STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146006	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Integrity Hc of Anna	315 South Brady Mill Road Anna, IL 62906

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure they maintained linens to fit specialty mattresses for 1 of 3 (R1) residents reviewed for accommodation of needs in the sample of 20.Findings Include: R1's admission Record with a print date of 2/26/26 documents R1 was admitted to the facility on [DATE] with diagnoses that include chronic obstructive pulmonary disease and morbid obesity.R1's Minimum Data Set, dated [DATE] documents a Brief Interview for Mental Status score of 15, indicating she is cognitively intact.R1's current Care Plan does not address R1's linens/mattress in a Focus area or Intervention.On 2/25/26 at 9:40 AM, R1 was sitting in her wheelchair near her bed. Her bed had a flat sheet on the mattress that was partially tucked in under the mattress. There was no fitted sheet on the mattress, and the flat sheet was only partially covering it. R1 stated, They don't have sheets for my bed. R1 stated they have two sets that fit her mattress, and they can't always find one. R1 stated when they put the wrong size sheet on the mattress, the corners don't stay in place and if they put a half sheet on it comes off the mattress.On 2/26/26 at 7:00 AM, R1's mattress had a fitted sheet on it with the upper left-hand corner pulled off the mattress.On 2/26/26 at 8:04 AM, R1 stated the facility staff got her a sheet but she had to beg them for it. R1 stated her bed is a bariatric bed and normal sheets don't fit it.On 2/26/26 at 10:22 AM, V11 (Certified Nursing Assistant/CNA) stated they don't have enough sheets for the bariatric beds. On 2/26/26 at 10:46 AM, V12 (CNA) stated they had supplies including sheets. When asked if they had enough sheets for bariatric size beds, V12 stated, Oh, not really, no. We need some of those. V12 stated R1 always asks her to get the sheets with the orange stitching because those are the ones that fit her bed. V12 stated if they use the green stretchy ones sometimes, they will work but not really.On 2/26/26 at 9:24 AM, V10 (Housekeeping/Laundry Supervisor) stated he found three sheets that fit R1's bed. V10 stated he bought new ones, but they weren't the right size, and he was going to order more after the first of March when he got his budget. V10 stated he wasn't sure how many bariatric beds they had in the facility and would have to count sheets to see if they had enough to fit the beds.On 2/26/26 at 3:52 PM, V1 (Administrator) stated she didn't know why R1 didn't have sheets that fit her bed.The facility was unable to provide this surveyor with a policy related to supplies.

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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Integrity Hc of Anna	315 South Brady Mill Road Anna, IL 62906

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the facility was kept clean for 4 of 5 (R2, R3, R13, and R15) residents reviewed for safe and home like environment in the sample of 20. Findings Include: 1.R2's admission Record with a print date of 2/26/26 documents R2 was admitted to the facility on [DATE] with diagnoses that include heart disease, osteoarthritis, muscle weakness, and fatigue.R2's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) score of 11, indicating a moderate cognitive deficit.R2's current Care Plan does not address R2's activities of daily living (ADL) status in a Focus area or intervention.On 2/25/26 at 9:45 AM, R2 stated the facility staff clean, ok. R2 stated later in the day the room does not get clean. R2 stated someone made a mess on the commode in the shared bathroom last night, he asked an unknown staff member to clean it and was told it wasn't their job.On 2/25/26 at 9:48 AM, R3 who was alert to person, place