		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003230	B. WING		07/1	9/2024
	PROVIDER OR SUPPLIER TY HC OF MARION		DRESS, CITY, S	STATE, ZIP CODE		
INTEGRA	TITIO OF MARION	MARION,	IL 62959			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Health Surv	ey				
S9999	9 Final Observations		S9999			
	Statement of Licensure Violations:					
	1 of 3					
	300.661					
	Check A facility shall comp Worker Background	ealth Care Worker Background bly with the Health Care d Check Act and the Health ground Check Code.				
	These Requirements were NOT MET as evidenced by:					
	failed to conduct ba Illinois Sex Offende Sex Offender, Depa Search, Departmen Fugitive, and Healt of the Inspector Ge	and record review, the facility ackground checks on the car, Department of Corrections artment of Corrections Unmate at of Corrections Wanted the And Human Services Office neral websites for health care has the potential to affect all ag in the facility.				
	Findings include:					
	provided the facility information for V15 CNA), V16 (CNA), V (CNA), V20 (Dietary Director). V22 providence	o am, V22 (Human Resources) background check (Certified Nursing Assistant/ V17 (CNA), V18 (CNA), V19 y Aide), V21 (Activities ded the Illinois Department of H) health care worker				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

08/02/24 **Electronically Signed**

STATE FORM 6899 4B9911 If continuation sheet 1 of 6

TITLE

(X6) DATE

AND DIAN OF CODDECTION I IDENTIFICATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003230	B. WING		07/1	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
INTEGR	TY HC OF MARION		T DEYOUNG	;		
(VA) ID	SHIMMADV STA	MARION, TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	the Illinois Sex Offe Corrections Sex Off Corrections Inmate Corrections Wanted Human Services Off background check logging on to the ID health care worker the 6 boxes beside website would auto anything that would V22 said she was no go to each of the 6 check herself and to V22 said since obtates	but was not able to provide inder, Department of fender, Department of Search, Department of defender, Department on V22 said when defender website to complete a deackground, she would click each website and the IDPH matically check the website for make that person ineligible, not aware V22 had to manually websites to complete the deep print out the information. And ining her position as Human never checked anything other site for health care worker information.				
	she expected staff	5 pm, V1 (Administrator) said to complete all health care checks prior to an employee y.				
	(C)					
	2 of 3					
	300.615 e)					
	Screening and Req History Record Info e) In addition to the 2-201.5(a) of the Adshall, within 24 hou	etermination of Need uest for Resident Criminal rmation screening required by Section et and this Section, a facility rs after admission of a criminal history background				

Illinois Department of Public Health

STATE FORM 6899 4B9911 If continuation sheet 2 of 6

IL6003230 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	07/19/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE 7ID CODE			
INTEGRITY HC OF MARION 1301 EAST DEYOUNG			
MARION, IL 62959 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) MARION, IL 62959 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
Continued From page 2 check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to complete background checks for residents within 24 hours of admission for 5 (R5, R82, R84, R89, and R294) of 10 residents reviewed for background checks out of a sample of 48. Findings include: 1. R5's face sheet documented an admission date of 10/19/22. R5's Criminal History Information Response Process (CHIRP) documented a completion date of 3/21/24. 2. R82's face sheet documented an admission date of 2/13/24, R82's CHIRP documented a completion date of 6/14/24. 3. R84's face sheet documented an admission date of 6/14/24, R84's CHIRP documented a completion date of 6/17/24. 4. R89's face sheet documented an admission date of 6/8/24. R89's CHIRP was completed on 6/10/24.			

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AND DIAN OF CORRECTION TO TRENTIFICATION NUMBERS		` '	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6003230	B. WING		07/1	9/2024
NAME OF PROVI	IDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
INTEGRITY H	C OF MARION	1301 EAS MARION, I	T DEYOUNG IL 62959	•		
(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 BE	(X5) COMPLETE DATE
date 7/15 On Mai hou new R82 con faci On she bac to th (C) 3 of 300 300 300 300 300 Sec c) It bac ider of th Poli Dep ider	7/16/24 at 2:41 pager) said she in the same state of the same stat	ge 3 94's CHIRP was completed on pm, V23 (Business Office thought the facility had 72 he background checks for dents. V23 verified R5, R82, 4's CHIRPs were not urs of their admission to the pm, V1 (Administrator) said to complete resident within 24 hours on admission within 24 hours on admission as defined in Section 1-114.01 by shall do the following: notify the Department of State and manner required by the period process of the proces	\$9999			

