

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Health Survey Complaint Investigation 25543+99/IL192610	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)2) 300.1210 d)3) 300.1210 d)5) 300.3240 a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/03/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 1</p> <p>practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care 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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>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.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 2</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent the development of unstageable ulcers, identify and assess newly developed ulcers, consistently implement interventions to promote healing of the ulcers, and implement physician orders to treat ulcers for 1 (R149) of 7 residents reviewed for pressure ulcers in the sample of 52.</p> <p>This failure resulted in R149 developing unstageable ulcers to bilateral heels and subsequently being admitted to the hospital with diagnoses of sepsis, gangrene, and necrosis of the bone, tendon, and surrounding tissue. R149 underwent surgery to debride the ulcers on bilateral heels. Post surgery, R149 was placed on hospice and died on 6/9/25.</p> <p>Findings Include:</p> <p>R149's Admission Record, with a print date of 6/5/25, documents R149 was admitted to the facility on 2/2/24, with diagnoses that included Parkinson's disease, adult failure to thrive, diabetes, hypertension, peripheral vascular disease, and osteoarthritis.</p> <p>R149's Minimum Data Set (MDS), dated 4/2/25, documents a Brief Interview for Mental Status score of 09, which indicates a moderate cognitive deficit. This same MDS documented R149 was at risk for skin breakdown, no unhealed pressure ulcers, and two venous/arterial wounds. Under Skin and Ulcer/Injury Treatments, this MDS documents the following interventions, pressure reducing device for chair and bed, nutrition or</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued From page 3 hydration intervention, non-surgical dressings, ointments/medications, and dressings to feet. Turning and repositioning and pressure ulcer/injury care are not marked as interventions to implement. R149's current Care Plan documents, "(R149) has potential for pressure ulcer development r/t (related to) Hx (history) of ulcers, impaired mobility, impaired circulation03/06/2025 Site #22 arterial wound of R (right) heel03/20/2025 Site #24 Arterial wound to L (left) heel. 03/20/2025 Site #25 End stage skin failure to R (right) buttocks (resolved 04/24/2025). 04/03/2025 Site #26 End Stage skin failure L (left) buttocks (resolved 04/24/2025) Date Initiated: 02/27/2024." This Focus area includes the following interventions, "...03/06/2025 Tx (treatment) as ordered Site #22 arterial wound of R heel. EBP (enhanced barrier precautions) per facility policy. Date Initiated: 3/17/2025. 03/20/2025 Tx as ordered to Site #24 arterial wound to L heel. EBP per facility policy Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 02/27/2024. Administer treatments as ordered and monitor for effectiveness. Date Initiated: 02/27/2024. Assess/record/monitor wound healing weekly. Measure length, width, and depth where possible. Assess and document status of wound perimeter, wound bed, and healing progress. Report improvements and declines to MD (physician). Date Initiated: 02/27/2024. Follow facility policies/protocols for the prevention/treatment of skin breakdown. Date Initiated: 02/27/2024. Inform the resident/family/caregivers of any new area of skin breakdown. Date Initiated: 02/27/2024. Low air loss mattress as ordered. Date Initiated: 03/14/2024.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 4</p> <p>Monitor/document/report to MD PRN (as needed) changes in skin status: appearance, color, wound healing, s/sx (signs/symptoms) of infection, wound size (length x width x depth), stage. Date Initiated: 02/27/2024. Nutritional supplements as per MD orders. Date Initiated: 02/27/2024. Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated. Date Initiated: 02/27/2024. Skin checks as scheduled. Date Initiated: 02/27/2024. (name of wound specialty) wound specialist to evaluate and treat as indicated. Date Initiated: 02/27/2024." This care plan does not document interventions to float heels and/or wear heel protection.</p> <p>R149's Braden Scale, dated 1/8/25, documents a score of 15, indicating R149 has a low risk of skin breakdown.</p> <p>R149's facility Progress Notes document the following:</p> <p>5/14/25 1:50 PM, "...Resident seems lethargic, able to wake up to voice but falls back asleep quickly. Temp. (temperature) 100.9, HR (heart rate) 116, BP (blood pressure) 96/60, O2 sat (saturation) 97% RA (room air). Blood sugar 355. V35 (Physician) office notified, waiting on call back from (V35) nurse for any new orders."</p> <p>5/14/25 2:15 PM, "... (V35) office called back and gave verbal order per (V35) to send resident to ER (emergency room). EMS (emergency medical services) transported resident to (name of local hospital). POA (Power of Attorney) notified."</p> <p>5/15/25 5:08 AM, " ...admitted to (name of local hospital) ICU (intensive care unit) r/t (related to) sepsis. PT (patient) is currently receiving IV</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 5 (intravenous) ABX (antibiotics) and fluids." R149's local hospital record documents on 5/14/25 under "Chief Complaint: Patient presents with Altered Mental Status, Wound Check. 88 yo (year old) wm (white male) is brought to er (emergency room) for eval (evaluation) of ams (altered mental status). As per nh (nursing home) staff, patient is confused, patient has fever, patient has low bp (blood pressure). Nh staff is concerning of sepsis. Patient has bil (bilateral) heel necrotic ulcers. Patient has no chest pain. No abd (abdominal) pain Pt (patient) arrives for AMS EMS (Emergency Medical Services) reports we were called for AMS (altered mental status) that was worsening throughout the day. He has sores on both feet that are becoming necrotic. They are concerned he is becoming septic. His BP (blood pressure) was 95/40 ...Pungent scent noted." Under Physical Exam, R149's hospital records document temperature of 100.2 degrees Fahrenheit, R149 is ill appearing, bed bound, with bilateral heel ulcers with necrosis. The CT (Computerized tomography) results dated 5/14/25 of the left foot documents under impression, "Cellulitis. Deep soft tissue ulceration along the posterior plantar aspect at the calcaneal tuberosity with gas extending to the bone at that level. Erosive change/osteomyelitis involving the posterolateral portion of the calcaneal tuberosity at that level through the attachment the Achilles tendon with appearance concerning for underlying tendinosis/partial-thickness tear of the tendon and possible tendon infection...." The CT results dated 5/14/25 of the right lower extremity/foot documents the following under Impression, "Cellulitis. Progressive, deep soft tissue ulceration overlying the calcaneal tuberosity with exposure the bone and underlying acute osteomyelitis.