

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 06/25/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure call lights were answered timely for 6 of 8 (R1, R4-R8) residents reviewed for call lights in the sample of 18.</p> <p>Findings Include:</p> <p>1.R1's facility admission Record with a print date of 6/24/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include diabetes, malaise, obesity, major depressive disorder, post-traumatic stress disorder, asthma, chronic pain syndrome, rheumatoid arthritis, and reduced mobility.</p> <p>R1's MDS (Minimum Data Set) dated 4/4/25 documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R1 is cognitively intact. This same MDS documents R1 is dependent on staff for toileting hygiene and requires substantial/maximal assistance for bathing.</p> <p>R1's current Care Plan documents a Focus area of (R1) has bowel incontinence. Date Initiated: 4/12/2025. This Focus area includes the Intervention of, .Provide peri care after each incontinent episode. Date Initiated: 04/12/2025. R1's Care Plan also documents the Focus Area of (R1) has an ADL (activities of daily living) Self Care Performance Deficit r/t (related to) impaired mobility. Date Initiated: 04/12/2025 . This Focus area includes the intervention of .Encourage (R1) to use bell to call for assistance. Date Initiated: 04/12/2025 .</p> <p>On 6/24/25 at 8:09 AM, R1 stated they don't have enough staff working to do every two-hour bed checks/incontinence care. R1 stated sometimes they only have two CNAs in the facility and when they do it takes longer for them to answer the call light. R1 stated it takes up to an hour at times. R1 stated she only had three showers in the month of June due to them not having enough staff to assist her with them.</p> <p>2. R4's admission Record with a print date of 6/24/25 documents R4 was admitted on [DATE] with diagnoses that include heart disease, diabetes, hypertension, necrosis of left femur, acquired absence of left leg below the knee.</p> <p>R4's current Care Plan documents a Focus area of (R4) is incontinent of bowel and bladder. He requires staff assistance for transfers to the facilities and hygiene care after use of facilities or incontinence episodes. Date Initiated: 04/28/2025 This Focus area includes interventions of . Check (R4) as needed for incontinence Date Initiated: 04/28/2025 .</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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R4's MDS dated [DATE] documents a R4 has a BIMS score of 12, which indicates R4 has a moderate cognitive deficit.</p> <p>On 6/24/25 at 10:55 AM, R4 stated they don't have enough staff to provide timely care. R4 stated he has to wait a long time for assistance to go to the bathroom and has incontinent episodes while waiting.</p> <p>3. R5's admission Record with a print date of 6/24/25 documents R5 was admitted to the facility on [DATE] with diagnoses that include hemiplegia, hemiparesis, cerebral infarct, unspecified acquired deformity of left lower leg.</p> <p>R5's MDS dated [DATE] documents a BIMS score of 08, indicating R5 has a moderate cognitive impairment. This same MDS documents R5 is dependent on staff for toileting and bathing.</p> <p>R5's current Care Plan documents a Focus area of (R5) has an ADL Self Care Performance Deficit r/t (R5) is dependent upon staff for ADL's. (R5) has Hemiplegia/hemiparesis on one side d/t (due to) recent stroke. Date Initiated: 09/20/2022 This Focus area includes intervention of, Toilet Use: (R5) is not toileted. Date Initiated: 09/20/2022</p> <p>On 6/24/25 at 10:58 AM, R5 had difficulty answering questions but did indicate with yes/no answers the facility doesn't always have enough staff to answer his call light timely.</p> <p>4. R6's admission Record with a print date of 6/24/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include epilepsy, depression, muscle weakness, abnormalities of gait and mobility, and repeated falls.</p> <p>R6's MDS dated [DATE] documents a BIMS score of 09, indicating R6 has a moderate cognitive deficit. This same MDS documents R6 requires substantial/maximal assist for toilet transfers.</p> <p>R6's current Care Plan documents a Focus area of (R6) has bladder incontinence. Date Initiated: 03/16/2025 . This Focus area includes the following intervention, Establish voiding patterns. Date Initiated: 03/16/2025 . This same Care Plan includes the Focus area of, (R6) has bowel incontinence. Date Initiated: 03/16/2025 . This Focus area includes the intervention, Provide peri care after each incontinent episode. Date Initiated: 03/16/2025 .</p> <p>On 6/24/25 at 4:40 AM, R6 stated they don't have enough staff to help on the weekends. R6 stated it takes too long to answer the call lights. R6 stated she wasn't sure how long it took but it was long enough she had an incontinent episode.</p> <p>5. R7's facility admission Record with a print date of 6/24/25 documents R7 was admitted to the facility on [DATE] with diagnoses that include morbid obesity and history of falling.