

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 07/19/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32619</p> <p>Based on observation, interview, and record review, the facility failed to follow physicians orders for the treatment of scalp and facial wounds for one of 48 residents (R61) reviewed for quality of care in the sample of 48.</p> <p>Findings include:</p> <p>R61's Face Sheet documented an admitted [DATE], and listed diagnoses including Parkinson's Disease, Adult Failure to Thrive, and Type 2 Diabetes.</p> <p>R61's current Physicians Orders documented the following orders: (Trade Name) Antimicrobial external gel (Sodium Hypochlorite), apply to left face topically every night shift for wound cleansing with sodium chloride, apply hypochlorite gel and calcium alginate gauze with bordered dressing once daily. Sodium Hypochlorite external gel, apply to open area on anterior scalp topically every night shift for wound, cleanse wound with normal saline or wound cleanser, pat dry, apply sodium hypochlorite gel, calcium alginate, and dry dressing daily. Sodium Hypochlorite external gel (Sodium Hypochlorite), apply to posterior scalp topically every night shift for wound, cleanse open area to posterior scalp with normal saline or wound cleanser, pat dry, apply sodium hypochlorite gel, calcium alginate, and dry dressing daily.</p> <p>R61's July 2024 Treatment Administration Record documented blanks on 7/2/24, 7/11/24, and 7/12/24, indicating the treatment had not been done on those dates.</p> <p>On 7/16/24 at 2:14pm, R61 was alert and oriented to person and place, but not time. R61 was observed to have a large dressing to the scalp and a dressing to the left side of the face, both of which were dated 7/14/24. R61 stated he is not sure how often the dressings are to be changed, nor when they were last changed.</p> <p>On 07/18/24 at 10:40 AM, V11, Wound Care Physician, was observed evaluating and treating the anterior and posterior scalp wounds and the left facial wound. V11 stated R61 was admitted with the wound to the left face, which was caused by oxygen tubing rubbing against the area when R61 was living independently. V11 stated R61's scalp wound is an area of skin cancer which has erupted, for which R61 and his family have chosen palliative treatment. V11 stated this wound is not going to heal, and the goal of treatment is to prevent secondary infection. V11 stated the both the treatments are to be done daily, and he was not aware it was not being done according to his orders.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/19/24 at 1:10pm, V2, Director of Nursing, stated R61's wound care is to be done daily on the 6pm to 6am shift, and V2 was unaware it was not being done consistently.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40666</p> <p>Based on observation, interview, and record review, the facility failed to ensure supplements and double portions were given as ordered for 6 (R49, R52, R59, R62, R67, and R74) of 20 residents reviewed for therapeutic diets in a sample of 48.</p> <p>The findings include:</p> <p>1. R74's admission record documents R74 was admitted to the facility on [DATE]. The same document lists some of R74's diagnoses as: unspecified dementia, unspecified severity, without behavioral disturbance, mood disturbance and anxiety, repeated falls, anxiety disorder, and bipolar disorder.</p> <p>R74's MDS (Minimum Data Set), dated 7/15/24, notes R74 has a BIMS (Brief interview of Mental Status) of 00, which indicates R74 has severe cognitive impairment.</p> <p>R74's document labeled Order Summary Report notes a diet order, dated 6/6/24, for Regular, Mechanical soft texture, thin liquids consistency, fortified pudding at lunch and dinner, ice cream at lunch supper. Super cereal at breakfast, PBJ (peanut butter and jelly) BID (twice daily) between meals. Sit at assist table for encouragement. Health shake between meals. 8oz (ounces) of chocolate milk per meal and add one scoop protein. Weekly weight, double portions at all meals. Med Pass 2.0 four times a day for weight loss intervention. Give 120 ml (milliliters) QID (four times a day).</p> <p>R74's care plan notes a focus area of being at risk for weight loss r/t (related to) poor appetite, wandering, impaired cognition She is on a regular diet with thin liquids, double portions at all meals, ice cream and lunch and supper, 120 ml 2.0 Qid and fortified pudding BID (twice daily) at lunch and supper, super cereal at breakfast and chocolate milk with one scoop of protein powder with each meal. Health Shakes TID (three times a day) between meals. Some of the listed interventions are request appetite stimulant order from MD (Physician) (received order for Mirtazapine), Provide and serve supplements as ordered.</p> <p>On 7/16/24 at 12:55pm, R74 was observed at the lunch meal. R74 was noted to have small portions on her hamburger, baked beans. The macaroni salad was a large helping. There was no ice cream on her tray.</p> <p>On 7/17/24 at 12:45pm, there were no double portions noted on R74's plate except for the meat, which was a large helping.</p> <p>On 7/16/24 at 1:00pm, V13 (Certified Nursing Assistant) said the only thing that looked like double portions was the macaroni salad, and that they were out of ice cream.</p> <p>On 7/16/24 at 1:15pm, V6 (Dietary Manager) said, No, that did not look like double portions and went to the kitchen and got another full plate of food.</p> <p>On 7/19/24 at 1:20pm, V14 (Regional Nurse) said she would expect supplements to be given unless the resident refuses it.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/19/24 at 1:30pm, V2 (DON/Director of Nursing) said it is his expectation that supplements be given as ordered to the resident.</p> <p>2. On 7/16/24 beginning at 11:15 am and through 1:10 pm, the noon time meal service was observed via inside the kitchen. During plating, V6 (Dietary Manager) was noted plating the trays for residents. At no time were double portions added to any residents trays. V6 was located on one side of the steam table and the dietary aides would set up the rest of the tray and tell the cook what was supposed to be on the plate.