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 6</p> <p>There is gas and ill-defined fluid throughout the underlying soft tissues at that level as well as gas within abscess cavity extending along the distal plantar fascia with possible infection with gas-forming organisms. Full thickness tear and osseous avulsion fracture involving the Achilles tendon with partial thickness tearing and abscess cavity extending more proximally along the tendon." Under Clinical Impression, R149's hospital record documents, "Sepsis, due to unspecified organism...altered mental status...osteomyelitis of foot, unspecified laterality, unspecified..." The hospital history and physical dated 5/14/25 documents, "heel wounds. In ED (emergency department), patient met criteria for sepsis as patient was noted to have fever, tachycardia, tachypnea, elevated lactic acid, leukocytosis. Patient was started on broad spectrum IV (intravenous) antibiotics after imaging studies showing questionable osteomyelitis. ER provided consulted on-call podiatrist ..."</p> <p>R149's hospital record documents a physical exam, dated 5/14/25, under skin, the assessment documents, "...Multiple healing abrasion/skin tears over extremities. Examination of right heel- on plantar aspect of right heel, large necrotic ulcer with foul-smelling ulcer base/eschar, 5.4 cm (centimeters), ankle swelling with erythema. Examination of left heel - on plantar out of left heel, large necrotic ulcer 3 x 2 cm with purulent base."</p> <p>V33 (Podiatrist/Surgeon) hospital consult note for R149, dated 5/14/25, documents under Assessment, "(R149) is an 88 yo male with gangrene of heels, bilateral ...Dakins wet to dry gauze applied bilateral. Plan for OR (operating room) debridement tomorrow and wound vac</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 7 (vacuum) application." R149's Operation Note signed by V33 documents, "Preoperative diagnoses: 1. Gangrene of bilateral heel with necrosis of bone. 2. Decubital ulceration, Stage IV, bilateral heel. Postoperative Diagnoses: 1. Gangrene of bilateral heel with necrosis of bone. 2. Decubital ulceration, Stage IV, bilateral heel." Under Description of Procedure the note documents, "...Attention was first directed towards the posterior right heel. There was significant foul odor and necrosis of skin, soft tissue, and exposed necrotic bone within the wound cavity of the right heel. There was exposed necrotic bone within the wound cavity of the right heel. There was exposed necrotic Achilles tendon with purulent fluctuance at the Achilles tendon course ...The bone at the plantar posterior margin of the calcaneus as necrotic in appearance ...Attention was then directed towards the posterior left heel at full-thickness necrotic ulceration ...Nonviable bone at the posterior dorsal lateral margin of the calcaneus was excised ... The patient was then transported back to the ICU (Intensive Care Unit) on a ventilator with vital signs stable. Heel offloading boots were applied after repositioning the patient in the supine position." R149's hospital Progress Note, dated 5/18/25, documents under Plan for Today, "Per discussion with intensivist and ICU RN (Registered Nurse): Plan to extubate later today. Continue management in ICU, as already discussed earlier today with intensivist (name) Prognosis is dismal and this has apparently been relayed to the family; patient remains full coder per his previously stated wishes at this point, per discussion with intensivist...." R149's hospital Progress Note, dated 6/1/25, documents, "patient	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	<p>Continued From page 8</p> <p>was made comfort care yesterday after family decided. Pending hospice evaluation tomorrow as per case management...."</p> <p>R149's three separate Initial skin Alteration Records, dated 1/8/25, document three separate shear wounds to buttocks, with treatments documented as provide relief on chair and bed, turning and repositioning, and dressing care with treatments documented as apply silver sulfadiazine (SSD), collagen, calcium alginate, and apply dry dressing. There is no documentation of any wounds/ulcers to R149's heels documented on this assessment indicating R149 returned to the facility on 1/8/25, with no ulcers/wounds identified on his bilateral heels.</p> <p>R149's skin Monitoring: Comprehensive CNA (Certified Nursing Assistant) Shower Review, dated 3/3/25, documents, "Perform a visual assessment of the resident's skin when giving a shower. Report any abnormal looking skin (as described below) to the charge nurse immediately Use this form to show the exact location and description of the abnormality. Using the body chart below, describe and graph all abnormalities by number." This form documents a circle around the feet on body chart with no documentation of what was observed. This surveyor attempted to contact the CNA (Certified Nursing Assistant) who did this assessment, but she no longer works at the facility and didn't answer the phone and/or return this surveyors call. There is no documentation in R149's assessments and/or progress notes related to the abnormal areas indicated by a circle on the body chart on this assessment.</p> <p>R149's facility progress notes document on 3/6/25 at 12:18 AM, " ...this nurse was in the</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 9</p> <p>hallway standing at med (medication) cart during evening med pass when res (resident) daughter approached her stating that she saw blood coming through res white socks. At assessment, nurse observed a 6 cm (centimeter) x 5.8 cm wound to right heel. See skin assessment for details. Wound treated per wound doctor (V27/Wound Specialist) standing order. V27 and V3 ADON (Assistant Director of Nurses) notified to assess on wound rounds."</p> <p>R149's Weekly Skin Record, dated 3/6/25, documents, "3/6/25 - "Right heel ...full thickness tissue loss wound; 6 cm length x 5.8 cm width x 0.3 cm deep; no slough present." The assessment documents no tunneling, no undermining of the wound, no odor, irregular wound edges, and no pain verbalized. Under comments the assessment documents, "Wound cleansed c (with) ns (normal saline); applied ssd/cp (collagen powder) mix et (and) covered c ca (calcium alginate) et dry dressing per standing order. (V27/Wound Specialist) and V3 (Assistant Director of Nurses/ADON) notified of the need to assess during wound rounds."</p> <p>R149's Wound Evaluation and Management Summary (V27/Wound Specialist) note document the following: 3/6/25- " ...Chief Complaint: Patient has wounds on his upper scalp; right heel, anterior penis, right scalp ...Examination of right lower extremities. Foot warm, moderate edema, wound present ...Focused Wound Exam (Site 22) Arterial Wound of the Right Heel Full Thickness. Etiology ...Arterial, Duration: > (greater than) 5 days, Objective ...Healing/Maintain healing, Wound size (L (length) x W (width) x D (depth): 6.4 x 7.2 x 0.1 cm, Surface Area ...46.08 cm² (squared), exudate Moderate Serous, Slough30%, Granulation</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