</p> <p>R7's MDS dated [DATE] documents a BIMS score of 08, indicating R7 has a moderate cognitive deficit. This same assessment documents R7 requires substantial/maximal assistance for bathing and toilet hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R7's current Care Plan documents a Focus area of (R7) is incont (incontinent) of urine at times. Date Initiated: 04/03/2025 . This Focus area includes the intervention of, Check (R7) as required for incontinence .</p> <p>On 6/24/25 at 10:44 AM, R7 stated they don't always have enough staff to meet her needs timely. R7 stated it takes longer to answer the call light when they don't have enough staff working. R7 stated she wasn't sure how long it took but it probably feels longer than it actually is.</p> <p>6. R8's facility admission Record with a print date of 6/24/25 documents R8 was admitted to the facility on [DATE] with diagnoses that include fracture of humerus, osteoarthritis, and malaise.</p> <p>R8's entry MDS dated [DATE] does not document a BIMS score or ADL assessment.</p> <p>R8's current Care Plan provided to this surveyor does not document a Focus area for bathing or toileting.</p> <p>On 6/24/25 at 11:11 AM, R8 stated she got a shower today because she had an incontinent episode. R8 stated they don't always have enough staff, but they work very hard. R8 stated she has had incontinent episodes because she has had to wait for assistance.</p> <p>On 6/24/25 at 5:06 AM, V10 (CNA/Certified Nursing Assistant) stated they have approximately forty resident and they have one nurse and three CNA's working. V10 stated sometimes that is enough and sometimes it isn't. V10 stated they don't always have three CNA's. V10 stated when they had less staff, they weren't able to answer call lights timely, provide timely incontinence care, and/or give showers as scheduled.</p> <p>On 6/24/25 at 5:29 AM, V9 (CNA) stated she has worked night shift at the facility for about a month. V9 stated a week or so ago she was the only CNA in the facility for about three hours. V9 stated she got everyone she could to bed and waited for another CNA to come in and assist with the ones she couldn't. V9 stated one nurse and one CNA cannot meet the needs of the residents. V9 stated they have residents who require two people to transfer, bed alarms, and incontinence care.</p> <p>On 6/24/25 at 5:45 AM, V8 (CNA) stated this is his third shift working at the facility. V8 stated on the first day of his training the CNA training him was also training another new CNA and they were the only three CNA's working on that shift. V8 stated then his next night working he was the only CNA working from 2 AM to 3:30 AM. V8 stated he has been a CNA since 2010 but he didn't know the residents and/or the facility systems and was not comfortable working by himself. V8 stated he wasn't able to answer all of the call lights timely.</p> <p>On 6/24/25 at 6:08 AM, V6 (CNA) stated on 6/19/25 and 6/21/25 there were only two CNA's working from 6 AM to 3 PM. V6 stated they were not able to meet the needs of the residents timely. V6 stated they can't get showers done and/or call lights answered timely.</p> <p>On 6/24/25 at 6:17 AM, V5 (LPN/Licensed Practical Nurse) stated they don't have enough staff to meet the needs of the residents timely. V5 stated when they only have two CNA's it is hard to get all of the scheduled showers done and provide timely incontinence care. V5 stated most of the time they have three CNAs on the schedule, but people call in or quit.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/24/25 at 1:37 PM, V1 (Administrator) stated in a perfect world she would expect them to get all of the showers done as scheduled. When asked if two CNAs were enough to meet the needs of the residents timely, V1 stated ideally, she would want two and a half CNAs on each shift. V1 stated they also have two nurses on day shift who should help out on the floor.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide timely assistance with activities of daily living (ADL's) for 8 of 8 (R1-R8) reviewed for ADLs in the sample of 18.</p> <p>Findings Include:</p> <p>1.R1's facility admission Record with a print date of 6/24/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include diabetes, malaise, obesity, major depressive disorder, post-traumatic stress disorder, asthma, chronic pain syndrome, rheumatoid arthritis, and reduced mobility.</p> <p>R1's current Care Plan documents a Focus area of (R1) has bowel incontinence. Date Initiated: 4/12/2025. This Focus area includes the Intervention of, .Provide pericare after each incontinent episode. Date Initiated: 04/12/2025. R1's Care Plan also includes the Focus Area of (R1) has an ADL Self Care Performance Deficit r/t (related to) impaired mobility. Date Initiated: 04/12/2025 . This Focus area includes the intervention of . Encourage (R1) to use bell to call for assistance. Date Initiated: 04/12/2025 . This Focus area does not include an intervention specific to bathing or toileting.