

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Integrity Hc of Herrin		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 North Park Avenue Herrin, IL 62948	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49663</p> <p>Based on interview and record review the facility failed to maintain an effective bed bug control program to ensure the facility was free of bed bugs. This has the potential to affect all 36 residents residing in the facility.</p> <p>The findings included:</p> <p>The facility Midnight Census Report dated 4/30/2025 documented 36 residents living in the facility.</p> <p>On 4/30/2025 at 9:00 AM, R2 stated, she had been the first person to find a bed bug in her room around 3/19/2025. R2 stated, that she seen the bug on the floor by her bed and she smashed it with her foot. R2 stated, she did notify a staff member but is unable to remember whom, but they did take the bug for evidence. R2's Minimum Data Set (MDS) dated [DATE] documented a brief interview for mental status (BIMS) of 15 which indicated she is cognitively intact.</p> <p>On 4/30/2025 at 8:10 AM, V3 (Housekeeping/Laundry Supervisor) stated, there had been a bug found in R2's room located on the B-Hall on 3/19/2025. V3 stated, the pest control company came in and treated. V3 stated V13 (Pest Control Technician) did advise them to not use any wet liquids to clean beds, mattress, beside tables, etc. for 2-3 months because it can remove the treatment. V3 stated, her staff had been made aware and are using dry towels to clean. V3 stated, she is not aware of any facility policy for bed bugs and had not been educated by the facility on bed bugs.</p> <p>On 4/30/2025 at 8:47 AM, V4 (Certified Nurse Assistant/CNA Supervisor) stated, she had not been educated on bed bugs by the facility. V4 stated, the first bed bug inspection documentation started on 4/29/2025 which had been completed by her and V10 (Maintenance/Transportation).</p> <p>On 4/30/2025 at 8:52 AM, V5 (CNA) stated, she is aware that there had been a bed bug reported in the facility but does not know who found it first. V5 stated, she is not aware if the facility completed an inspection or monitoring of the other rooms for bed bugs when R2 and R3's rooms were treated on 3/19/2025. V5 stated, she had not received any education on bed bugs by the facility.</p> <p>On 4/30/3025 at 9:03 AM, V6 (CNA) stated, she is aware that there had been reports of bed bugs in the facility. V6 stated, she had not been educated by the facility on bed bugs and is not aware of any monitoring of rooms for bed bugs after 3/19/2025.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Integrity Hc of Herrin		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 North Park Avenue Herrin, IL 62948	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 4/30/2025 at 9:10 AM, V7 (Licensed Practical Nurse/LPN) stated, she is not aware of any monitoring for bed bugs in the facility after the first report of a bug on 3/19/2025 in R2's room. V7 stated, she had not received any education from the facility on bed bugs. V7 stated, she had observed a bug in a medicine cup on 4/25/2025 that was found by V8 (LPN) in the laundry room.</p> <p>On 4/30/2025 at 9:22 AM, V1(Administrator) stated, there had been a previous employee that turned in a report to her about a bed bug being found and sent her a picture around 3/18/2025. V1 stated, there had been a confirmation with the local pest company of the bed bug. V1 stated she and V3 had been notified, by V13 (Pest Control Technician) not to use any wet liquids to clean beds, mattress, beside tables, etc. for 2-3 months because it can remove the treatment. V1 stated, there had been 2 more reports (4/21/2025 and 4/25/2025) of bugs seen in the facility. V1 stated, she did start a monthly inspection log for bed bugs for all rooms and offices to be monitored that included walls, ceilings, frames/bed boards, mattress, nightstand, base boards, chairs/wheelchairs and initialed by V4 (CNA Supervisor) and V10 (Maintenance) that took effect on 4/29/2025. V1 stated, no education had been given to employees on bed bugs.