27/2024. The interventions for this Focus area are documented as follows. Fall mats on floor at bedside while resident is in bed. Date Initiated: 05/20/2024 .Will utilize bolster cover on bed. Date Initiated: 08/29/2024 .Anticipate and meet the resident's needs. Date Initiated: 02/27/2024 .Be sure (R2's) call light is within reach and encourage him to use it for assistance as needed. (R2) needs prompt response to all requests for assistance. Date Initiated: 02/27/2024 .(R2) needs a safe environment with: floors free from spills and/or clutter; adequate light; a working and reachable call light, the bed in low position at night; side rails as ordered, handrails on walls; personal items within reach. Date Initiated: 02/27/2024 .Ensure that the resident is wearing appropriate footwear non-skid socks and/or shoes when ambulating or mobilizing in w/c (wheelchair). Date Initiated: 02/27/2024 .Follow facility fall protocol. Date Initiated: 02/27/2024 .PT (physical therapy) evaluate and treat as ordered or PRN (as needed). Date Initiated: 02/27/2024.</p> <p>R2's Fall Risk Assessment, dated 8/28/24, documents a score of 14, which indicates R2 is at high risk for falls.</p> <p>R2's Fall Investigation, dated 5/16/24, documents R2 was found lying on the floor between the two beds in his room. The investigation documents the bed was not in the lowest position at the time R2 was found on the floor. The report documents R2 did not have injuries and the intervention implemented after this fall was to place fall mats on the floor at bed side.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Fall Investigation, dated 08/27/24, documents, .Nursing Description: Resident found on floor beside bed with open area to left occipital area and left elbow, is orient to self per normal. Sending OOF (out of facility) to ER (emergency room). Resident Description: Resident stated he bumped his head on the wall Description: INT (intervention) bolster cover. RCA (root cause analysis)- Resident rolled out of bed while sleeping</p> <p>On 9/9/24 at 6:42 PM, V3 (Licensed Practical Nurse/LPN) stated she was working when R2 fell on [DATE]. V3 stated the Certified Nursing Assistants (CNA's) notified her R2 was in the floor and when she assessed him; R2 had an area on his head that was bleeding and a skin tear on his elbow. V3 stated she was not able to tell at that time if the area on his head was a new area or one of the wounds R2 already had on his head that had opened with the fall. V3 stated she sent R2 to the hospital for evaluation as a precaution.</p> <p>On 9/10/24 at 9:48 PM, V7 (CNA) stated she was working on 8/27/24 when R2 fell . V7 stated she spoke with R2 and told him she was going to give another resident a shower and then would be back to assist him with his shower. V7 stated she left, gave the other resident a shower, and returned to R2's room in approximately 15 minutes. V7 stated R2 was on the floor when she entered his room, and R2 told her he was trying to get out of the bed and fell . V7 stated there was a floor mat on the floor and R2's bed was in the lowest position.</p> <p>On 9/9/24 at 12:33 PM, R2 was lying in bed, head of bed elevated, bed height was even with this surveyors knees (approximately two foot high), with a bolstered mattress in place. There were no floor mats on the floor at R2's bed side.</p> <p>On 9/9/24 at 2:08 PM, R2 was in bed, leaning to the right side with his head partially off the bed, looking at the floor. R2's head of bed was elevated and the bed was low to the floor, but there were no floor mats on the floor at R2's bedside.</p> <p>On 9/9/24 at 4:37 PM, R2 was in bed with the bed in low position, but no floor mats were observed on the floor at R2's bedside.</p> <p>On 9/10/24 at 12:18 PM, V4 (Lead CNA) stated she was working on 9/9/24, and she didn't know why the floor mats were not in place for R2.</p> <p>On 9/10/24 at 12:55 PM, V5 (CNA) stated she was working on 9/9/24, and she didn't know why there were no floor mats at R2's bedside.</p> <p>On 9/12/24 at 1:33 PM, V2 (Director of Nurses/DON) stated he would expect the floor mats to be in place, and he wasn't sure why there were not there on 9/9/24.</p>		