</p> <p>R1's MDS (Minimum Data Set) dated 4/4/25 documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R1 is cognitively intact. This same MDS documents R1 is dependent on staff for toileting hygiene and requires substantial/maximal assistance for bathing.</p> <p>The facility undated Shower List (Day Shift) documents R1 should receive assistance with bathing every Tuesday and Friday.</p> <p>R1's Skin Monitoring: Comprehensive CNA Shower Review sheets document R1 received assistance with bathing on 6/3, 6/10, and 6/17/25. This indicates R1 went 6 days between showers and was not assisted with her scheduled showers on 6/6, 6/13, and 6/20/25.</p> <p>On 6/24/25 at 8:09 AM, R1 stated they don't have enough staff working to do every two-hour bed checks/incontinence care. R1 stated sometimes they only have two CNAs in the facility and when they do it takes longer for them to answer the call light. R1 stated it takes up to an hour at times. R1 stated she only had three showers in the month of June due to them not having enough staff to assist her with them.</p> <p>2.R2's admission Record with a print date of 6/24/25 documents R2 was admitted to the facility on [DATE] with diagnoses that include cerebral infarct, hemiplegia, hemiparesis, heart failure, major depressive disorder, convulsions, hypertension, difficulty in walking, weakness, and need for assistance with personal care.</p> <p>R2's MDS dated [DATE] documents R2 has a BIMS score of 15, which indicates R2 is cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's current Care Plan documents a Focus area of ADL: (R2) requires assist with daily care needs r/t impaired mobility with hemiplegia/hemiparesis to RUE/RLE (right upper extremity/right lower extremity) Date Initiated: 12/17/2024 . This Focus area includes the intervention of, .Keep clean and dry after each incontinence episode. Date Initiated 12/17/2024 . R2's Care Plan does not document any specific Focus areas or interventions related to bathing.</p> <p>The undated facility Shower List (Day Shift) documents R2 should receive assistance with bathing every Monday and Wednesday.</p> <p>R2's Skin Monitoring: Comprehensive CNA Shower Reviews document R2 received assistance with bathing on 6/2, 6/10, 6/12, 6/17, 6/19, and 6/23/25. This indicates R2 did not receive assistance with bathing as scheduled on 6/4/25.</p> <p>On 6/24/25 at 10:48 AM, R2 stated she gets her showers twice weekly, but she asked for them three times weekly and they told her they won't do it. R2 stated she asks the facility CNA staff to give her extra ones and they tell her they don't have time.</p> <p>3. R3's facility admission Record with a print date of 6/24/25 documents R3 was admitted to the facility on [DATE] with diagnoses that include metabolic encephalopathy, altered mental status, atrial fibrillation, tachycardia, Parkinsonism, heart disease, abnormalities of gait and mobility, and history of falls.</p> <p>R3's MDS dated [DATE] documents R3 has a BIMS score of 14, which indicates R3 is cognitively intact. This same MDS documents R3 requires substantial/maximal assistance for tub/toilet transfers.</p> <p>R3's current Care Plan does not document a Focus area and/or interventions related to ADL care including bathing and toileting.</p> <p>The undated facility Shower List (Day Shift) documents R3 should receive assistance with bathing every Wednesday and Saturday.</p> <p>R3's Skin Monitoring: Comprehensive CNA Shower Reviews document R3 received assistance with bathing on 6/4, 6/7, 6/11, 6/14, and 6/18/25. This indicates R3 did not receive assistance with bathing as scheduled on 6/21/25.</p> <p>On 6/24/25 at 10:58 AM, R3 stated they have enough staff but sometimes have problems keeping them. R3 stated she received showers as scheduled. R3's family member (V7) was present in the room and stated R3 doesn't always get her showers as she should. V7 stated R3 hadn't received assistance with bathing since last week. V7 stated they don't have enough staff to meet the needs of the residents timely. V7 stated some days they only have two CNAs for the facility and that is not enough.</p> <p>4. R4's admission Record with a print date of 6/24/25 documents R4 was admitted on [DATE] with diagnoses that include heart disease, diabetes, hypertension, necrosis of left femur, acquired absence of left leg below the knee.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R4's current Care Plan documents a Focus area of (R4) is incontinent of bowel and bladder. He requires staff assistance for transfers to the facilities and hygiene care after use of facilities or incontinence episodes. Date Initiated: 04/28/2025 This Focus area includes interventions of . Check (R4) as needed for incontinence Date Initiated: 04/28/2025 .</p> <p>R4's MDS dated [DATE] documents a R4 has a BIMS score of 12, which indicates R4 has a moderate cognitive deficit.</p> <p>On 6/24/25 at 10:55 AM, R4 stated they don't have enough staff to provide timely care. R4 stated he has had to wait a long time for assistance to go to the bathroom and has incontinent episodes while waiting.