---	---	--	--

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
S9999	<p>Continued From page 10</p> <p>tissue70%... Dressing Treatment Plan Primary Dressings: Alginate Calcium apply once daily for 30 days; Betadine apply once daily for 30 days. Secondary Dressing: ABD (abdominal pad) apply once daily for 30 days; Gauze roll (kerlix) 4.5" apply once daily for 30 days." Under Site 22: Surgical Excisional Debridement Procedure, the assessment documents, "Indication for Procedure: Remove necrotic tissue and establish the margins of viable tissue.... Procedure Note: the wound was cleansed with normal saline, and anesthesia was achieved using topical benzocaine. Then with clean surgical technique, curette was used to excise 13.82 cm² of devitalized tissue including slough, biofilm and non-viable subcutaneous level tissues were removed at a depth of 0.3 cm and healthy bleeding tissue was observed..."</p> <p>3/13/25- "...Chief Complaint: Patient has wounds on his upper scalp; anterior penis; right heel; right scalp..." Under Arterial wound of the Right Heel Full Thickness the assessment documents, " Objective Healing/Maintain Healing, Wound Size ... 6.4 x 7 x 0.1 cm, Surface Area44.80 cm², Exudate Moderate Serous, Thick adherent black necrotic tissue (eschar)70%, Slough30%, Wound Progress Improved evidenced by decreased surface area Dressing Treatment Plan.... Primary Dressing: Alginate calcium apply once daily for 23 days; Betadine apply once daily for 23 days Under Site 22: Sharp Selective Debridement Procedure: "Procedure Note: The wound was cleansed with normal saline and anesthesia, though not required, was achieved using topical benzocaine. Then with clean surgical technique, curette was used to selectively remove biofilm, remove devitalized epidermis and/or dermis, remove devitalized tissue at margins of a wound over the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 11</p> <p>wound surface area of 44.8 cm²."</p> <p>3/20/25 - "Chief Complaint: Patient has wounds on his upper scalp; anterior penis; right heel; right buttock; left heel; right scalp." Under Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness ...Objective ...Healing/Maintain Healing, Wound size ...6.2 x 7 x 0.1 cm, Surface Area43.40 cm², Exudate Moderate Serous, Thick adherent black necrotic tissue (eschar)70%, Slough 30%, Wound Progress Improved evidenced by decreased surface area Dressing Treatment Plan.... Primary Dressing: Alginate calcium apply once daily for 16 days; Betadine apply once daily for 16 days ..." Under Site 22: Sharp Selective Debridement Procedure the assessment documents, "...Procedure Note curette was used to selectively remove biofilm, remove dried exudates or debris over the wound surface area of 43.4 cm² Goal primary to control infection risk in a chronic wound. Treating only the margins of an otherwise stable heel eschar." Under Focused Wound Exam (Site 24) the assessment documents, "Arterial Wound of the Left Heel Full Thickness. Etiology: Arterial, Duration: > 3 days, Objective: Healing/Maintain Healing, Wound Size ... 3.2 x 3 x 0.3 cm, Surface Area 9.60 cm², Exudate Moderate Serous, Thick adherent black necrotic tissue (eschar)100%. Dressing Treatment Plan: Primary Dressing: Alginate Calcium apply once daily for 30 days; Betadine apply once daily for 30 days. Secondary Dressings: Gauze roll (kerlix) 4.5" apply once daily for 30 days. Reason For No Sharp Debridement: Non-infected heel necrosis."</p> <p>There is no documentation in R149's facility medical record when the ulcer to R149's left heel was first identified, an assessment of the left</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 12</p> <p>heel, or treatment of the area, prior to V27's assessment on 3/20/25.</p> <p>R149's Order Summary Report Active Orders as of 04/01/2025 includes the following orders, "Left heel-cleanse with n/s (normal saline) or wound cleanser/pat dry/apply betadine/ca (calcium alginate) and wrap with kerlix daily and PRN (as needed) and "Right heel- cleanse with n/s or wound cleanser and apply Betadine/ca and wrap with kerlix every day shift for wound, both orders have a start date of 3/20/25. R149's Order Summary Report does not document an order to treat the pressure ulcer on the right heel from when it was identified on 3/6/25 until 3/20/25.</p> <p>R149's TAR (Treatment Administration Record), dated 3/1/25 to 3/31/25, includes the following orders, "Left heel cleanse with n/s or wound cleanser/pat dry; apply betadine/ca and wrap with kerlix daily and PRN every day shift for wound" and "Right heel- cleanse with n/s or wound cleanser and apply Betadine/CA and wrap with kerlix every day shift for wound." Both physician orders have a start date of 3/21/25. This TAR does not document a physician order to treat the right heel from 3/6/25 until 3/20/25.