and time stated he was R2's roommate. R3 stated R2 tried to use the bathroom last night (2/24/26) and wasn't able to because the commode was too dirty. R3 stated they asked for it to be cleaned and was told by an unknown staff member it wasn't her job. R3 stated the housekeeper cleaned it for them the next morning (2/25/26).On 2/25/26 at 11:14 AM, V8 (Housekeeper) stated she was asked by R2 and R3 to clean their bathroom the morning of 2/25/26. V8 stated it was messy but not too bad. V8 stated there was a little bit of feces on the inside of the toilet where you open the lid. When asked if she would have been comfortable using the commode with the feces on it, V8 stated she would not.2. R13's admission Record with a print date of 2/26/26 documents R13 was admitted to the facility on [DATE] with diagnoses that include diabetes, morbid obesity, heart failure, and chronic kidney disease.R13's MDS dated [DATE] documents a BIMS score of 14, indicating she is cognitively intact.R13's current Care Plan documents a Focus area of, ADLs: (R13) has limited physical mobility r/t (related to) weight and need for ADL assistance to be safe. Date Initiated: 11/25/2024. This same Focus area includes the intervention of, Provide supportive care, assistance with mobility as needed. Document assistance as needed. Date Initiated: 11/25/2024.On 2/25/26 at 10:22 AM, R13 refused to answer this surveyor when asked if her room was kept clean by the facility staff. R13's bathroom was observed on this same date and time and noted feces stuck to the toilet riser.On 2/25/26 at 11:59 AM, feces remainwd on R13's commode riser.3. R15's admission Record with a print date of 2/26/26 documents R15 was admitted to the facility on [DATE] with diagnoses that include dementia, peripheral vascular disease, muscle weakness, and fatigue.R15's MDS dated [DATE] documents a BIMS score of 05, indicating a severe cognitive deficit.R15's current Care Plan documents a Focus area of ADLs: (R15) has an ADL Self Care Performance Deficit r/t chronic disease process. Date Initiated: 09/06/2025. This same Focus area includes the intervention of, Encourage the resident to participate to the fullest extent possible with each interaction. Date Initiated: 09/05/2025.On 2/26/26 at 7:08 AM, R15's commode had a red/brown substance that appeared dry around the commode fixtures and splattered down the wall.On 2/26/26 at 10:22 AM, V11 (CNA/Certified Nursing Assistant) stated there are times the resident bathrooms are horrible. V11 stated if you ask housekeeping to clean something specific, they do it, but they don't always take the initiative to clean the bathrooms without being told.On 2/26/26 at 10:46 AM, when asked about the cleanliness of the bathrooms, V12 (CNA) stated, They could do better. V12 stated she tries to clean the bathrooms when she works but you can only do so much. When asked what types of things she has seen, V12 stated, around the toilet bowl, they are just dirty.On 2/26/26 at 9:24 AM, V10 (Housekeeping Supervisor) stated he had not had any complaints/concerns brought to him related to cleaning. V10 stated if he did, he would reeducate staff on how to clean and would fix the problem.The facility Quality Control, Environmental Services policy dated 2021 documents, A quality control program shall be maintained by the housekeeping and laundry (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	departments.1. To assist in maintaining a standard of excellence, our housekeeping and laundry departments have developed a quality control program that: a. Identifies specific deficiencies; b. Measures the level of the quality of services provided by our departments; and c. Continually furnishes information to the Quality Assessment and Assurance Committee that will aid in taking corrective action to assure that compliance with regulations can be maintained.