</p> <p>On 7/16/24 at 1:10 PM, V6 (Dietary Manager) was asked if any resident with an order for double portions received a meal tray containing double portions for the 7/16/24 noon time meal, V6 said, No, they didn't. V6 said any special needs or supplements are printed on the meal tickets to alert dietary staff. V6 said she was unsure why dietary staff were not communicating with the cooks preparing the resident plates with special needs.</p> <p>On 7/19/24 at 12:56 PM, V12 (Registered Dietitian) said she expected dietary staff to follow orders for special diet amounts and supplements.</p> <p>The facility's Diet Type Report, printed 7/16/24, documented R49, R52, R59, R62, R67, and R74 were to receive double portions at the noon time meal.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43088</p> <p>Based on observation, interview, and record review, the facility failed to label insulin with open dates for 4 of 10 residents (R25, R62, R81, R244) reviewed for medication labeling and storage in a sample of 48.</p> <p>Findings include:</p> <ol style="list-style-type: none"> R25's face sheet documented an admitted [DATE], and diagnoses including: chronic obstructive pulmonary disease, type 2 diabetes mellitus, hypertension, weakness, and difficulty in walking. R25's Order Summary Report documented an 11/26/22 order for insulin lispro inject per sliding scale, and a 3/28/23 order for insulin glargine inject 10 units subcutaneously at bedtime. R62's face sheet documented an admitted [DATE], and diagnoses including: peripheral vascular disease, major depressive disorder, type 2 diabetes mellitus, anxiety disorder, and hypertension. R62's Order Summary Report documented a 5/22/24 order for insulin lispro inject as per sliding scale. R81's face sheet documented an admitted [DATE], and diagnoses including: Chronic respiratory failure with hypoxia, type 2 diabetes mellitus, secondary Parkinson's disease, and hyperlipidemia. R81's Order Summary Report documented a 7/6/24 order for insulin lispro inject 5 units subcutaneously with meals. R244's face sheet documented an admitted [DATE], and diagnoses including: type 2 diabetes mellitus, acute osteomyelitis, neuromuscular dysfunction of bladder, and hyperlipidemia. R244's Order Summary Report documented a 6/28/24 order for insulin lispro inject 14 units subcutaneously with meals and insulin lispro inject as per sliding scale and a 6/28/24 order for insulin glargine inject 48 units subcutaneously one time a day. <p>On 7/19/24 at 9:56 am, a medication cart was observed to contain: R62's insulin lispro open without an opening date, R25's insulin lispro and insulin glargine open without an open date, R244's insulin lispro and insulin glargine open with out an open date, and R81's insulin lispro open without an open date.</p> <p>On 7/19/24 at 10:01 am, V11 (Licensed Practical Nurse) verified R25, R62, R81, and R244's insulins were open, and no open date could be found. V11 said all insulins should be dated when opened. V11 said insulin had to be discarded after 30 days from the open date. V11 said if an insulin was found to be open without an open date it should be disposed of.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/19/24 at 11:00 AM, V2 (Director of Nursing) said he expected staff to label all insulin with an open date. V2 said he was not sure about the facility policy pertaining to insulin labeling and storage.</p> <p>The facility's December 2018 Medication Storage in the Facility policy documented in part . Facility staff will assure that the multi-dose vial is stored following the manufacture's suggested storage conditions .</p> <p>The facility's undated Insulin Reference Chart documented insulin lispro and insulin glargine expire 28 days after opening.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>43088</p> <p>Based on observation, interview, and record review, the facility failed to provide pureed diets per facility recipes for 13 (R3, R7, R19, R26, R30, R31, R40, R51, R54, R65, R84, R89, and R245) of 20 residents reviewed for dietary needs out of a sample of 48.</p> <p>Findings include:</p> <p>On 7/16/24 at 11:31 am, V6 (Dietary Manager) pureed the pasta salad. V6 added the pasta salad into the food processor and added an unmeasured amount of ice water and three tablespoons of thickening agent. V6 then added another unmeasured amount of ice water and blended the pasta salad until smooth.</p> <p>On 7/16/24 at 11:48 am, V6 pureed the cheeseburgers. V6 placed 8 hamburgers, 8 slices of cheese, 2 hamburger buns, an unmeasured amount of water, and an unmeasured amount of brown gravy into the food processor. V6 blended until smooth.</p> <p>During the 7/16/24 noon time meal service, all residents with an order for pureed diets were served the cheese burger puree, pasta salad puree, and green bean puree.</p> <p>On 7/19/24 at 12:56 pm, V12 (Registered Dietitian) said she expected dietary staff to follow the recipes when preparing mechanically altered foods.</p> <p>The facility's Pureed Cheeseburger on Bun recipe documented in part .dissolve beef base in water to make beef broth. Place prepared sandwiches and broth in a washed and sanitized food processor; blend until smooth . If a product needs thinning, gradually add an appropriate amount of liquid (NOT WATER) to achieve a smooth pudding or soft mashed potato consistency .</p> <p>The facility's Pureed Classic Macaroni Salad recipe documented in part . Remove portions needed from the regular prepared recipe and place in a sanitized food processor. Add milk; blend until smooth . If a product needs thinning, gradually add an appropriate amount of liquid (NOT WATER) to achieve a smooth pudding or soft mashed potato consistency .</p> <p>The facility's November 2015 Therapeutic Diets policy documented in part . 6. Routine menus are planned by the Food Services Manager, and approved by a Registered Dietitian for nutrition adequacy .</p> <p>The facility Diet Type Report, printed 7/19/24, documented R3, R7, R19, R26, R30, R31, R40, R51, R54, R65, R84, R89, and R245 received pureed diets.</p>		