</p> <p>On 6/7/25 at 10:55 AM, V2 (Regional Director of Clinical Services/Acting Director of Nurse) stated they were unable to find treatment orders from 3/6 to 3/21/25 for the ulcer located on R149's right heel, but he looked at the wound specialist notes, and the area was improving. V2 stated V3 (Assistant Director of Nurses/ADON) did rounds with V27 (Wound Specialist), and they saw R149 weekly. V2 stated V3 (ADON) remembered there being dressings on R149's right heel when she did rounds with V27 each week, but there was no order in the system for a treatment to the right</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 13 heel. R149's Wound Evaluation and Management Summary (V27/Wound Specialist) notes document the following: 3/27/25 - "...Chief Complaint: Patient has wounds on his upper scalp; right heel; right buttock; left heel; right scalp; anterior penis." Under Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness ...Objective: Healing/Maintain Healing, Wound Size ...: 6.2 x 6.4 x 0.1 cm, Surface Area ...39.68 cm², Exudate Moderate Serous, Thick adherent black necrotic tissue (eschar)70%, Slough30%, Wound Progress Improved evidenced by decreased surface area ... Dressing Treatment Plan: Primary Dressing: Alginate Calcium apply once daily for 9 days; Betadine apply once daily for 9 days ... Under Site 22: Surgical Excision Debridement Procedure the assessment documents "...curette was used to surgically excise 3.97 cm² of devitalized tissue and necrotic subcutaneous level tissue along with slough and biofilm were removed at a depth of 0.2 cm and healthy bleeding tissue was observed." This same assessment documents under Focused Wound Exam (Site24), "Arterial Wound of the Left Heel Full Thickness Objective ... Healing/Maintain Healing, Wound Size ...: 3 x 3 x 0.3 cm, Surface Area ...9.00 cm², Exudate Moderate Serous, Thick adherent black necrotic tissue100%, Wound Progress Improved evidenced by decreased surface area Dressing Treatment Plan, Primary Dressing: Alginate Calcium apply once daily for 23 days; Betadine apply once daily for 23 days... Reason for No Sharp Debridement: Non-infected heel necrosis."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 14 4/3/25 - "...Chief Complaint: Patient has wounds on his upper scalp; right heel; left heel; left buttock; anterior penis." Under Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness ...Objective Healing/Maintain Healing, Wound Size ...: 6 x 6.4 x 0.1 cm, Surface Area38.40 cm², Exudate Moderate Serous, Thick adherent black necrotic tissue (eschar)70%, Slough30%, Wound Progress Improved evidenced by decreased surface area Dressing Treatment Plan, Primary Dressing: Alginate Calcium apply once daily for 30 days; Betadine apply once daily for 30 days ..." Under Site 22: Surgical Excision Debridement Procedure, the assessment documents, " Procedure curette was used to surgically excise 2.30 cm² of devitalized tissue and necrotic subcutaneous level tissues along with slough and biofilm were removed at a depth of 0.2 cm and healthy bleeding tissue was observed." Under Focused Wound Exam (Site 24) this same assessment documents, "Arterial Wound of the Left Heel Full Thickness ...Objective Healing/Maintain Healing, Wound Size ...: 3 x 3 x 0.3 cm, Surface Area9.00 cm², Exudate None, Thick adherent black necrotic tissue (eschar)100%, Wound Progress At Goal Dressing Treatment Plan Primary Dressing: Alginate Calcium apply once daily for 16 days; Betadine apply once daily for 16 days Reason for No Sharp Debridement: Non-infected heel necrosis." Under Site 24: Sharp Selective Debridement Procedure the assessment documents, " ...Procedure ...curette was used to selectively remove devitalized tissue at margins of a wound, remove dried exudates or debris over the wound surface area of 9 cm²..." 4/10/25 - "...Chief Complaint: Patient has wounds	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 15 on his right heel, upper scalp, right scalp, left heel, anterior penis, right buttock." Under Exam, this assessment documents "Foot Warm, Moderate Edema, Wound present" for bilateral lower extremities. "Under Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness, Etiology ...Arterial, Duration: > 40 days, Objective Healing/Maintain Healing, Wound Size 5.6 x 5.3 x 0.8 cm, Surface Area29.68 cm ² , Exudate Moderate Serous, Thick adherent black necrotic tissue (eschar)70%, Slough30%, Wound Progress Improved evidenced by decreased surface area Dressing Treatment Plan, Primary Dressing: Alginate calcium apply once daily for 23 days; Betadine apply once daily for 23 days ..." Under Site 22: Surgical Excisional Debridement Procedure, the assessment documents under Procedure Note, " ...curette was used to surgically excise 1.19 cm ² , of devitalized tissue and necrotic periosteum and bone along with slough and biofilm were removed at a depth of 0.9 cm and healthy bleeding tissue was observed" This same assessment documents under Focused Wound Exam (Site 24), "Arterial Wound of the Left Heel Full ThicknessObjectiveHealing/Maintain Healing, Wound Size2.8 x 3 x 0.3 cm, Surface area8.40 cm ² , ExudateModerate Serous, Thick adherent black necrotic tissue (eschar)100%, Wound ProgressImproved evidenced by decreased surface areaDressing Treatment Plan, Primary Dressing: Alginate Calcium apply once daily for 9 days; Betadine apply once daily for 9 daysReason No Sharp Debridement: Non-infected heel necrosis. 4/17/25 - ".... Chief Complaint: Patient has wound on his right heel; upper scalp; left heel; right scalp; left buttock; anterior penis." Under	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 16 Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness Objective ...Healing/Maintain Healing, Healing Potential Good, Estimated Time to Heal2-4 months, Care goal(s) this month ... Decrease Ulcer Area, Maintain Skin Integrity, Decrease Odor Wound Size ...5 x 5.3 x 0.8 cm, Surface Area26.50 cm ² , Exudate Moderate Serous, Thick adherent black necrosis tissue (eschar)70%, Slough 30%, Wound Progress Improved evidenced by decreased surface area ...Infection Assessment ...No sign (s) of infection Dressing Treatment Plan, Primary Dressing: Alginate calcium apply once daily for 14 days; Sodium hypochlorite solution (dakins) apply once daily and as needed: if saturated, soiled, or dislodged. For 30 days ..." Under Site 22: Surgical Excisional Debridement Procedure, the assessment documents under Indication for Procedure, "Remove Infected Tissue, Remove thick Adherent Eschar and Devitalized Tissue." Under Procedure Note this assessment documents, " ...curette was used to surgically excise 5.30 cm ² of devitalized tissue and necrotic periosteum and bone along with slough and biofilm and removed at a depth of 1 cm and healthy bleeding tissue was observed..." This same assessment documents under Focused Wound Exam (Site 24), "Arterial Wound of the Left Heel Full Thickness ... Objective: Healing/Maintain Healing, Healing Potential ... Good, Estimated Time to Heal2-4 months, Care goal(s) this monthDecrease Ulcer Area ...Wound size ...2.2 x 3 x 0.3 cm, Surface Area6.60 cm ² , ExudateModerate Serous, Thick adherent black necrotic tissue (eschar) ...100%, Wound Progress ... Improved evidenced by decreased surface area Infection Assessment No sign (s) of infection) Dressing Treatment Plan, Primary Dressing: Alginate	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 17</p> <p>calcium apply once daily for 30 days; Sodium hypochlorite solution (dakins) apply once daily and as needed: If saturated, soiled, or dislodged. For 30 days ..." Under Site 24: Surgical Excisional Debridement Procedure the assessment documents under Indication for Procedure, "Remove Necrotic Tissue and Establish the Margins of Viable Tissue." Under Procedure Note the assessment documents, " curette was used to surgically excise 3.30 cm² of devitalized tissue and necrotic subcutaneous level tissues were removed at a depth of 0.4 cm and healthy bleeding tissue was observed"</p> <p>There is no documentation in R149's facility records of V27 (Wound Specialist) ordering a wound culture of the right heel ulcer to determine the cause of the odor documented under the care goals of the month, and no documentation of V27 ordering an antibiotic to treat the infected tissue referenced under the surgical debridement section of V27's progress note.