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	07/02/2026

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure sufficient staff to meet residents' needs in a timely manner. This has the potential to affect all 108 residents currently residing at the facility. Findings Include:1. R9's admission Record documented an original admission to the facility on [DATE] and included diagnoses of acute respiratory failure, diabetes mellitus 2, anemia, anxiety disorder, and cognitive communication deficit. R9's Minimum Data Set (MDS), dated [DATE], documented a Brief Interview for Mental Status (BIMS) score of 15, indicating cognition is intact. R9's current Care Plan includes the following Focus areas of, 1. R9 has a functional self-care deficit related to impaired balance, muscoskeletal impairment related to left femur fracture, pain and activity intolerance. R9 is dependent on staff for some functional tasks. Goal for this focus area is that R9 will maintain current level of function in transfers as evidenced by functional score through the next review date of 7/15/26. Interventions for this focus area include using a mechanical lift for all transfers for increased safety and encourage R9 to use call bell for assistance. On 7/1/26 at 10:45 AM, R9 stated the call light system is not working currently so they have given her a whistle to use when she needs assistance. R9 stated she has fractured her back and is currently using a bed pan due to pain when transferred. R9 went on to state she cannot remember the exact dates, but she has had incontinence episodes due to prolonged wait time for staff to respond to her whistle. R9 stated she feels the longest wait times for staff response time is after dinner and through the midnight hours. 2. R12's admission Record documented an initial admission to the facility on 8/29/25 and included diagnoses of cerebral infarction, hemiplegia and hemiparesis following non-traumatic intracerebral hemorrhage affecting left non-dominate side, major depressive disorder and cognitive communication deficit. R12's MDS, dated [DATE], documented R12 has moderate cognitive impairment with a BIMS score of 8. This same MDS documented R12 is dependent on staff for toileting hygiene and is frequently incontinent of bladder and bowel. R12's current Care Plan documents a Focus area of R12 having a functional self-care performance deficit related to history of cerebral vascular accident with left sided weakness and left sided neglect and cognitive deficits. The goal for this problem area is that R12 will maintain current level of function as evidenced by functional score through the next review date of 9/4/26. Interventions for this problem area include: encourage R12 to use call bell for assistance and to use mechanical sling for all transfers. On 7/1/26 at 11:30 AM, R12 stated she does have to wait longer times in the evening and overnight when she uses her call light. R12 also added weekends seem to have less staff available, which makes them take longer to assist her when she needs help. At this time, V25 (Family Member) stated the staff they have work hard but they just do not have enough, especially on ?second shift' during the week and then the weekends seem to be low staffed overall. 3. R8's admission record documents an original admission date to the facility of 3/4/2024. This document includes the following diagnosis: anemia, muscle weakness, and need for assistance with personal care. R8's MDS, dated [DATE], documented a BIMS score of 15, indicating that R12 is cognitively intact. This same MDS also documents that R8 is occasionally incontinent of the bladder. R8's care plan documents a focus area (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	of functional self-care performance deficit related to low endurance, activity intolerance, impaired balance, and oxygen dependence and weakness. The goal for this problem area is that R8 will improve current level of function in transfers as evidenced function score through the review date of 9/12/26. The interventions include that R8 to use the call bell for assistance and to check for incontinence and wash, dry, perineum and change clothing as needed after an incontinence episode. On 7/1/26 at 1:00 PM, R8 stated her call light system does not work, and she has been given a dinner bell to use when she needs assistance. R8 stated in the evening overnight hours, they do not have enough staff to answer the call timely. R8 stated she needs help with her incontinence brief and has to wait longer lengths of time 30 minutes or more. On 7/1/26 at 4:45 AM, V5 (Certified Nurse Assistant/CNA) stated she is working 2AM-8AM this morning per volunteer due to staff needed to cover a shift. V5 stated she is the only one assigned to the 200 hall. V5 went on to state 5 CNA's total are currently working on night shift, including supervisor. V5 stated she has only been able to check 4 rooms since getting here a little before 2AM and has 8 rooms or 11 residents who haven't been able to check on yet on her hall since she arrived.On 7/1/26 at 9:30 AM, V23 (Registered Nurse) stated she is predominately day shift, but she hears from staff and residents both that nights and weekends do not have enough CNA's to answer call lights timely and get to all the resident care needs. On 7/1/25 at 10:30 AM, V1 (Administrator) stated they have advertisements out to hire for Certified Nurse Assistants (CNA's) for nights and weekend shifts. V1 stated these shifts seem to be the hardest shifts to fill and retain. V1 went on to state in an attempt to assist the evening and midnight shift staffing for CNA's when they are not fully staffed due to call in/no shows, and as the census keeps growing, they have started a 2-week rotation where administrative staff come in later in the morning and stay through 8 PM. If these staff that stay late to assist nursing staff are not licensed/certified they are still able to assist in preparing beds, passing water and answering call lights. V1 stated they like to staff the CNA's with 4 CNA's on the 100/200 halls and 3 on the 300/400 halls. V1 went on to state the self-scheduling has caused CNA's to work a combination of all hours in a shift. Some CNA's work 12 hours, some work 8 hours and some just pick up hours that work for their schedule. On 7/1/25 at 12:15 PM, V21 (CNA Supervisor) stated that nights and weekends are harder to cover with enough CNA staff. V21 stated the day shift is covered almost in excess, but then not many want to pick up the evening or weekend shifts. V21 stated they are getting ready to change the way they self-schedule and instead of over scheduling on day shift and sending staff home early, they will reduce the CNA's scheduled due to having office/administrative staff along with hall monitors, and then the evening hours available will be the only way for staff to get adequate hours to keep their full-time status. V21 stated currently V21 she and the other CNA supervisor work to cover the shifts that are open due to call in or no shows, but when several shifts are open at the same time, they just try to float around the facility and help everyone get their jobs done and resident care needs met. V21 stated the 200 Hall has a lot of 2-person assistance due to mechanical lifts, so optimal staffing would be two CNA's on all shifts. This would allow for each CNA to take a side of the hall and then they can then get the residents up more quickly when 2 people are required. V21 stated there is a 'get up' list of residents for the night shift CNAs, and that is to keep them from having to get every resident up on that hallway for the morning. This is used to ensure the night shift is required to get all the residents up and ready for the day prior to clocking out. This list was determined by doing a survey with the residents on preference of preferred time to be gotten up and ready for the day. Resident council meeting minutes from 6/18/26 documents there are not enough CNA's on the weekends. A resident grievance form, dated 4/6/26, documents R5 complained she did not get a shower due to being short staffed. The facility CNA daily staffing for 7/1/26 shows 6 CNA's were scheduled on night shift. 1 CNA scheduled on 200 Hall, 2 CNA's on 200 Hall, and 3 CNA's between 300-500 halls. The facility was unable to provide this surveyor with a staffing policy. A census with a print date of 7/2/26 documents 108 residents reside in the facility.