AND PLAN OF CORRECTION				A. BUILDING:		
·		IL6003230	B. WING		C 02/22/2021	
	PROVIDER OR SUPPLIER		T DEYOUNG	TATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF DEFICIENCY)		LD BE COMPLETE	
S 000	Initial Comments Complaint Investiga	ation #2150943/IL130920	S 000			
S9999	Final Observations Statement of Licens 300.1010 h) 300.1210 b)	sure Violations:	S9999			
	h) The facility sphysician of any acchange in a resider health, safety or we but not limited to, the manifest decubitus of five percent or m. The facility shall obplan of care for the accident, injury or confinction.	Medical Care Policies shall notify the resident's cident, injury, or significant nt's condition that threatens the elfare of a resident, including, ne presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days. tain and record the physician's care or treatment of such thange in condition at the time				
de plan de des de des de des de des des des des	Nursing and Person b) The facility: care and services to practicable physical well-being of the reseach resident's com plan. Adequate and care and personal of resident to meet the	shall provide the necessary of attain or maintain the highest of attain or maintain the highest of the highest				
nya.	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour,		Attachment A Statement of Licensure Viola	tions	
nois Depart	tment of Public Health	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(X6) DATE	

STATE FORM

6899

F1E711

(X6) DATE

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
				С		
IL6003230		B. WING		02/2	02/22/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
INTEGRI	TY HC OF MARION	1301 EAS MARION,	T DEYOUNG IL 62959	3		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
		ments and procedures shall ordered by the physician.				
	These regulations a	are not met as evidenced by:				
	orders to provide nu resident with severe residents reviewed the sample of 8. Thi	view, interview, and illity failed to follow physician utritional supplements for a eweight loss for 1 of 3 (R4) for significant weight loss in is failure resulted in R4 having weight loss) over a 6 month				
	R4 was admitted to same admission red Alzheimer's Disease	the facility on 7/18/14. The cord notes that R4 has e, Unspecified dementia with noes, and Schizoaffective e type.				
	documents that R4 and one- person ph same MDS notes the	n Data Set), dated 2/12/21, requires extensive assistance ysical assist with meals. The lat a BIMS (Brief Interview for all not be performed due to be understood.				
		unds unds unds unds unds				
	·	11.87% weight loss over 6				

Illinois Department of Public Health

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPP

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	1L6003230 B. WING		B. WING		C 02/22/2021	
NAME OF	PROVIDER OR SUPPLIER	STREET ADO	DRESS, CITY.	STATE, ZIP CODE		
INTEGR	ITY HC OF MARION		T DEYOUNG	,		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D 8E	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	months.					
	A progress/dietary r Dietician/RD), dated remains on 120 cc r daily) for additional that continues and v desirable, will sugge when served and to tid. continue to mon to RD as needed. V12's progress/dieta documents R4's hei as of 1/12/21 was 76	note by V12 (Registered I 12/17/20, documents that R4 med pass tid (three times calories, with wt (weight) loss was fluctuating below est to change milk to whole increase med pass to 240 cc itor intakes and was and refer ary note, dated 1/26/21, ght is 62 inches and weight 6.8 pounds, BMI (body mass note continues to state that in				
	general R4's weights pounds in last month months, and 20.2 pc months. V12 noted I remain well below drange. The note correquest from last mowhole, increase med pending at this time,	s continue to show loss of 3.1 h, 3.4 pounds in last 3 punds (20.8%) in the last 6 R4 continues at this time to esirable and below 80 pound attinues to state there was a porth to change milk served to d pass to 240cc tid was with weight loss again this endations were pending, no				
TO PROVIDE A	R4 is at risk for nutri cognitive impairmen Weight loss interven noted to change mill increase med pass to R4's January and Fe Order sheets both in prescribed melted mixegetables/pasta/po	argarine to hot		N 889		

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	IL6003230		B. WING		C 02/22/202 1		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
INTEGRI	INTEGRITY HC OF MARION 1301 EAST DEYOUNG MARION, IL 62959						
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES OF THE	D BE	(X5) COMPLETE DATE	
S9999	Continued From page	ge 3	S9999				
\$9999	cream at lunch and lunch and supper at times a day. Upon review of R4's corresponding diet of supercereal at breat only being given one for 3 times a day. February MAR's (McRecords) indicate not three times a day are daily. On 2/16/21 at 1:05pher room and staff with her lunch. R4's and her she appeared unable to respond to On 2/17/21 at 10:00 Physician) said he is and there was not made to R4's condition now and is checking. On 2/18/21 at 10:30 asked about the Regrecommendations in December and she is answer for that, and was unable to produphysician notification. On 2/22/21 at 10:10	supper, health shakes at and med pass 2.0 120cc three is physician orders and cards, R4 is not receiving kfast, and fortified pudding is ce per day and it is ordered deview of the January and edication Administration cursing is giving health shakes and med pass 90cc three times in the pass 90cc three times 10cc three time	S9999				
	diet card. V11 said	R3 is not getting supercereal ed pudding at breakfast or					

F1E711

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/22/2021			
		IL6003230	B. WING					
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 5	STATE, ZIP CODE				
INTEGRI	INTEGRITY HC OF MARION 1301 EAST DEYOUNG MARION, IL 62959							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRICIENCY)	(X5) COMPLETE DATE			
\$9999	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999					
i	<u></u>			J				