</p> <p>5. R5's admission Record with a print date of 6/24/25 documents R5 was admitted to the facility on [DATE] with diagnoses that include hemiplegia, hemiparesis, cerebral infarct, unspecified acquired deformity of left lower leg.</p> <p>R5's MDS dated [DATE] documents a BIMS score of 08, indicating R5 has a moderate cognitive impairment. This same MDS documents R5 is dependent on staff for toileting and bathing.</p> <p>R5's current Care Plan documents a Focus area of (R5) has an ADL Self Care Performance Deficit r/t (R5) is dependent upon staff for ADL's. (R5) has Hemiplegia/hemiparesis on one side d/t (due to) recent stroke. Date Initiated: 09/20/2022 This Focus area includes interventions of, Bathing: (R5) is totally dependent on staff to provide a bath twice weekly and as necessary. Date Initiated: 09/20/2022 Toilet Use: (R5) is not toileted. Date Initiated: 09/20/2022</p> <p>The undated Facility Shower List (Day Shift) documents R5 is to receive assistance with bathing every Wednesday and Saturday.</p> <p>R5's Skin Monitoring: Comprehensive CNA Shower Review documents R5 received assistance with bathing on 6/5, 6/7, 6/11, and 6/18/25. This indicates R5 did not receive showers as scheduled on 6/14/25 and 6/21/25.</p> <p>On 6/24/25 at 10:58 AM, R5 was lying in bed and his hair appeared greasy. R5 had difficulty answering questions but did indicate with yes/no answers the facility doesn't always have enough staff to answer his call light timely.</p> <p>6. R6's admission Record with a print date of 6/24/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include epilepsy, depression, muscle weakness, abnormalities of gait and mobility, and repeated falls.</p> <p>R6's MDS dated [DATE] documents a BIMS score of 09, indicating R6 has a moderate cognitive deficit. This same MDS documents R6 requires substantial/maximal assist for toilet transfers.</p> <p>R6's current Care Plan documents a Focus area of (R6) has bladder incontinence. Date Initiated: 03/16/2025 . This Focus area includes the following intervention, Establish voiding patterns. Date Initiated: 03/16/2025 This same Care Plan includes the Focus area of, (R6) has bowel incontinence. Date Initiated: 03/16/2025 . This Focus area includes the intervention, Provide peri care after each incontinent episode. Date Initiated: 03/16/2025 .</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/24/25 at 4:40 AM, R6 stated they don't have enough staff to help on the weekends. R6 stated it takes too long to answer the call lights. R6 stated she wasn't sure how long it took but it was long enough she had an incontinent episode.</p> <p>7. R7's facility admission Record with a print date of 6/24/25 documents R7 was admitted to the facility on [DATE] with diagnoses that include morbid obesity and history of falling.</p> <p>R7's MDS dated [DATE] documents a BIMS score of 08, indicating R7 has a moderate cognitive deficit. This same assessment documents R7 requires substantial/maximal assistance for bathing and toilet hygiene.</p> <p>R7's current Care Plan documents a Focus area of (R7) is incont (incontinent) of urine at times. Date Initiated: 04/03/2025 . This Focus area includes the intervention of, Check (R7) as required for incontinence . This same Care Plan includes a Focus area of, (R7) has an ADL Self Care Performance Deficit r/t (R7) requires assist with ADL's d/t cognitive impairment and difficulty with balance Date Initiated: 04/02/2023 This Focus area includes the intervention of, Bathing: (R7) requires assistance (sic) physical assistance with bathing/showering. Date Initiated: 04/03/2023 .</p> <p>The undated facility Shower List (Day Shift) documents R7 should receive assistance with bathing every Wednesday and Saturday.</p> <p>R7's Skin Monitoring: Comprehensive CNA Shower Review documents R7 was offered and/or received assistance with bathing on 6/4, 6/5, 6/7, 6/11, 6/14, and 6/17/25. This indicates R7 was not offered and/or did not receive assistance with bathing on 6/21/25 as scheduled.</p> <p>On 6/24/25 at 10:44 AM, R7 was sitting at the dining room table, a strong foul body odor was noted. R7 stated they don't always have enough staff to meet her needs timely. R7 stated it takes longer to answer the call light when they don't have enough staff working. R7 stated she wasn't sure how long it took but it probably feels longer than it actually is.</p> <p>8. R8's facility admission Record with a print date of 6/24/25 documents R8 was admitted to the facility on [DATE] with diagnoses that include fracture of humerus, osteoarthritis, and malaise.</p> <p>R8's entry MDS dated [DATE] does not document a BIMS score or ADL assessment.</p> <p>R8's current Care Plan provided to this surveyor does not document a Focus area for bathing or toileting.</p> <p>The undated facility Shower List (Day Shift) documents R8 should receive assistance with bathing every Tuesday and Friday.</p> <p>R8's Skin Monitoring: Comprehensive CNA Shower Review documents R8 received assistance with bathing on 6/17, and 6/20/25. This indicates R8 did not receive assistance with bathing on 6/9 and 6/13/25 as scheduled.