STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003230	A. BUILDING _____ B. WING _____	04/17/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF MARION	1301 EAST DEYOUNG MARION, IL 62959

(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
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210a) 300.1210b) 300.1210d)3)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These regulations are not met by evidence of:

Based on observation, record review, and interview the facility failed to properly assess the needed supervision needed to safely shower 1 (R8) of 18 residents reviewed for falls in the sample of 57. This failure resulted in R8 falling from R8's shower chair and sustaining a laceration requiring staples on R8's forehead and

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S9999	Continued From page 2	S9999		

persistent facial and neck pain.

The Findings Include:

R8 was observed on 4/05/18 at 12:16 PM sitting in the dining room during the noon meal. R8 had on a velcro type chest harness attached to the wheelchair. R8's face appeared to be very bruised across eyes, forehead, and bridge of nose. There were staples observed on R8's forehead. A 4/2/18 9:00 AM nurses note documents R8 fell from shower chair and received a laceration to forehead, first aid administered until emergency personnel arrived. R8 was taken to the hospital for evaluation and returned to the facility at 1:15 PM the same day. R8's Discharge Instructions dated 4/2/18 from the hospital give a diagnosis of Laceration without foreign body of other part of head, fall from chair. The Cat Scan dated 4/2/18 gives the indication for exam as "Trauma with persistent facial pain and neck pain." The emergency room nurses note dated 4/2/18 states that the laceration was repaired with staples and that the patient tolerated it poorly.

R8's current Care plan has a problem area of risk for falls with an initiation date of 4/23/15. The care plan does not specifically address extent of assistance needed for bathing. The Care Plan lists previous falls on 2/7/18 and 2/14/18. The 1-4-18 Minimum Data Set (MDS) documents 2 plus assist for personal hygiene, dressing and toileting but indicates 1 plus assist for bathing. An Occupational Therapy Evaluation and Plan of Treatment dated 12/5/17 thru 3/2/18 notes that R8 has abnormal posture and that sitting balance is poor, requiring maximum assist and upper extremity support to maintain balance.

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S9999	Continued From page 3 On 4/11/18 at 10:00 AM, V39 (Certified Nurse Assistant, CNA) stated the following, "I was giving (R8) a shower, (R8) was bent over to lap almost, I had my left hand on (R8's) shoulder and had shut off water and turned on call light for assistance, I turned to reach for a towel, with my hand still on R8's shoulder, resident toppled over at that point and hit R8's face on the floor." V39 stated that normally V39 could do R8 by V39's self in the shower but that (R8) seemed non compliant with care and very sleepy at the time of the fall. V39 stated that R8 would occasionally have bad days and would require 2 assist for most adls (activities of daily living) on those days. When V39 was asked if V39 felt R8 was having a bad day prior to the shower, V39 replied yes. The final facility investigation submitted to the state agency on 4/9/18 states the following: " Investigation revealed resident slid forward off shower chair while in shower.... staff present but unable to stop resident from falling." The report further states "Care Plan has been reviewed and updated accordingly," (B)	S9999		