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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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure the safety of 1 of 3 (R5) residents reviewed for accidents in the sample of 20. This failure resulted in R5 falling out of his wheelchair when the van made a sudden stop, resulting in R5 sustaining fractured ribs and clavicle.This past non-compliance occurred between 2/13/26 and 2/16/26.Findings Include:R5's admission Record with a print date of 2/26/26 documents R5 was admitted to the facility on [DATE] with diagnoses that include history of myocardial infarction, heart failure, hypertension, and atrial fibrillation.R5's Minimum Data Set, dated [DATE] documents R5 has a Brief Interview Mental Status Report score of 13, indicating R5 is cognitively intact.R5's current Care Plan documents a Focus area of, ADLs: (R5) has limited physical mobility r/t (related to) COPD (chronic obstructive pulmonary disease) and being on oxygen. Date Initiated: 01/14/2026. This same Focus area includes the Intervention of, Ambulation: (R5) requires a wheelchair to ambulate the facility. Date Initiated: 01/14/2026.R5's Fall report dated 2/13/26 documents, Received a call from transport driver stating that while on transport a deer ran in front of the van. The brakes were applied abruptly, and resident came out of wheelchair striking his head on the floor. Resident taken to (initials of local hospital) for evaluation. Upon return from hospital no injuries were noted.RCA (root cause analysis) malfunction of seatbelt per staff. Immediate Intervention: Resident taken to (initials of hospital) for eval (evaluation).van taken out of service, re-education of staff with return demonstration.Notes: R (right) clavicle fx (fracture), rib fx, initially cleared at (name of hospital) ER (emergency room), after return to building had increased pain, which was addressed, new xray indicated fxs on 2/16/26.R5's Progress Notes document the following,2/13/26 2:45 PM, Received call from staff stating that a deer ran in front of the facility van, brakes were applied and (R5) was noted in the floor of the van. I instructed the staff member to take resident to (name of hospital) for evaluation.2/13/26 6:15 PM, (R5) back in facility with a diagnosis of shoulder strain. No new orders received.2/15/26 2:50 PM, (R5) returned a call to (name of nurse) and ordered lidocaine patch and ice to the effected area. Lidocaine patch and ice applied.2/16/26 11:00, Resident continues on monitoring checks post fall on 2/13. WNL. (within normal limits). Current vital signs are WNL.Resident complaining of pain to right ribcage. (name of physician) ordered lidocaine patch yesterday per orders. This nurse reached out about obtaining x-ray, awaiting response.2/16/26 11:24 AM, (name of physician) agrees with order of 2 view x-ray to right ribcage.2/16/25 3:16 PM, Received results from Biotech via fax. Results show: acute non-displaced right lateral 10th rib fracture and acute distal clavicle fracture. DON (Director of Nurses and administrator aware.2/16/26 4:32 PM, .orders to send resident to ER (emergency room). 911 contacted.2/16/26 6:43 PM, Resident arrived back to facility with order for hydrocodone 5-325 mg (milligrams) Q (every) 6h (hours) PRN (as needed) for pain and to follow up with orthopedics. Sling in place to right arm.R5's hospital records dated 2/16/26 documents a discharge summary that indicates R5 was discharged with diagnoses of fractures, including a fractured clavicle.On 2/26/26 at 9:16 AM, R5 stated he was in the van going to an appointment and the driver made a quick stop. R5 stated he hit the dashboard, and the wheelchair landed on top of him. R5 stated he went to the emergency room, and they did x-rays and sent him home. R5 stated he didn't remember if he was buckled in or if the wheelchair was buckled but it must not have been for the wheelchair to have ended up on top of him.On 2/26/26 at 10:22 AM, V11 (CNA/Certified Nursing Assistant) stated she was driving the van on 2/13/26 when R5 fell. V11 stated there are four clamps that lock the wheelchair in place and then the seatbelt on the resident. V11 stated when the van stopped, R5 was sitting on the floor and as she was assisting him up the wheelchair fell over because R5 was too heavy for her to lift by herself. V11 stated she did eventually get him into his chair. V11 stated she had buckled R5 and the chair in prior to starting the trip.On 2/26/26 at 10:46 AM, V12 (CNA) stated she knew R5 wasn't buckled in properly on the day the (continued on next page)

