(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		IL6001788	B. WING		10/03/2024
	ROVIDER OR SUPPLIER Y HC OF ANNA		DRESS, CITY, STATH H BRADY MILL 62906		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Annual Health Certific	cation Licensure Survey			
S9999	Final Observations		S9999		
	Statement of Licensul	re Violations			
	300.610a) 300.1210b) 300.1210c) 300.1210d)2 Section 300.610 Res	ident Care Policies			
	procedures governing facility. The written positive formulated by a Re Committee consisting administrator, the advinedical advisory common formulation of nursing and other spolicies shall comply to The written policies shall be the facility and shall be	of at least the risory physician or the mittee, and representatives services in the facility. The with the Act and this Part. nall be followed in operating e reviewed at least annually cumented by written, signed			
	Section 300.1210 Ge Nursing and Personal	eneral Requirements for Care			
	and services to attain practicable physical, r well-being of the resident's compo-	rovide the necessary care or maintain the highest mental, and psychological lent, in accordance with rehensive resident care roperly supervised nursing			
	nent of Public Health DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

(X2) MULTIPLE CONSTRUCTION

**Electronically Signed** 10/14/24

STATE FORM 6899 If continuation sheet 1 of 11 R2CB11

Illinois Department of Public Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
74101274	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _			-125
		IL6001788	B. WING		10/0	3/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
INTEGRIT	TY HC OF ANNA	315 SOUT ANNA, IL	TH BRADY MILL 62906	. ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIEM (PROVIDER CORRECTIVE)	D BE	(X5) COMPLETE DATE
\$9999	care and personal caresident to meet the training and resident to meet the training and resident to meet the training and resident care needs of the resident care needs of the resident care shall include, at and shall be practiced seven-day-a-week barenesseven-day-a-week barenesseven-day-a-wee	re shall be provided to each otal nursing and personal ident.  giving staff shall review and out his or her residents' are plan.  ection (a), general nursing a minimum, the following d on a 24-hour, asis:  d procedures shall be red by the physician.  were NOT MET as  and record review, the facility the and intervene to prevent with significant weight loss's (R42) of 5 residents in the sample of 30. This continuing to lose weight as.	S9999			

Illinois Department of Public Health

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Illinois Department of Public Health

STATEMENT	FOR DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SUF	
			A. BUILDING: _			
		IL6001788	B. WING		10/03/	/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
INTEGRIT	Y HC OF ANNA		TH BRADY MILL	ROAD		
	7.110 01 7.111.17	ANNA, IL	62906			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
S9999	Continued From page	2	S9999			
	that a 10% weight los also notes that R42 h	the last month or greater s in 6 months. Section K as had no nutritional while a resident at the				
	nutritional problems rewith date initiated 6/2 and broken natural te himself with set up an R42 likes to eat meale eat in the dining room appetite. He enjoys day and will also keep Some of the intervent serve diet as ordered to evaluate and make (as needed). Staff wimonitor/record/report (signs or symptoms) of (cachexia), muscle will loss of 3 lbs in 1 weel 3 months, >10% in 6 were initiated on 6/21					
	order date 8/21/23 un Health Shakes TID (the protein all meals. R42's Order Entry pri order date 5/21/24 un health shake BID (ma R42's Order Entry pri order date 7/22/24 un health shake betweer meals. snacks TID.	nted 9/26/24 documents, ider additional directions: inree times daily), double inted 9/26/24 documents, ider additional directions: in meals. Whole milk with its property printed 9/26/24 diet, Regular texture, Thin				

Illinois Department of Public Health

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Illinois Department of Public Health