</p> <p>On 6/24/25 at 11: 11 AM, R8 stated she got a shower today because she had an incontinent episode. R8 stated they don't always have enough staff, but they work very hard. R8 stated she has had incontinent episodes because she has had to wait for assistance.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/24/25 at 5:06 AM, V10 (CNA/Certified Nursing Assistant) stated they have approximately forty resident and they have one nurse and three CNA's working. V10 stated sometimes that is enough and sometimes it isn't. V10 stated they don't always have three CNA's. V10 stated when they had less staff, they weren't able to answer call lights timely, provide timely incontinence care, and/or give showers as scheduled.</p> <p>On 6/24/25 at 5:29 AM, V9 (CNA) stated she has worked night shift at the facility for about a month. V9 stated a week or so ago she was the only CNA in the facility for about three hours. V9 stated she got everyone she could to bed and waited for another CNA to come in and assist with the ones she couldn't. V9 stated one nurse and one CNA cannot meet the needs of the residents. V9 stated they have residents who require two people to transfer, bed alarms, and incontinence care.</p> <p>On 6/24/25 at 6:08 AM, V6 (CNA) stated on 6/19/25 and 6/21/25 there were only two CNA's working from 6 AM to 3 PM. V6 stated they were not able to meet the needs of the residents timely. V6 stated they can't get showers done and/or call lights answered timely. V6 stated on 6/21/25 they were not able to do R3 and R5's showers.</p> <p>On 6/24/25 at 6:17 AM, V5 (LPN/Licensed Practical Nurse) stated they don't have enough staff to meet the needs of the residents timely. V5 stated when they only have two CNA's it is hard to get all of the scheduled showers done and provide timely incontinence care. V5 stated most of the time they have three CNAs on the schedule, but people call in or quit.</p> <p>On 6/24/25 at 6:25 AM, V3 (Nurse) stated they were always short staffed. V3 stated there had been some shifts were there was only one CNA, and a nurse would work the floor to help. V3 stated it takes longer for incontinence care, and that is not ok. V3 stated they do their best.</p> <p>On 6/24/25 at 7:09 AM, V4 (CNA) stated they don't always have enough staff to meet the needs of the residents timely. V4 stated she worked midnight shift on 6/19/25 and day shift hadn't been able to do the showers that were scheduled so she did as many of them as she could before residents went to bed for the night.</p> <p>On 6/24/25 at 3:29 PM, V12 (CNA) stated she had worked at the facility since 6/12/25 and they had enough staff to meet the needs of the residents timely. V12 stated she had never worked in the facility by herself, but she did come to work one day and V8 (CNA) was the only CNA, but he had only been there by himself for about an hour. V12 stated on 6/21/25 she came to work and gave showers to the residents who were scheduled. V12 stated there was only one shower she did. V12 stated the other residents refused or had already had one. When asked why the shower she gave and/or the refusals weren't documented, V12 stated she guessed she forgot to fill out the shower sheets.</p> <p>On 6/24/25 at 1:37 PM, V1 (Administrator) stated in a perfect world she would expect them to get all of the showers done as scheduled. When asked if two CNAs were enough to meet the needs of the residents timely, V1 stated ideally, she would want two and a half CNAs on each shift. V1 stated they also have two nurses on day shift who should help out on the floor.</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 06/25/2025
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide sufficient staff to meet the needs of the residents timely. This failure has the potential to affect all 39 residents who currently reside at the facility.</p> <p>Findings Include:</p> <p>The facility Daily Census dated 6/23/25 documents there are 39 residents currently residing at the facility.</p> <p>1.R1's facility admission Record with a print date of 6/24/25 documents R1 was admitted to the facility on [DATE] with diagnoses that include diabetes, malaise, obesity, major depressive disorder, post traumatic stress disorder, asthma, chronic pain syndrome, rheumatoid arthritis, and reduced mobility.</p> <p>R1's current Care Plan documents a Focus area of (R1) has bowel incontinence. Date Initiated: 4/12/2025. This Focus area includes the Intervention of, .Provide pericare after each incontinent episode. Date Initiated: 04/12/2025. R1's Care Plan also includes the Focus Area of (R1) has an ADL Self Care Performance Deficit r/t (related to) impaired mobility. Date Initiated: 04/12/2025 . This Focus area includes the intervention of . Encourage (R1) to use bell to call for assistance. Date Initiated: 04/12/2025 . This Focus area does not include an intervention specific to bathing or toileting.