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Integrity Hc of Anna	315 South Brady Mill Road Anna, IL 62906

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F 0689 Level of Harm - Actual harm Residents Affected - Few	incident occurred (2/13/26). V12 stated R5 went flying and ended up with a broken clavicle. When asked how she knew R5 wasn't buckled in, V12 stated, R5 told her he wasn't buckled in. V12 stated she didn't know when R5 told her that.On 2/25/26 at 9:20 AM, V1 (Administrator) stated on the day the incident occurred, the driver stopped suddenly to keep from hitting a deer. V1 stated R5 was in the wheelchair with a seat belt on but it came unlatched and R5 fell. V1 stated they took R5 to the emergency room and they said he had a shoulder strain. V1 stated R5 continued to complain of pain so they notified the physician and got a pain patch ordered. V1 stated R5 continued to complain of pain so they got new x-rays and found a fractured clavicle and ribs. V1 stated after the incident they took the van out of commission until it could be checked by mechanics. V1 stated the seat belt appeared to be functioning properly. V1 stated the driver no longer works at the facility. On 2/26/26 at 1:48 PM, V1 stated V12 does work for the facility but was suspended pending the outcome of the investigation.The Self-Identified Quality Assurance Plan of Correction dated 2/13/26 documents, .Problem Identified: Resident had a fall in facility transportation van. 1. Corrective Action(s).(R5) will be taken to ER (emergency room) for evaluation. 2. All residents transported by facility van have the potential to be affected by the alleged deficient practice. Facility immediately re-educated staff on proper securing of residents in seatbelt of transportation van. All van drivers' re-education initiated with return demonstration on proper seatbelt application in the van. Facility immediately initiated an incident investigation. Van removed from service for seatbelt safety check to be completed. Facility completed incident investigation and placed safety intervention with updated care plan. ADMIN (administrator/V1), DON (Director of Nurses/V2 and/or designees will do random observations of at least one staff member securing a wheelchair in transportation van a minimum of 5 times per week for 4 weeks. ADMIN, DON and/or designee will do random education checks to ensure staff is knowledgeable of proper wheelchair securement in transportation van minimum of 5 times per week for 4 weeks. Results of the observations will be discussed in the Quarterly QA (quality assurance) Meeting times 2 with education needs discussed as needed by the Facility Administrator/DON and/or designee. According the Survey Plan of Correction Tool training was completed on 2/16/26.The facility undated Drive Safe Program documents under 2. Transporting Residents and Employees, .Driver of vehicle is responsible to make sure all passengers are securely seated and use their seat belts. No employee is authorized to ride or work from the bed or rear of a vehicle while it is in motion .

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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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure supplements were served as ordered by the physician for 1 of 3 (R4) residents reviewed for nutritional supplements in the sample of 20. Findings Include:R4's admission Record with a print date of 2/26/26 documents R4 was admitted to the facility on [DATE] with diagnoses that include Parkinson's Disease, spondylolysis, repeated falls, chronic obstructive pulmonary disease, heart disease, adult failure to thrive, anxiety, and cognitive communication deficit.R4's Minimum Data Set, dated [DATE] documents a Brief Interview for Mental Status score of 09, indicating R4 has a moderate cognitive deficit.R4's Order Summary Report dated 2/26/26 includes the following physician order with a start date of 11/21/25, NCS (No Concentrated Sweets) diet Mechanical soft texture, Thins Liquids consistency, SC (super cereal) at breakfast, Health Shakes TID (three times daily) with meals. Fortified foods TID for diet.R4's current Care Plan Report documents a Focus area of Nutrition: (R4) has potential nutritional problem r/t (related to) He is on a NCS, mechanical soft texture, thin liquids diet. He receives super cereal at breakfast, fortified foods TID, health shakes TID. Diet restrictions: Date Initiated: 06/14/2024. This same Focus area includes the following interventions, .NCS (No Concentrated Sweets) diet, Regular texture, Thin Liquids consistency SC (super cereal) at breakfast, Health Shakes TID with