	FOF DEFICIENCIES  OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
		IL6001788	B. WING		10	/03/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE		
INTEGRIT	Y HC OF ANNA	315 SOL	JTH BRADY MILL F	ROAD		
INTEGRIT	T HC OF ANNA	ANNA, II	L 62906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	e 3	S9999			
	order date 7/22/24 ar order also documente texture, thin liquids co	nealth shake TID for Diet and start date 7/22/24. The ed, regular diet, regular consistency, health shake BID am) for diet. Discontinued				
	On 9/26/24, R42's die whole milk at breakfa Double protein all me	•				
	Review of document labeled Document profile dated 6/7/23 note under likes and dislikes, there is no answer provided. There were no other Nutritional assessments provided by the facility.					
	document R42's weig	inical Weights and vitals ght on 1/10/24 as 175.0 lbs titled document note that on t was 148.0 lbs.				
	_	eled Weights and Vital /12/24, R42 weighed 150.0				
	dated 9/26/24 notes to (Registered Dietician High Risk RD note d/month. CBW (Currer (pounds), BMI (Body Regular diet, regular consistency, Health's Double protein at all include atorvastatin, Vit (vitamin) D w/min risk of weight loss d/t encouraged to eat in at times. Receiving h	) documented the following: t (due to) weight loss 5% x 1 nt body weight) 150# mass index) 20.9. Diet:				

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Illinois Department of Public Health

STATEMENT OF D		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SU COMPLE	
		IL6001788	B. WING		10/03	3/2024
NAME OF PROVID	DER OR SUPPLIER		RESS, CITY, STA			
INTEGRITY HO	OF ANNA	315 SOUTH ANNA, IL 6	I BRADY MILL 32906	ROAD		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
app Red Unit not res Not 150 app wel tha  Fac Exc App the  R44 Exc Ibs wei The Ma  The by 202  R44 Exc 6/1 (co -13 1/1  R44 RD sar	labeled document pates note for 3/3/24 to sidents with weight lates for 3/10/24-3/16 to 10 lbs, continue suppetite, refuses suppetite, refuses suppere no other IDT/QA at mentioned R42's cility document label ceptions note that Firl 2024. There was a month of April 2024. There was a month of April 2024. So which notes -10.05 ight 12/5/23, 176.0 ere was no dietary by 2024.  The was no document label ceptions document label comparison weight 3/3.0 lbs), -10.0% challo label	cupport improved PO intake.  In appetite stimulant.  Drovided by V1 as IDT/QA  20 3/9/24, there were no closses over 3 pounds.  25/24 note R42's weight as colements. monitor, poor colements at times. There  25 meeting notes provided 26 weight loss.  26 eled Weights and Vital 27 was not weighted in 28 no dietary notes by V5 for 29.  20 de Weights and Vital 21/24, R42 weighed 139.0  21/24, R42 weighed 139.0  22 change (comparison 23 lbs , -21.0%, -37.0 lbs).  26 note by V5 for the month of  27 entation of progress notes 28 tician (V5) for April and May  28 ded Weights and Vitals  29 R42 weighed 137.0 lbs on 20 a -7.5% change 21 2/24, 150.0 lbs, -8.7%, 20 ange (Comparison weight	S9999			

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Illinois Department of Public Health

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SI COMPLE	
		IL6001788	B. WING		10/0	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
INTEGRIT	Y HC OF ANNA		I BRADY MILL	ROAD		
ANNA, IL 6						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	Continued From page	÷ 5	S9999			
	improving after recenhealth shakes. Will a cream to improve accadd health shake BID R42's document labe Exceptions note R42 which is a -10.0% cha 3/12/24, 150.0 lbs, -1 Dietary note dated 7/3 d/t weight loss >10% Diet: Regular diet, reconsistency, health sl varies at times. Typic Health shakes added continue current interneeds for weight main needed).	t acute illness. Requesting dd and may mix with ice septance. Recommend: n, may mix with ice cream.  led Weights and Vitals weighed 134.5 lbs on 7/9/24 ange (Comparison weight				
	R42's document labe Exceptions document 9/9/24 which is a -10.	led Weights and Vitals is R42 weighed 131.0 lbs on 0% change (Comparison				
	Dietary note dated 9/note d/t weight loss > 131#. Diet: Regular liquid consistency, he weight decline continuinterventions. Staff reat lunch meal. Usuall light dinner meal. Lik	1lbs, -12.7%, -19 lbs).  18/24 notes high risk RD 10% x 6 months. CBW: diet, Regular texture, thin alth shakes BID (twice daily) ues with recent eports he typically eats well ly skips breakfast and eats es to snack. Appropriate to meals and add whole milk.				