</p> <p>R1's MDS (Minimum Data Set) dated 4/4/25 documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R1 is cognitively intact. This same MDS documents R1 is dependent on staff for toileting hygiene and requires substantial/maximal assistance for bathing.</p> <p>The facility undated Shower List (Day Shift) documents R1 should receive assistance with bathing every Tuesday and Friday.</p> <p>R1's Skin Monitoring: Comprehensive CNA Shower Review sheets document R1 received assistance with bathing on 6/3, 6/10, and 6/17/25. This indicates R1 went 6 days between showers and was not assisted with her scheduled showers on 6/6, 6/13, and 6/20/25.</p> <p>On 6/24/25 at 8:09 AM, R1 stated they don't have enough staff working to do every two-hour bed checks/incontinence care. R1 stated sometimes they only have two CNAs in the facility and when they do it takes longer for them to answer the call light. R1 stated it takes up to an hour at times. R1 stated she only had three showers in the month of June due to them not having enough staff to assist her with them.</p> <p>2.R2's admission Record with a print date of 6/24/25 documents R2 was admitted to the facility on [DATE] with diagnoses that include cerebral infarct, hemiplegia, hemiparesis, heart failure, major depressive disorder, convulsions, hypertension, difficulty in walking, weakness, and need for assistance with personal care.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Integrity Hc of Herrin		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 North Park Avenue Herrin, IL 62948	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R2's MDS dated [DATE] documents R2 has a BIMS score of 15, which indicates R2 is cognitively intact.</p> <p>R2's current Care Plan documents a Focus area of ADL: (R2) requires assist with daily care needs r/t impaired mobility with hemiplegia/hemiparesis to RUE/RLE (right upper extremity/right lower extremity) Date Initiated: 12/17/2024 . This Focus area includes the intervention of, .Keep clean and dry after each incontinence episode. Date Initiated 12/17/2024 . R2's Care Plan does not document any specific Focus areas or interventions related to bathing.</p> <p>The undated facility Shower List (Day Shift) documents R2 should receive assistance with bathing every Monday and Wednesday.</p> <p>R2's Skin Monitoring: Comprehensive CNA Shower Reviews document R2 received assistance with bathing on 6/2, 6/10, 6/12, 6/17, 6/19, and 6/23/25. This indicates R2 did not receive assistance with bathing as scheduled on 6/4/25.</p> <p>On 6/24/25 at 10:48 AM, R2 stated she gets her showers twice weekly, but she asked for them three times weekly and they told her they won't do it. R2 stated she asks the facility CNA staff to give her extra ones and they tell her they don't have time.</p> <p>3. R3's facility admission Record with a print date of 6/24/25 documents R3 was admitted to the facility on [DATE] with diagnoses that include metabolic encephalopathy, altered mental status, atrial fibrillation, tachycardia, Parkinsonism, heart disease, abnormalities of gait and mobility, and history of falls.</p> <p>R3's MDS dated [DATE] documents R3 has a BIMS score of 14, which indicates R3 is cognitively intact. This same MDS documents R3 requires substantial/maximal assistance for tub/toilet transfers.</p> <p>R3's current Care Plan does not document a Focus area and/or interventions related to ADL including bathing and toileting.</p> <p>The undated facility Shower List (Day Shift) documents R3 should receive assistance with bathing every Wednesday and Saturday.</p> <p>R3's Skin Monitoring: Comprehensive CNA Shower Reviews document R3 received assistance with bathing on 6/4, 6/7, 6/11, 6/14, and 6/18/25. This indicates R3 did not receive assistance with bathing as scheduled on 6/21/25.</p> <p>On 6/24/25 at 10:58 AM, R3 stated they have enough staff but sometimes have problems keeping them. R3 stated she received showers as scheduled. R3's family member (V7) was present in the room and stated R3 doesn't always get her showers as she should. V7 stated R3 hadn't received assistance with bathing since last week. V7 stated they don't have enough staff to meet the needs of the residents timely. V7 stated some days they only have two CNAs for the facility and that is not enough.</p> <p>4. R4's admission Record with a print date of 6/24/25 documents R4 was admitted on [DATE] with diagnoses that include heart disease, diabetes, hypertension, necrosis of left femur, acquired absence of left leg below the knee.</p> <p>(continued on next page)</p>		