</p> <p>There are no facility skin assessments or progress notes documented with assessments of the ulcers to R149's heels and/or assessments of his condition until 4/22/25, when R149's Weekly Skin Record documents, "Right heel- measured 6 cm x 5.8 cm x 0.3 cm. Under Additional Narrative Description of Wound the assessment documents "Full thickness tissue loss wound ...no slough present." The assessment describes the wound bed as greenish/yellow, red/beefy with no odor, and purulent (brownish/yellow) drainage. The healing process is documented as "no change."</p> <p>R149's facility Progress Notes document the following:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 18</p> <p>4/24/2025 12:26 PM, " ...res (resident) noted more lethargic than usual today, not responding verbally as he normally does but will make eye contact. When fed res is letting food fall out of and not swallowing. Vitals 98.9 t (temperature), 18 r (respirations) 96 p (pulse), 99% O2 (oxygen) on RA (room air), 62/46 b/p (blood pressure), lung sounds clear, bowel sounds present. Res presenting with non-productive cough. MD (physician) notified. MD gave orders for CBC (complete blood count) w/diff (with differential), CMP (comprehensive metabolic panel), TSH (thyroid stimulating hormone), Free T4, Ammonia, Lactic Acid and 2 view chest (sic) xray. Orders put into pcc (point click care), biotech and lab.</p> <p>4/25/25 5:25 PM, "...Sent chest x-ray and labs to (V35/Physician) New ant (antibiotic) Clindamycin 300 mg (milligrams) po (by mouth) TID (three times daily) for 10 days ordered."</p> <p>R149's Order Summary Report active orders as of 05/01/2025 includes the following orders, 4/29/25 Daily skin check every night, 4/12/25 heel protectors on while in bed. Every day and night shift. 4/25/25 Clindamycin 300 mg three times daily for ten days. There are no antibiotic orders documented for treatment to the ulcers on bilateral heels on R149's Order Summary Report from 4/25/25 until his hospitalization on 5/14/25.</p> <p>R149's Weekly Skin Records do not document assessments of the ulcers to bilateral heels on 4/28, 5/5, 5/9, and 5/13/25. The assessments document no new areas noted and/or no changes to current wounds.</p> <p>R149's Wound Evaluation and Management Summary (V27/Wound Specialist) notes</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 19 document the following: 4/24/25- " ...Chief Complaint: Patient has wounds on his right heel, left heel; right scalp; anterior penis; right buttocks; left buttocks. Under Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness Objective ...Healing/Maintain healing Healing Potential ...Good. Care goal(s) this month. Decrease Ulcer Area, Maintain Skin Integrity, Decrease Odor ...Wound Size5 x 5.3 x 0.8 cm ...Surface Area ...26.50 cm ² ...Exudate Moderate Serous ...Thick adherent black necrotic tissue (eschar) ...70%. Slough30%...Wound Progress ...At Goal Infection Assessment ...No signs of infection ...Dressing Treatment Plan ...Alginate Calcium apply once daily for 9 days; Sodium hypochlorite solution (dakins) apply once daily and as needed" Under Site 22 Surgical Excisional Debridement Procedure the evaluation documents the indication for the procedure as "Remove Infected Tissue, Remove Thick Adherent Eschar and Devitalized Tissue, Remove Necrotic Tissue and Establish the Margins of Viable Tissue." Under Procedure Note the Evaluation documents, " curette used to surgically excise 15.90 cm ² of devitalized tissue and necrotic periosteum and bone along with slough and biofilm were removed at a depth of 1 cm and healthy bleeding tissue was observed" This same assessment documents under Focused Wound Exam (Site 24) "Arterial Wound of the Left Heel Full Thickness ...Objective ...Healing/Maintain HealingHealing Potential ...GoodCare goal(s) this month ...Decrease Ulcer AreaWound Size2 x 3 x 0.3 cmSurface Area6.00 cm ² Exudate ...Moderate Serous ...Thick adherent black necrotic tissue (eschar) ...100%....Wound progress ...Improved evidenced by decreased	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 20 surface areaInfection AssessmentNo signs of infection ...Dressing Treatment PlanAlginate calcium apply once daily for 23 days; Sodium hypochlorite solution (dakins) apply once daily and as needed" Under Site 24: Surgical Excisional Debridement Procedure the evaluation documents under Indication for Procedure "Remove Necrotic Tissue and Establish the Margins of Viable Tissue, Remove Thick Adherent Eschar and Devitalized Tissue, Remove Infected Tissue." Under Procedure Note it documents, " ...curette was used to surgically excise 5.4 cm ² of devitalized tissue and necrotic muscle level tissues were removed at a depth of 0.5 cm and healthy bleeding tissue was observed ..." 5/1/25- "...Chief Complaint: Patient has wounds on his right heel, left heel, right scalp, anterior penis...." Under Focused Wound Exam (Site 22) the assessment documents, "Arterial Wound of the Right Heel Full Thickness ...Healing PotentialGood ...Care goal(s) this monthDecrease Ulcer Area, Maintain Skin Integrity, Decrease Odor ...Wound Size ...5 x 5 x 0.8 cm, Surface Area25.00 cm ² , ExudateModerate SerousThick adherent black necrotic tissue (eschar)70%, Slough30%, Wound Progress Improved evidenced by decreased surface area Infection Assessment No sign(s) of infection." Under Dressing Treatment Plan, the assessment documents, "Alginate calcium apply once daily for 30 days; Sodium hypochlorite solution (dakins) apply once daily and as needed ..." Under Site 22: Surgical Excisional Debridement Procedure the assessment documents, "Indication for Procedure: Remove infected tissue, remove necrotic tissues, and establish the margins of viable tissue, remove thick adherent eschar and devitalized tissue...."