Illinois Department of Public Health

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		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6003230	B. WING		07/1	9/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADI	RESS, CITY, S	TATE, ZIP CODE		
INTEGRITY HE OF MARION	1301 EAS	T DEYOUNG			
INTEGRITY HC OF MARION	MARION, I	L 62959			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999 Continued From page 4	4	S9999			
sex, race, date of birth, other identifiers required State Police. The inquir through the files of the Delice and the Federal Blocate any criminal histor may exist regarding the Bureau of Investigation Department of State Police inquiry under this subsers history record information of Jif identified offenders the facility shall comply requirements: 1) The facility shall comply requirements: 1) The facility shall incounty and local law entidentity of identified offenders or are sermandatory supervised infender, any federal, Stenforcement officer or constall be permitted reason individual resident to verequirements of the Sex Act, to verify compliance Public Act 94-163 and Piverify compliance with a probation, parole, or main release. (Section 2-110) Reasonable access und interfere with the identification of the facility staff is enforcement officials to to develop, if needed, paddress the presence of	fingerprint images, and ad by the Department of iry shall be processed Department of State Bureau of Investigation to ory record information that a shall furnish to the olice, pursuant to an ection (c)(2), any criminal on contained in its files. It is are residents of a facility, with all of the following inform the appropriate inforcement offices of the enders who are registered erving a term of parole, release or probation for a residents of the facility. If I facility is an identified state, or local law county probation officer onable access to the erify compliance with the x Offender Registration is with the requirements of Public Act 94-752, or to applicable terms of andatory supervised	\$9999			

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REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 probation for a felony offense, including compliance with Section 300.695 of this Part. These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to notify the identified offender program within 24 hours of finger-print appointment for 2 (R5 and R73) of 10 residents reviewed for identified offender protocol out of a sample of 48. This has the potential to affect all 89 residents residing in the facility. Findings include: The facility's Identified Offenders Program Facility Report documented R5 was admitted to the facility on 10/19/22 and Identified Offenders Program (IOP) was notified on 3/29/24, and R73	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
INTEGRITY HC OF MARION 1301 EAST DEYOUNG MARION, IL 62959 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGK REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 probation for a felony offense, including compliance with Section 300.695 of this Part. These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to notify the identified offender program within 24 hours of finger-print appointment for 2 (R5 and R73) of 10 residents reviewed for identified offender protocol out of a sample of 48. This has the potential to affect all 89 residents residing in the facility. Findings include: The facility's Identified Offenders Program Facility Report documented R5 was admitted to the facility on 10/19/22 and Identified offenders Program (IOP) was notified on 3/29/24, and R73			IL6003230	B. WING		07/1	9/2024
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 probation for a felony offense, including compliance with Section 300.695 of this Part. These Requirements were NOT MET as evidenced by: Based on interview and record review, the facility failed to notify the identified offender program within 24 hours of finger-print appointment for 2 (R5 and R73) of 10 residents reviewed for identified offender protocol out of a sample of 48. This has the potential to affect all 89 residents residing in the facility. Findings include: The facility's Identified Offenders Program Facility Report documented R5 was admitted to the facility on 10/19/22 and Identified Offenders Program (IOP) was notified on 3/29/24, and R73	INTEGRITY HC OF MARION 1301 EAST			T DEYOUNG			
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was admitted to the facility on 3/25/24 and IOP was notified on 6/26/24. On 7/16/24 at 2:41 pm, V23 (Business Office Manager) said she was responsible for resident background checks. V23 said she was new to the position and was not sure if the previous Business Office Manager was aware identified offenders had to be reported to the Identified Offender Program within 24 hours of being finger-printed. On 7/19/24 at 12:56 pm, V1 (Administrator) said she expected staff to notify the IOP within 24 hours of an identified offender being finger-printed. (C)	\$9999	probation for a felor compliance with Se These Requiremen evidenced by: Based on interview failed to notify the id within 24 hours of fi (R5 and R73) of 10 identified offender particles and R73) in the facility in the facility in the facility in the facility on 10/19/22 Program (IOP) was was admitted to the was notified on 6/26 On 7/16/24 at 2:41 Manager) said she background checks position and was not Business Office Ma offenders had to be Offender Program with finger-printed. On 7/19/24 at 12:56 she expected staff thours of an identificatinger-printed.	and record review, the facility dentified offender program nger-print appointment for 2 residents reviewed for protocol out of a sample of 48. ial to affect all 89 residents ty. ied Offenders Program Facility dentified on 3/29/24, and R73 facility on 3/25/24 and IOP 6/24. pm, V23 (Business Office was responsible for resident to the previous nager was aware identified or the light and to the light and to the light and to the light and the previous nager was aware identified within 24 hours of being	S9999			

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Illinois Department of Public Health STATE FORM

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