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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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R4's current Care Plan documents a Focus area of (R4) is incontinent of bowel and bladder. He requires staff assistance for transfers to the facilities and hygiene care after use of facilities or incontinence episodes. Date Initiated: 04/28/2025 This Focus area includes interventions of . Check (R4) as needed for incontinence Date Initiated: 04/28/2025 .</p> <p>R4's MDS dated [DATE] documents a R4 has a BIMS score of 12, which indicates R4 has a moderate cognitive deficit.</p> <p>On 6/24/25 at 10:55 AM, R4 stated they don't have enough staff to provide timely care. R4 stated he has had to wait a long time for assistance to go to the bathroom and has incontinent episodes while waiting.</p> <p>5. R5's admission Record with a print date of 6/24/25 documents R5 was admitted to the facility on [DATE] with diagnoses that include hemiplegia, hemiparesis, cerebral infarct, unspecified acquired deformity of left lower leg.</p> <p>R5's MDS dated [DATE] documents a BIMS score of 08, indicating R5 has a moderate cognitive impairment. This same MDS documents R5 is dependent on staff for toileting and bathing.</p> <p>R5's current Care Plan documents a Focus area of (R5) has an ADL Self Care Performance Deficit r/t (R5) is dependent upon staff for ADL's. (R5) has Hemiplegia/hemiparesis on one side d/t (due to) recent stroke. Date Initiated: 09/20/2022 This Focus area includes interventions of, Bathing: (R5) is totally dependent on staff to provide a bath twice weekly and as necessary. Date Initiated: 09/20/2022 Toilet Use: (R5) is not toileted. Date Initiated: 09/20/2022</p> <p>The undated Facility Shower List (Day Shift) documents R5 is to receive assistance with bathing every Wednesday and Saturday.</p> <p>R5's Skin Monitoring: Comprehensive CNA Shower Review documents R5 received assistance with bathing on 6/5, 6/7, 6/11, and 6/18/25. This indicates R5 did not receive showers as scheduled on 6/14 and 6/21/25.</p> <p>On 6/24/25 at 10:58 AM, R5 was lying in bed and his hair appeared greasy. R5 had difficulty answering questions but did indicate with yes/no answers the facility doesn't always have enough staff to answer his call light timely.</p> <p>6. R6's admission Record with a print date of 6/24/25 documents R6 was admitted to the facility on [DATE] with diagnoses that include epilepsy, depression, muscle weakness, abnormalities of gait and mobility, and repeated falls.</p> <p>R6's MDS dated [DATE] documents a BIMS score of 09, indicating R6 has a moderate cognitive deficit. This same MDS documents R6 requires substantial/maximal assist for toilet transfers.</p> <p>R6's current Care Plan documents a Focus area of (R6) has bladder incontinence. Date Initiated: 03/16/2025 . This Focus area includes the following intervention, Establish voiding patterns. Date Initiated: 03/16/2025 This same Care Plan includes the Focus area of, (R6) has bowel incontinence. Date Initiated: 03/16/2025 . This Focus area includes the intervention, Provide peri care after each incontinent episode. Date Initiated: 03/16/2025 .</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/24/25 at 4:40 AM, R6 stated they don't have enough staff to help on the weekends. R6 stated it takes too long to answer the call lights. R6 stated she wasn't sure how long it took but it was long enough she had an incontinent episode.</p> <p>7. R7's facility admission Record with a print date of 6/24/25 documents R7 was admitted to the facility on [DATE] with diagnoses that include morbid obesity and history of falling.</p> <p>R7's MDS dated [DATE] documents a BIMS score of 08, indicating R7 has a moderate cognitive deficit. This same assessment documents R7 requires substantial/maximal assistance for bathing and toilet hygiene.</p> <p>R7's current Care Plan documents a Focus area of (R7) is incont (incontinent) of urine at times. Date Initiated: 04/03/2025 . This Focus area includes the intervention of, Check (R7) as required for incontinence . This same Care Plan includes a Focus area of, (R7) has an ADL Self Care Performance Deficit r/t (R7) requires assist with ADL's d/t cognitive impairment and difficulty with balance Date Initiated: 04/02/2023 This Focus area includes the intervention of, Bathing: (R7) requires assistance (sic) physical assistance with bathing/showering. Date Initiated: 04/03/2023 .</p> <p>The undated facility Shower List (Day Shift) documents R7 should receive assistance with bathing every Wednesday and Saturday.</p> <p>R7's Skin Monitoring: Comprehensive CNA Shower Review documents R7 was offered and/or received assistance with bathing on 6/4, 6/5, 6/7, 6/11, 6/14, and 6/17/25. This indicates R7 was not offered and/or did not receive assistance with bathing on 6/21/25 as scheduled.</p> <p>On 6/24/25 at 10:44 AM, R7 was sitting at the dining room table, a strong foul body odor was noted. R7 stated they don't always have enough staff to meet her needs timely. R7 stated it takes longer to answer the call light when they don't have enough staff working. R7 stated she wasn't sure how long it took but it probably feels longer than it actually is.</p> <p>8. R8's facility admission Record with a print date of 6/24/25 documents R8 was admitted to the facility on [DATE] with diagnoses that include fracture of humerus, osteoarthritis, and malaise.</p> <p>R8's entry MDS dated [DATE] does not document a BIMS score or ADL assessment.