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 21 Procedure Note ...curette was used to surgically excise 25 cm ² of devitalized tissue and necrotic periosteum and bone along with slough and biofilm were removed at a depth of 1 cm and healthy bleeding tissue was observed..." This same evaluation documents under Focused Wound Exam (Site 24), "Arterial Wound of the Left Heel Full Thickness Objective Healing/Maintain Healing, Healing Potential Good, Care goal(s) this month Decrease Ulcer Area, Approach Wound Size2 x 2 x 0.3 cm, Surface Area ...5.60 cm ² , Exudate ... Moderate Serous, Thick adherent black necrotic tissue (eschar)100%, Wound Progress improved evidenced by decreased surface area ...Infection Assessment No sign(s) of infection Primary Dressing ...Alginate calcium apply once daily for 16 days; Sodium hypochlorite solution (dakins) apply once daily and as needed" Under Site 24: Surgical Excisional Debridement Procedure the assessment documents, "Indication for Procedure: Remove infected tissue, remove necrotic tissue, and establish the margins of viable tissue, remove thick adherent eschar and devitalized tissue Procedure Note curette was used to surgically excise 5.6 cm ² of devitalized tissue and necrotic muscle level tissues were removed at a depth of 0.5 cm and healthy bleeding tissue was observed...." 5/8/25 - " ...Chief Complaint: Patient has wounds on his left heel, right heel, upper scalp; anterior penis." The assessment documents under Focused Wound Exam (Site 22), "Arterial Wound of the Right Heel Full Thickness Healing Potential ...Good, Care goal (s) this month ...Decrease Ulcer Area, Maintain Skin Integrity, Decrease Odor ...Wound Size ...5 x 5 x 0.5 cm, Surface Area25.00 cm ² , Exudate Moderate Serous, Thick adherent black necrotic tissue	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 22 (eschar)40%, Slough30%, Granulation Tissue 30%, Wound Progress ...Improved evidenced by decreased depth, decreased necrotic tissue ...No sign(s) of infection Dressing Treatment Plan: Primary Dressing: Alginate calcium apply once daily for 23 days, Sodium hypochlorite solution (dakins) apply once daily and as need" Under Site 22: Surgical Excisional Debridement Procedure the assessment documents, "Indication for Procedure: Remove infected tissue, remove necrotic tissue, and establish the margins of viable tissue, remove thick adherent eschar and devitalized tissue ...Procedure Note curette was used to surgically excise 12.5 cm ² of devitalized tissue and necrotic muscle level tissues along with slough and biofilm were removed at a depth of 0.8 cm and healthy bleeding tissue was observed..." This same assessment documents under Focused Wound Exam (Site 24), "Arterial Wound of the Left Heel Full Thickness ...Objective: Healing/Maintain Healing, Care goals this month ...Decrease Ulcer Area ... Wound Size ...2 x 2.8 x 0.3 cm ...Surface Area: 5.60 cm ² , ExudateModerate Serous, Thick adherent black necrotic tissue (eschar) ... 20%, Thick adherent devitalized necrotic tissue ... 30%, Slough ...20%, Granulation Tissue30%, Wound Progress: Improved evidenced by decreased necrotic tissue ... Infection AssessmentNo sign(s) of infection Dressing Treatment Plan ...Primary Dressing: Alginate calcium apply once daily for 9 days; Sodium hypochlorite solution (dakins) apply once daily and as needed" Under Site 24: Surgical Excisional Debridement Procedure the assessment documents, "Indication for Procedure: Remove necrotic tissue and establish the margins of viable tissue Procedure Note ...curette was used to surgically excise 3.92 cm ²	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 23</p> <p>of devitalized tissue and necrotic periosteum and bone along with slough and biofilm were removed at a depth of 0.6 cm and healthy bleeding tissue was observed ...Investigations: Recommend and/or reviewed: Deep swab technique performed on arterial wound of the left heel on 5/8/2025." There is no order by V27 (Wound Specialist for a wound culture to either heel prior to 5/8/25.</p> <p>R149's Wound Culture report with a collection date of 5/11/25 and a reported date of 5/16/25, documents a heavy growth of proteus mirabilis, moderate growth of enterococcus faecalis, and a moderate growth of streptococcus agalactiae group B.</p> <p>On 6/3/2025 at 10:07 AM, V17 (Family Member) stated R149 was admitted to the hospital, with two separate infections in his blood, had surgery on his heels, and is now on hospice. V17 stated she saw R149 frequently while he was at the facility and in the days leading up to his hospitalization; he seemed more agitated. V17 stated R149 had a pressure ulcer on his bottom and his heels. V17 stated R149 was hospitalized in January of 2025, and when he returned to the facility from the hospital, he didn't have any pressure ulcers. V17 stated R149 asked for a pair of tennis shoes for Christmas, and she purchased them for him. V17 stated she came to see him (unsure of exact date but maybe in February 2025), he was sitting in his chair, and asked her to take his shoes off. V17 stated there was blood on the heel of his right shoe and a wound on his heel. V17 stated it looked like his foot had been pushed into his shoe too hard and his skin tore. V17 stated she wasn't sure when the pressure ulcer to the left heel happened, but R149 would put his left foot over by his right foot while in bed,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 24</p> <p>and when she visited, she would separate his feet and put a pillow under them. V17 stated she believed the left heel developed due to him rubbing his foot on the bed and the other foot. V17 stated R149 was seen by V27 (Wound Specialist) weekly. V17 stated the facility would call her weekly and tell her the pressure ulcers were assessed and were improving. V17 stated R149 wasn't turned and repositioned while at the facility. V17 stated he had heel protector boots at one point and when she visited him, they would be off, and she would put them back on. V17 stated then one day they were gone. V17 stated when she asked about them, they told her they were in laundry, and they just never came back to R149's room. V17 stated she brought a pair she had at home for him to use. V17 stated she could smell a rotting smell when she went into his room, and when she asked about it, the facility staff told her it was the medication they were using to treat the pressure ulcers on his heels.</p> <p>On 6/4/25 at 12:04 PM, V7 (Certified Nursing Assistant/CNA) stated she provided care to R149 on the day he was transferred to the hospital. V7 stated he wasn't acting his normal self, so she reported it to his nurse to assess him.