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Illinois Department of Public Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE S	
74101274	or connection	IDEITH IOMOTOMBER	A. BUILDING: _		00111112	
		IL6001788	B. WING		10/0	3/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
INTEGRIT	TY HC OF ANNA	315 SOUT ANNA, IL	H BRADY MILL 62906	. ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
\$9999	On 9/26/24 at 2:35pm said that she did not said that she did not said that she did not said there we to be flagged. V5 said meals or skip breakfat to refuse meals. V5 sher recommendations refuses meals or skip make a difference. V recommendations to Director of Nursing ar they are to speak with usually sees a reside loss monthly.  On 9/27/24, V6 (Dieta do not document when V1 said he could not that they were given. Not have any weekly January 2024 to Auguon weekly weights on On 10/3/24 at 12:10p Attorney) said that R4 to his admission to the didn't really want to gwas not made aware 9/27/24 when the faci approval for starting a said she has not been weight loss until them.  On 10/3/24 at 11:51a if R42 was being give said she was told he June they were requested they could add we said they coul	n, V5 (Registered Dietician) see R42 in April, May and not being flagged for weight ere no weights done for him d that R42 tends to skip est and also has a tendency said the fact of him missing s versus the fact he often s meals would not really '5 said she sends her the Administrator, the nd the Dietary manager and n the doctor. V5 said she nt with significant weight  ary Manager) said that they en supplements are given. provide any documentation V1 also said that R42 did weights documented from ust 2024. R42 was placed n 9/27/24.  m, V7 (friend/POA/Power of 42 was not eating good prior e facility. R42 said he just et up or eat. V7 said she of R42's weight loss until fility called to get her an appetite stimulant. R42 n notified of R42 having any	S9999			

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Illinois Department of Public Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	CONSTRUCTION	(X3) DATE SU	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLE	ILED
		IL6001788	B. WING		10/03	3/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	FE, ZIP CODE		
INTEGRIT	Y HC OF ANNA	315 SOUT	H BRADY MILL	ROAD		
INTEGRIT	T HC OF ANNA	ANNA, IL	62906			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULING  CROSS-REFERENCED TO THE APPROFE  DEFICIENCY)	O BE	(X5) COMPLETE DATE
	he likes snacks and of was getting an appet was eating better and since his appetites we more aggressive with informed that R42 was timulant, however it said if she would hav getting health shakes her approach would her approach would her Dietician does no monthly. V1 said that he month of August anot have any docume V1 said that R42 was with meals. V1 said to	se and replied she was told cookies. V5 said that R42 ite stimulant and was told he d was snacking well and ere improving, she didn't get a her interventions. V5 was as not getting an appetite was begun on 9/27/24. V5 e known R42 possibly wasn't and the appetite stimulant, have been more aggressive.  In, V1 (Administrator) said t have to see a resident t R42 refused his weights for and April. V1 said she did entation for refusals by R42. It is getting his health shakes that the team meets every				
	wounds. V1 said she recommendations fro that is a residents we weight, they weigh th provide any documer  On 9/27/24 at 1:00pm (Interdisiplinary Team weight loss on all of t should R42 have been she replied "Yes, I gu said they had a problem was the problem with she bought new scale was asked if they cali "yes". V1 said she didin't order the stimu with the dietary recommends.	es weight loss/gains and e does receive the Dietary of V6 each month. V1 said eight is off from the last e resident again, but can not entation to that.  In, V1 also said that the IDT entation to that.  In, V1 also said that the IDT entation to that.  In, V1 also said that the IDT entation to that.  In meet weekly and discuss the residents. V1 was asked en put on weekly weights and eless he should have". V1 em with scales and felt that in weights being off. V1 said eles in January of 2024. V1 eibrated them and she replied on't know why the doctor lant since they always agree mendations. V1 said the hysician's office and they				