</p> <p>R8's current Care Plan provided to this surveyor does not document a Focus area for bathing or toileting.</p> <p>The undated facility Shower List (Day Shift) documents R8 should receive assistance with bathing every Tuesday and Friday.</p> <p>R8's Skin Monitoring: Comprehensive CNA Shower Review documents R8 received assistance with bathing on 6/17, and 6/20/25. This indicates R8 did not receive assistance with bathing on 6/9 and 6/13/25 as scheduled.</p> <p>On 6/24/25 at 11:11 AM, R8 stated she got a shower today because she had an incontinent episode. R8 stated they don't always have enough staff, but they work very hard. R8 stated she has had incontinent episodes because she has had to wait for assistance.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/24/25 at 5:06 AM, V10 (CNA) stated they have approximately forty residents and they have one nurse and three CNA's working. V10 stated sometimes that is enough and sometimes it isn't. V10 stated they don't always have three CNA's. V10 stated when they had less staff, they weren't able to answer call lights timely, provide timely incontinence care, and/or give showers as scheduled.</p> <p>On 6/24/25 at 5:29 AM, V9 (CNA) stated she has worked night shift at the facility for about a month. V9 stated a week or so ago she was the only CNA in the facility for about three hours. V9 stated she got everyone she could to bed and waited for another CNA to come in and assist with the ones she couldn't. V9 stated one nurse and one CNA cannot meet the needs of the residents. V9 stated they have residents who require two people to transfer, bed alarms, and incontinence care.</p> <p>On 6/24/25 at 5:45 AM, V8 (CNA) stated this is his third shift working at the facility. V8 stated on the first day of his training the CNA training him was also training another new CNA and they were the only three CNA's working on that shift. V8 stated then his next night working he was the only CNA working from 2 AM to 3:30 AM. V8 stated he has been a CNA since 2010 but he didn't know the residents and/or the facility systems and was not comfortable working by himself. V8 stated he wasn't able to answer all of the call lights timely.</p> <p>On 6/24/25 at 6:08 AM, V6 (CNA) stated on 6/19 and 6/21/25 there were only two CNA's working from 6 AM to 3 PM. V6 stated they were not able to meet the needs of the residents timely. V6 stated they can't get showers done and/or call lights answered timely. V6 stated on 6/21/25 they were not able to do R3 and R5's showers.</p> <p>On 6/24/25 at 6:17 AM, V5 (LPN) stated they don't have enough staff to meet the needs of the residents timely. V5 stated when they only have two CNA's it is hard to get all of the scheduled showers done and provide timely incontinence care. V5 stated most of the time they have three CNAs on the schedule, but people call in or quit.</p> <p>On 6/24/25 at 6:25 AM, V3 (Nurse) stated they were always short staffed. V3 stated there had been some shifts were there was only one CNA, and a nurse would work the floor to help. V3 stated it takes longer for incontinence care, and that is not ok. V3 stated they do their best.</p> <p>On 6/24/25 at 7:09 AM, V4 (CNA) stated they don't always have enough staff to meet the needs of the residents timely. V4 stated she worked midnight shift on 6/19/25 and day shift hadn't been able to do the showers that were scheduled so she did as many of them as she could before residents went to bed for the night.</p> <p>On 6/24/25 at 3:29 PM, V12 (CNA) stated she had worked at the facility since 6/12/25 and they had enough staff to meet the needs of the residents timely. V12 stated she had never worked in the facility by herself, but she did come to work one day and V8 (CNA) was the only CNA, but he had only been there by himself for about an hour. V12 stated on 6/21/25 she came to work and gave showers to the residents who were scheduled. V12 stated there was only one shower she did. V12 stated the other residents refused or had already had one. When asked why the shower she gave and/or the refusals weren't documented, V12 stated she guessed she forgot to fill out the shower sheets.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/24/25 at 1:37 PM, V1 (Administrator) stated in a perfect world she would expect them to get all of the showers done as scheduled. When asked if two CNAs were enough to meet the needs of the residents timely, V1 stated ideally, she would want two and a half CNAs on each shift. V1 stated they also have two nurses on day shift who should help out on the floor.</p> <p>The facility Employee Timecards and schedules were reviewed and document on 6/21/25 there were two CNA's working from 6 AM to 3 PM and two CNA's from 6 AM to 11 AM on 6/19/21. They also document there were two CNA's working from 6 PM on 6/17/25 until 2 AM on 6/18/25 and then was only one CNA working from 2 AM until 3 AM.</p> <p>The Facility Assessment Tool dated 9/5/24 was reviewed and does not document any facility specific information related to staffing requirements for the facility.</p>		