Meals for diet. Date Initiated: 10/17/2024.Provide and serve supplements as ordered. Date Initiated: 05/14/2024.Provide, serve diet as ordered.R4's Weights and Vitals Summary documents the following weights, 9/4/25 184.5 pounds (lbs), 10/10/25 188.5 lbs, 11/11/25 186 lbs, 12/11/25 186.2 lbs, 1/14/26 182.5 lbs, and 2/12/26 188.5 lbs. This indicates no significant weight loss in 6 months. On 2/26/26 at 7:56 AM, R4 was in his room with his breakfast tray sitting on the bedside table. R4 was served fruit loops, orange juice, milk, mighty shake, coffee, cookies, pears, and a bowl of milk. No other food was seen on R4's meal tray.R4's meal card documents under Breakfast Supplements . Fortified Super Cereal- 1 serving.On 2/26/26 at 3:06 PM, when asked what the super cereal was V4 (Dietary Manager) stated, oatmeal. This surveyor reviewed with V4, R4 was not served oatmeal with breakfast. V4 stated R4 should have been served oatmeal as a super cereal with his breakfast.The facility Therapeutic Diets Policy dated 2022 documents, Therapeutic diets shall be prescribed by the Attending Physician. The facility will strive for the fewest possibly dietary restrictions. 1. Mechanically altered diets, as well as diets modified for medical or nutritional needs, will be considered therapeutic diets. Examples of therapeutic diets include a. Diabetic/calorie-controlled diet; b. Low sodium diet; and c. altered consistency diet.6. Routine menus are planned by the Food Services Manager and approved by a Registered Dietitian for nutritional adequacy. The Food Services Manager will establish and use a tray identification system to ensure that each resident receives his or her diet as ordered.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure diets were served in the consistency ordered by the physician for 1 of 3 (R4) residents reviewed for nutrition in the sample of 20.Findings Include: R4's admission Record with a print date of 2/26/26 documents R4 was admitted to the facility on [DATE] with diagnoses that include Parkinson's Disease, spondylolysis, repeated falls, chronic obstructive pulmonary disease, heart disease, adult failure to thrive, anxiety, and cognitive communication deficit.R4's Minimum Data Set, dated [DATE] documents a Brief Interview for Mental Status score of 09, indicating R4 has a moderate cognitive deficit.R4's Order Summary Report dated 2/26/26 includes the following physician order with a start date of 11/21/25, NCS (No Concentrated Sweets) diet Mechanical soft texture, Thins Liquids consistency, SC (super cereal) at breakfast, Health Shakes TID (three times daily) with meals. Fortified foods TID for diet.R4's current Care Plan Report documents a Focus area of Nutrition: (R4) has potential nutritional problem r/t (related to) He is on a NCS, mechanical soft texture, thin liquids diet. He receives super cereal at breakfast, fortified foods TID, health shakes TID. Diet restrictions: Date Initiated: 06/14/2024. This same Focus area includes the following interventions, .NCS (No Concentrated Sweets) diet, Regular texture, Thin Liquids consistency SC (super cereal) at breakfast, Health Shakes TID with Meals for diet. Date Initiated: 10/17/2024.Provide and serve supplements as ordered. Date Initiated: 05/14/2024.Provide, serve diet as ordered.On 2/26/26 at 7:56 AM, R4 was in his room with his breakfast tray sitting on the bedside table. R4 was served fruit loops, orange juice, milk, mighty shake, coffee, cookies, pears, and a bowl of milk. R4 stated facility staff told him to dunk his cookie in the bowl of milk. R4 picked up a cookie and dunked it in the milk and attempted to take a bite of the cookie. R4 stated, I only got one set of teeth, they aren't soft enough to eat with one set of teeth.R4's meal card documents under Texture: Dental Soft (Mech/mechanical Soft).On 2/26/26 at 9:37 AM, V3 (Dietitian) stated the peanut butter cookies for any resident on a mechanical soft diet should have been softened prior to being served.On 2/26/26 at 3:06 PM, V4 (Dietary Manager) stated the peanut butter cookies were supposed to be softened in milk prior to serving but a cognitive resident could do it themselves.The facility Therapeutic Diets Policy dated 2022 documents, Therapeutic diets shall be prescribed by the Attending Physician. The facility will strive for the fewest possibly dietary restrictions. 1. Mechanically altered diets, as well as diets modified for medical or nutritional needs, will be considered therapeutic diets. Examples of therapeutic diets include a. Diabetic/calorie-controlled diet; b. Low sodium diet; and c. altered consistency diet.6. Routine menus are planned by the Food Services Manager and approved by a Registered Dietitian for nutritional adequacy. The Food Services Manager will establish and use a tray identification system to ensure that each resident receives his or her diet as ordered.