</p> <p>On 6/4/25 at 12:09 PM, V11 (CNA) stated she had provided care to R149. V11 stated R149 required total care. V11 stated she attempted to get him up for breakfast the day he was transferred to the hospital, and she couldn't get him up in the chair. V11 stated she can usually get him to eat, but that day she couldn't. V11 stated R149 had heel protector boots he was supposed to wear, and they were available, but some mornings she would come to work, and they wouldn't be on him. V11 stated she wasn't ever in the room when his treatment was done,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 25</p> <p>but there was an odor in his room. V11 stated she couldn't speak for anyone else, but when she worked, he was turned and repositioned every two hours.</p> <p>On 6/4/25 at 12:18 PM, V16 (CNA) stated he had taken care of R149 once or twice. V16 stated the nurse asked him to turn and position him one time (about a month ago) for treatments on his heels. V16 stated he thought (R149) had boots on, he didn't see the areas on his heels, but there was an odor when they took the bandage off. V16 stated he wasn't aware what interventions were in place, but they did basic floating heels and making sure he was turned and positioned.</p> <p>On 06/06/25 at 11:42 PM, V50 (Registered Nurse/RN) stated he saw R149's heels one time. V50 stated, "You couldn't determine the stage because they were just "blackish. There was an odor, they were spongy, and then we started using boots to protect the heels." V50 stated they used boots, off-loading, and elevation as interventions.</p> <p>On 06/06/25 at 11:49 PM, V42 (RN) stated she didn't take care of R149, but she did speak with his family. V42 stated when he was admitted to the facility, he had orders to float his heels and then suddenly, they were gone. V42 stated V17 (Family Member) asked her about it, so she put the orders back in the system for heel protectors to be checked each shift. V42 stated that occurred around 4/12/25. V42 stated she told V17 she didn't know where the boots/heel protectors were, but maybe in the laundry.</p> <p>On 06/07/25 at 12:00 AM, V49 (CNA) stated she took care of R149 during his stay at the facility. V49 stated if there weren't boots in his room, she</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 26</p> <p>knew she could get some from the closet. V49 stated R149 was grumpy, but would let her apply the boots. When asked if he always had them on, V49 stated there was one time she got to the facility for her shift, and they weren't on him.</p> <p>On 06/07/25 at 12:16 AM, V30 (Licensed Practical Nurse/LPN) stated she did provide care to R149, but didn't remember the details of the skin check she signed off on 3/3/25. V30 stated she did do his treatments once or twice. V30 stated the last time was "some time ago." V30 was not able to remember what his heels looked like. V30 stated she provided care to R149 in the days before his hospitalization, and he appeared his normal self. V30 stated she didn't remember what R149's pressure ulcer prevention interventions were. V30 stated there was an odor the last time she was in R149's room (date unknown).</p> <p>On 06/07/25 at 12:36 AM, V45 (CNA) stated she provided care to R149 "a little bit" before he went to the hospital. V45 stated he didn't always have heel protection in place. V45 stated if he didn't have heel protectors she would put pillows under his feet. V45 stated there was an odor that you could smell as soon as you walked into his room.</p> <p>On 6/7/25 at 10:48 AM, V46 (LPN) stated he took care of R149 every other week. V46 stated the wounds on his heels were deteriorating and didn't look good. V46 stated V27 (Wound Specialist) was addressing them. V46 stated he was debriding them, and got a wound culture. V46 stated they were turning and positioning him, he had an air mattress, nutritional supplements, and boots. V46 stated there was an odor, and he remembered V27 changed the treatment, but he wasn't sure how long the smell started before the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 27</p> <p>culture was obtained. When asked who normally works that hall, V46 stated it was a heavy care hall at that time, and no one liked to work it and didn't volunteer for it, so they didn't have one specific nurse who worked it routinely.</p> <p>On 06/09/25 at 1:25 PM, V48 (anonymous) stated she provided care for R149 in April. V48 stated she didn't do his treatments, but she held his leg up while another nurse did them. V48 stated she remembered there being drainage on the dressings they removed and an odor.</p> <p>On 6/5/25 at 12:09 PM, V3 (Assistant Director of Nurses/ADON) stated she saw R149 on Thursdays with V27. V3 stated the wounds on his heels were sloughy looking and improved. V3 stated there was an odor. V3 stated they got wound cultures, but didn't get the results back until R149 was at the hospital. V3 stated R149 was started on clindamycin on 4/25/25 for an upper respiratory infection, per the progress notes. V3 stated she didn't know how long there was an odor to the heels, or how and/or when R149 acquired the pressure ulcers. When asked if R149 acquired the pressure ulcers at the facility, V3 stated she would have to check. V3 stated if there was a new area identified, they would contact V27 for orders, assess the area, and document the assessment. This surveyor reviewed with V3, V27's note on 3/6/25 documenting the area on R149's right heel had a duration greater than five days and asked where the initial assessment of the area was, and V3 stated she didn't know. V3 stated R149's interventions to prevent pressure ulcer and promote healing were heel protectors, a low air loss mattress, and repositioning. V3 stated the boots R149 wore went up to his calves and were in place every time she saw him. When asked</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 28</p> <p>why there were no heel protectors and/or turning and repositioning interventions on R149's care plan, V3 stated she would have to check.</p> <p>On 06/10/25 at 9:00 AM, V2 (Regional Director of Clinical Services/Acting DON) stated he would have expected an order to be in the system for the right heel as soon as it was identified. V2 stated there was no documentation the treatment was done on R149's right heel from 3/6/25 until 3/20/25. V2 stated he would expect the physician to be notified if there was a wound with a foul odor. V2 stated if the physician wasn't treating or obtaining diagnostics, he would expect the nursing staff to get something from the physician. V2 stated, V27 has standing orders for heel protectors for any resident with a wound on their heel. V2 stated he knows at some point the order was placed on R149's TAR. V2 stated if they can't find the heel protectors, staff should get more from the closet. V2 stated they did get an order for a culture for R149. V2 stated that is when V27 told them he suspected osteomyelitis, "but that is not what he told you guys (surveyors)." V2 stated V3 (ADON) did rounds with V27 every week and he never mentioned it to her until May 2025.