

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  04/22/2026
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>Based on interview and record review, the facility failed to notify the physician with a critical lab value in a timely manner for 1 of 3 (R4) residents reviewed for labs in a sample of 6. The findings include:</p> <p>R4's admission Record documents an admission date of 8/22/2025, and includes diagnoses of Acute on Chronic Systolic Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure with Hypoxia, Peripheral Vascular Disease, Obesity class 2, Difficulty Walking, Anxiety, Major Depressive Disorder, Osteoarthritis, Hypo-osmolality, and Hyponatremia.</p> <p>R4's Progress Notes document on 4/3/26 at 2:05PM, R4 was seen by Cardiology and had new orders to discontinue Lasix and Bumex (medications used to reduce the amount of fluid within the body), have a Complete Metabolic Panel (a blood test measuring electrolytes, liver and kidney function and glucose levels) and Natriuretic Peptide Test (or BNP which is a blood test used to monitor heart failure status) and to follow up in the office in one week.</p> <p>R4's Lab Result Report with a received date of 4/9/2026 at 9:06AM documented a BNP value of 761. This was flagged as a High High (HH) value with normal ranges between 1-100.</p> <p>R4's Progress Note from 4/9/2026 at 11:59PM stated the physician was notified via a secure messaging application by V14, Licensed Practical Nurse (LPN).</p> <p>On 4/21/2026 at 11:31AM, V14 (Licensed Practical Nurse/LPN) stated she was on break and another person answered the phone and relayed the lab value to her for R4's BNP. V14 stated she sent V7 (facility's Physician), a message in a secure messaging application as she had seen that he was just on the application. V14 stated she did not hear back from V7 with any orders. V14 stated she may have tried to call him but maybe the phone was not working right. V14 was not sure. V14 stated she did not notify R4's Cardiologist.</p> <p>On 4/17/2026 at 10:20AM, V7 (Physician) stated he remembers receiving a critical lab notification via the secure messaging application for R4 with a BNP value of 761 on 4/9/2026 at 11:24PM, but he did not see the lab until the next morning and he did not respond with any orders. V7 stated he did not receive a call at that time from the facility about the critical lab. V7 stated the value was about baseline for R4. V7 stated they should call critical labs to the physicians.</p> <p>On 4/21/2026 at 11:10AM, V6 (Regional Clinical Nurse/RCN) stated, They should always call in a critical lab. V6 stated the labs should be called in to the ordering physician too.</p> <p>On 4/21/2026 at 11:00AM, V2 (Director of Nursing/DON) stated the nurses have to call these labs to (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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the physicians. V2 stated they know the nurses have sent some via the secure messaging application, but they are educating on this issue.</p> <p>On 4/17/2026 at 2:05PM, V5 (LPN) stated they very seldom get a critical lab, but when they do they notify the Physician immediately. I just keep trying to call until I get them.</p> <p>On 4/17/2026 at 2:46PM, V10 (LPN) stated when receiving a critical lab they always call the physician, fax, use the secure messaging application, and if there are new orders they process them.</p> <p>On 4/17/2026 at 2:53PM, V11 (LPN) stated I call the doctor with any critical lab and fax the results. (V7) is usually through the secure messaging application and call the office.</p> <p>The policy titled, Change in Condition, with a review date of 2022, documents the protocol for notifying the attending physician of changes in resident's medical/mental condition. 1) The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician when there has been; e) a need to alter the resident's medical treatment significantly, a significant change in the resident's physical/emotional/mental condition.</p> <p>A lab policy was requested but was not presented.</p>		