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		IL6001788	B. WING		10	/03/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
INTEGRIT	Y HC OF ANNA	315 SOU <sup>*</sup> ANNA, IL	TH BRADY MILL R 62906	COAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	order the stimulant. A residents about their I V1 could not provide a V6 asked about it. V7 weight loss, you shou likes and dislikes. V1 dietician in writing about she stated they may be she stated they may be considered and she has not giver until the other day and names and have to si can not put their week and they do them on re-weigh R42 but don in the past couple mo On 10/2/24 at 2:45pm Practical Nurse) said not been given any he on 10/2/24 at 1:45pm that the dietician does they have a significant R42 has been getting meals and when they do not sign them off a provide any document actually given. V6 sa weights to the DON (I weights on each residirective the recomment month.	nat said she did not want to /1 said that V6 asks likes and dislikes of food. any documentation of where I said she would think with lid ask about the resident's said they do not notify the but a resident's weight loss, by phone.  In, V8 (CNA/Certified Nurse orks the hall R42 was on him any health shakes do now they have a list of gn them off. V8 said they kly weights in the computer paper. V8 said she did 't remember when, possibly nths.  In, V9 (LPN/Licensed to her knowledge, R42 has ealth shakes until last week.  In, V6 (Dietary Manager) said is see residents monthly if it weight loss. V6 said that health shakes with his are given with meals, they any where and can not tation that they were id each month he gives the Director of Nursing) the lent. V6 said he does indations made by V6 each	S9999			
		uest for Diet Change PCP by the Facility on 9/26/24 5 documents in part				

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		IL6001788	B. WING		10	/03/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	,	
NAME OF F	ROVIDER OR SUFFLIER		TH BRADY MILL R			
INTEGRIT	Y HC OF ANNA	ANNA, IL		IOAD		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE O THE APPROPRIATE	COMPLETE DATE
S9999	Continued From page	9	S9999			
	support improved PO Recommend: -consid	er appetite stimulant." This e any comments from the				
	Change PCP Fax Reputhat now had marked	ngRD Request for Diet port dated 3/13/24 from V5 under comments, "Do no s" with an unrecognizable				
	Nurses) said that he f dietary recommendat	n, V2 (DON/Director of axed the unsigned March ion for an appetite stimulant ne ordered Remeron 7.5 mg				
	and Intervention (revi"any weight chang last weight assessme day for confirmation. nursing will immediate writing. Verbal notific writing. The Dietician record by the 15th of individual weight trend document notes "Carr impaired nutrition will and will include the Pi dietician, the Consulta resident or resident's Individualized care pla extent possible: a. T weight loss, b. Goals improvement and c. f	ds over time". The same e planning for weight loss or be a multidisciplinary effort hysician, nursing staff, the ant Pharmacist, and the legal surrogate. ans shall address, to the he identified cause of				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1NTEGRITY HC OF ANNA  315 SOUTH BRADY MILL ROAD ANNA, IL 62906  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 10  B. WING DPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE) COMPLETE DATE  S9999  Continued From page 10	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
INTEGRITY HC OF ANNA  315 SOUTH BRADY MILL ROAD ANNA, IL 62906  (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  10 PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE DATE DEFICIENCY)  11 PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE  12 DATE			IL6001788	B. WING		10/03/2024	
INTEGRITY HC OF ANNA  ANNA, IL 62906  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  (EACH DEFICIENCY)  ID PROVIDER'S PLAN OF CORRECTION (CACH CORRECTIVE ACTION SHOULD BE DATE DEFICIENCY)	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ATE, ZIP CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE DATE)  COMPLETE DATE  DATE	INTEGRIT	Y HC OF ANNA			ROAD		
S9999 Continued From page 10 S9999	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMP	LETE
careful consideration of the following: a. Resident choices and preferences	\$9999	careful consideration Resident choices and Functional factors tha eating, d. Environme appetite or desire to p use of supplementation	of the following: a. I preferencesc. It may inhibit independent Intal factors that may inhibit I participate in mealsg. The	\$9999			

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