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	07/09/2025

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on interview, record review and observation, the facility failed to protect and promote residents rights for 1 of 3 (R1) residents reviewed for resident rights in a sample of 12. Findings included: R1's admission record documented R1 was admitted to this facility on 6/18/2025, with diagnoses of sepsis due to methicillin susceptible staphylococcus aureus, infection and inflammatory reaction due to cardiac and vascular implant device and presence of cardiac pacemaker. R1's admission record documented R1 has an expected length of stay to be 21 days. R1 is alert and oriented. R1's care plan with admission date of 6/18/2025 documented R1 has a focus area of: (R1) has a functional self care performance deficit r/t (related (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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documented in part: No resident shall be deprived of any rights benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States, nor shall a resident forfeit any of the following rights: A. Residents Rights: The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. The facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his quality of life. The facility must protect and promote the rights of the resident. E. Respect and Dignity: The resident has a right to be treated with respect and dignity including the right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience and are not required to treat the resident's medical symptoms. The right to retain personal possessions. F. Self-Determination: The resident has the right to and the facility must promote and facilitate (continued on next page)

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