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure resident preferences were honored for 5 of 5 (R3, R4, R12, R13, and R18) residents reviewed for preferences in the sample of 20.Findings Include: 1.R4's admission Record with a print date of 2/26/26 documents R4 was admitted to the facility on [DATE] with diagnoses that include Parkinson's Disease, spondylolysis, repeated falls, chronic obstructive pulmonary disease, heart disease, adult failure to thrive, anxiety, and cognitive communication deficit.R4's Minimum Data Set, dated [DATE] documents a Brief Interview for Mental Status score of 09, indicating R4 has a moderate cognitive deficit.R4's Order Summary Report dated 2/26/26 includes the following physician order with a start date of 11/21/25, NCS (No Concentrated Sweets) diet Mechanical soft texture, Thins Liquids consistency, SC (super cereal) at breakfast, Health Shakes TID (three times daily) with meals. Fortified foods TID for diet.R4's current Care Plan Report documents a Focus area of Nutrition: (R4) has potential nutritional problem r/t (related to) He is on a NCS, mechanical soft texture, thin liquids diet. He receives super cereal at breakfast, fortified foods TID, health shakes TID. Diet restrictions: Date Initiated: 06/14/2024. This same Focus area includes the following interventions, .NCS (No Concentrated Sweets) diet, Regular texture, Thin Liquids consistency SC (super cereal) at breakfast, Health Shakes TID with Meals for diet. Date Initiated: 10/17/2024.Provide and serve supplements as ordered. Date Initiated: 05/14/2024.Provide, serve diet as ordered.On 2/26/26 at 7:56 AM, R4 was in his room with his breakfast tray sitting on the bedside table. R4 was served fruit loops, orange juice, milk, mighty shake, coffee, cookies, pears, and a bowl of milk.R4's meal card documents under Notes, Likes Cheerios.On 2/26/26 at 3:06 PM, V4 (Dietary Manager) stated residents who had a diagnosis of diabetes would be served a non-sugar cereal such as cheerios or rice krispies. When asked why R4 received fruit loops, V4 stated that was R4's preference. This surveyor reviewed R4's meal card documenting R4 liked cheerios and V4 stated R4 should have been served his preference cereal of cheerios.2. R3's admission Record with a print date of 2/26/26 documents R3 was admitted to the facility on [DATE] with diagnoses that include diabetes.R3's MDS dated [DATE] does not document a BIMS score.R3's current Care Plan does not document a nutrition Focus area.On 2/25/26 at 9:48 AM, R3 stated he had been served peanut butter and jelly sandwiches for the past few days because the kitchen had been down and he was getting tired of them.On 2/25/26 at 12:01 PM, the kitchen was noted to be empty of appliances, cabinets, flooring, and sinks. There were contractors working in the kitchen. There were tables set up in the dining room with kitchen staff serving lunch off them. On 2/26/26 at 9:51 AM, V4 (Dietary Manager) stated they started the remodel on 2/23/26 and it was expected to be completed within 9 business days. V4 stated they were using the emergency menu with shelf stable foods.The facility emergency menu documents the following breakfast menu, Day 1- juice, dry cereal, canned fruit, peanut butter cookies, pudding, reconstituted canned or dry milk, Day 2- juice dry cereal, canned fruit, peanut butter and jelly sandwich, reconstituted dry or canned milk, Day 3- juice, dry cereal, canned fruit, peanut butter cookies, pudding, reconstituted dry or canned milk, Day 4- juice, dry cereal, canned fruit, peanut butter and jelly sandwich, reconstituted canned or dry milk, Day 5- juice, dry cereal, canned fruit, peanut butter cookies, pudding, reconstituted dry or canned milk, Day 6- juice, dry cereal, peanut butter and jelly sandwich, reconstituted dry or canned milk, Day 7- juice, dry cereal, canned fruit, peanut butter cookies, pudding, reconstituted dry or canned milk.3. The facility Resident Council Memorandum dated 2/12/26 documents 13 residents were present. Under Issue the Memorandum documents, Renovation to the kitchen on the 23rd and last 7 to 9 days and changing of the menu, signed by V13 (Social Services Director). Under Response the Memorandum documents, no to corned beef. Under Follow up in Resident Council the Memorandum documents, Resident agreed to the change due to renovation agreed to menu changes and change in routine, (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146006	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Integrity Hc of Anna	315 South Brady Mill Road Anna, IL 62906