</p> <p>On 4/30/2025 at 10:03 AM, V9 (Housekeeping) stated, she had been notified by V3 that a bug had been found in a room. V9 stated, she had not been working at the time of the first reported bug in March 2025. V9 stated, around 4/21/2025 it had been reported that a bug had been seen in R4's room but not sure who reported it. V9 stated, they were instructed by the pest control company not to use any wipes or liquid cleaning on the mattresses, bed rails, headboards, etc. of rooms that had been treated until the pest company gives the go ahead for them to return to normal cleaning routine. V9 stated, she had been wiping down 2 of the rooms that had been treated (A-7 & A-9) on 4/25/2025 with bleach because she did not know that they had been treated. V9 stated, she thought the only rooms not cleaned with liquid or wipes were A6 & A8.</p> <p>On 5/1/2025 at 9:46 AM, V8 (LPN) stated, she had been working on 3/19/2025 when R2 came to her and notified her that there had been a bug in her room that she smashed with her foot. V8 stated, she did collect the specimen and give it to the previous maintenance employee who did notify V1 (Administrator) and gave the specimen to the local pest control company for confirmation. V8 stated, she had also been working on 4/25/2025 when another bug had been found in the laundry room. V8 stated, she did collect the bug in a specimen cup and notified V1.</p> <p>On 5/1/2025 at 10:49 AM, V13 (Pest Control Technician) stated, he had been the technician to come out and treat the facility on 4/25/2025 and 4/28/2025. V13 stated, he did not confirm a bug on the 4/25/2025 visit. V13 stated, he treated all six rooms (A6-A9 initial, B15-B16 and follow up). V13 stated, he did return on 4/28/2025 were he confirmed 2 bed bugs with V2 (Business Office Manager). V13 stated, V2 showed him a bug in a medicine cup that he confirmed and then also one she had removed off a shoulder and placed in tape that he confirmed as well. V13 stated, he did advise V3 and V1 not to clean any of the beds, bed rails, etc. with any liquid cleaning supplies or wipes because it will remove the chemical treatment. V13 stated, he did tell V3 and V1 that they could vacuum mattress if needed.</p> <p>A statement of the summary of services from the contracted pest control company dated 3/19/2025 documents services of .Targeted Pest: Bed Bug. Device of Application: Resident Room. Equipment Used: Compressed Sprayer. Recommendations: Other Areas: Pipes extending through wall allowing pest access. Please fill in gaps between pipes and wall to prevent pest entry. Severity: Medium. Status: New. Date 11-4-2024. Site: Patient Room. Pest: Bed Bug. Infestation: 1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Integrity Hc of Herrin		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 North Park Avenue Herrin, IL 62948	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A statement of the summary of services from the contracted pest control company dated 4/25/2025 documents services of .Targeted Pest: Bed Bug. Device of Application: Resident Room. Equipment Used: Compressed Sprayer.</p> <p>A statement of services from the contracted pest control company dated 4/28/2025 documented services of: Target Pest Bed Bugs. Areas: Laundry Room.</p> <p>There was no documentation provided by the facility for education given to staff, monitoring/inspections of rooms, or recommended areas being inspected after confirmation of bed bugs on 3/19/2025.</p> <p>The facility Bed Bugs, Preventing and Managing Infestations of policy revised August 2015 documented in part, Purpose, staff will employ infection control strategies to prevent and manage infestations of bed bugs (cimex lectularius). Preparation, Staff should be trained to recognize bed bugs and bed bug infestation and know what their specific roles will be should an infestation occur. Monitoring and Investigation, 1. Thoroughly screen newly admitted residents, as well as those who returning from a stay away from the facility .3. Regularly inspect mattresses, box springs, bed frames, and headboards following current published guidelines for inspection and identification. Documented under Evaluation and Continued Monitoring, 1. After treatment methods have been applied it is important to follow up by monitoring for subsequent infestations. Even if eradication of adult bed bugs was successful, eggs may have survived and hatched . 5. Monitor for bed bugs on a regular basis. 6. Seal cracks and crevices to remove hiding places.</p>		