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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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	signed by V1 (Administrator).The facility Emergency Menu documents corned beef was to be served on day 2 and day 5.On 2/26/26 the facility kitchen staff served corned beef hash, green beans, cookies, and beverages to the residents.On 2/26/26 at 12:29 PM, R18 was served the noon meal of corned beef hash, green beans, and cookies and stated, Take it away. R18 was offered a corn dog or sandwich by facility staff.On 2/26/26 at 12:40 PM, R12 who was alert to person, place and time, stated lunch was awful and stated she ate a ham sandwich instead of the corned beef hash she was served.On 2/26/26 at 12:43 PM, R13 was in her room making a deli sandwich from her personal food supply. R13 who was alert to person, place and time, stated lunch is awful, terrible.On 2/26/26 at 1:19 PM, V13 (Social Services Director) stated she did the Resident Council Meeting to discuss the kitchen renovations and menu change. V13 stated there were four residents in the meeting who stated they didn't want corned beef, and they discussed substitutions they could get on the day it was served.On 2/26/26 at 3:06 PM, V4 (Dietary Manager) stated he was aware a few of the residents had said they didn't want corned beef hash in the Resident Council Meeting, but they had a plan in place for the residents who didn't want it. V4 stated they didn't ask all the residents if they wanted corned beef hash.The facility Resident Food Preferences dated 2020 documents, Individual food preferences will be assessed upon admission and communicated to the interdisciplinary team. Modifications to diet will only be ordered with the resident's or representative's consent.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146006	A. Building B. Wing	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the food was served at a safe temperature. This has the potential to affect all 63 residents currently residing at the facility.Findings Include: The facility Daily Census dated 2/24/26 documents 63 residents currently reside at the facility.R13's admission Record with a print date of 2/26/26 documents R13 was admitted to the facility on with diagnoses that include diabetes, morbid obesity, heart failure, and chronic kidney disease.R13's MDS dated [DATE] documents a BIMS score of 14, indicating she is cognitively intact.R13's current Care Plan documents a Focus area of, Nutritional: She is on a NAS (no added salt), regular texture, thin liquids, two liter fluid restriction. She also is given protein supplement BID (twice daily). Date Initiated: 08/12/2025. This Focus area includes the intervention of, Prepare/serve the resident's nutritional diet as ordered. Date Initiated: 08/12/2025.On 2/26/26 at 12:43 PM, R13 stated the food (corned beef hash) was served cold today.On 2/26/26 at 12:46 PM, this surveyor entered the dining room where the dietary staff was serving the noon meal out of roasting pans due to the kitchen being remodeled. This surveyor asked them to check the temperature of the food and V14 (Cook) checked the temperature of the food in the roasting pans with the facility thermometer she stated was calibrated and accurate. The thermometer read 110.0 degrees Fahrenheit when placed in the corned beef hash and 130 degrees Fahrenheit when placed in the green beans. V4 (Dietary Manager) stated the corned beef hash temperature should be 155-165 degrees Fahrenheit and the green beans should be 145 degrees Fahrenheit and they would plug the roasting ovens back in to heat them up.On 2/26/26 at 1:26 PM, V14 (Cook) rechecked the temperature of the corned beef hash and green beans located in the roasting pans using the facility calibrated thermometer. The temperature of the green beans was 168.0 Fahrenheit, and the temperature of the corned beef hash was 129.0 Fahrenheit. V4 (Dietary Manager) stated they were not going to serve the corned beef hash and would serve cold cut sandwiches as a substitute. The facility was not able to provide this surveyor with a policy related to food temperatures. According to the 2022 FDA (Food and Drug Administration) Food Code, Section 3-501.16(A)(1) hot holding temperatures for time/temperature control for safety (TCS) food must be maintained at 135 degrees Fahrenheit or greater. (https://www.fda.gov/food/fda-food-code/food-code-2022.)