</p> <p>On 6/5/25 at 3:15 PM, V35 (Physician) stated he saw R149 in March and April, and started him on antibiotics for a respiratory infection in April. V35 stated he was aware of the wounds, but leaves them to the wound specialist. V35 stated he was not aware of them having a foul odor and/or worsening. V35 stated he would expect some imaging if osteomyelitis was suspected. V35 stated R149 did have diabetes, but he was not treating it aggressively because of the level R149 was at he could drop too low. When asked if the areas were preventable with R149's comorbidities, V35 reviewed an ultrasound, and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 29</p> <p>stated it documents a 50-99% blood flow which could mean stenosis, or they were perfectly fine. V35 stated if R149 had peripheral vascular disease, heel protectors wouldn't have helped. V35 reviewed R149's hospital records and stated V33 didn't do any blood flow tests, but she is an experienced surgeon, so he would trust she would know, but without the numbers he couldn't say if R149 had blood flow issues (peripheral vascular disease).</p> <p>On 6/5/25 at 11:38 AM, V27 (Wound Specialist) stated he remembered R149. V27 stated at some point his heels started looking a little better, but they started to smell. V27 stated they changed the treatment to Dakins to control the odor, and he was debriding bone and muscle on both heels. V27 stated R149 wasn't the easiest patient. V27 stated anytime he would try to debride the wounds, R149 would say no. V27 stated R149 didn't like him very much if he was alone, but if one of the staff was with him, R149 would let him debride the areas. V27 stated he didn't remember if the wounds were classified as arterial, but they were black heels, down to the bone; "it was osteomyelitis." V27 stated the only other option was bilateral amputation of the legs, and he didn't know if the family would have approved that. V27 stated, "He had osteomyelitis." V27 stated they did cultures, and they would have started antibiotics if anything grew. V27 stated, "I think I started antibiotics." V27 stated a patient can go septic within hours. V27 stated he had poor circulation and didn't move or turn. When asked if they did any diagnostic tests to determine if he had poor circulation (peripheral vascular disease), V27 stated he didn't know, but R149 had a lot of clinical signs of bad circulation such as weak pulses and no hair growth on his legs. V27 stated R149 had a low air loss mattress</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 30</p> <p>and boots. V27 stated R149 was bad and every time he came to the facility, he was surprised R149 was still alive.</p> <p>On 6/12/25 at 4:40 PM, V27 (Wound Specialist) stated he didn't have to do osteomyelitis diagnostics on R149 such as x-ray and lab work, because when you debride bone, you don't have to do the work up clinically. V27 stated R149's wounds were healing, and that was apparent because the size of the wound was decreasing. When asked how he determined if a wound was improving, V27 stated the only solid evidence is the size of the wound and then the clinical assessment, however the clinical assessment can be subjective. V27 stated he didn't see patients neglected or not cared for at the facility. V27 stated the facility cares. V27 stated they even healed out his end-of-life wounds. V27 stated R149 died in the hospital, even after IV antibiotics and debridement. V27 stated that is the biggest proof of end-of-life wounds, they develop and worsen even with care and treatment. V27 stated there was nothing you could do to stop the progression of end-of-life wounds. When asked how the facility healed out R149's end of life wounds that he referenced in this interview, V27 stated because they really do care.</p> <p>On 6/5/25 at 8:12 AM, V33 (Podiatrist/Surgeon) stated the local emergency room consulted with her on the evening R149 was admitted to the hospital. V33 stated both heels were completely rotted up to the Achilles tendon on the right side. V33 stated R149 wasn't stable for surgery that night, but the next morning his vital signs had improved. V33 stated she took R149 into surgery and removed both Achilles tendons and heels, and if he had walked before he wouldn't walk</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 31 again. V33 stated "basically (R149) was "circling the drain" when he came to the hospital. (R149) was so bad, the question was how he got that bad and no one saw it. (R149) was severely septic, had multiple bacteria, was covid positive, unable to eat, and unable to get off the ventilator after surgery. With how severe the sepsis was, the only option was palliative care. With how bad his heels were, that didn't happen overnight. "You don't get a purulent tract up the leg overnight." V33 stated there were probably signs sooner, but the facility waited until his blood pressure dropped. V33 stated the smell of gangrene was so powerful when R149 arrived at the hospital, there was no way the facility could have thought he was ok. When asked if the areas were preventable even with R149's comorbidities, V33 stated, "Yes, as long as someone was floating the heels." V33 stated R149 was seeing a wound specialist at the facility. When asked if uncontrolled blood sugars precipitated the wounds getting worse, V33 stated it could have been a factor, but not the cause. V33 stated pressure was the main cause of this tissue death. V33 stated R149's blood flow was perfect. V33 stated the areas were pressure ulcers, not arterial wounds. V33 stated when she first saw them, she thought they had to be arterial because they were so bad, however, he had no blood flow issues. V33 stated, "The only way I can see it as not neglect is if he was refusing care." V33 stated he was not refusing care at the hospital. V33 stated V17 (Family Member) told her she kept telling the facility there was an odor and the facility kept saying it was the treatment they were doing to the heels that caused the odor. V33 stated heels can get that bad, but not that quickly. V33 stated there was no form of off-loading the heels. The facility Decubitus Care/Pressure Areas	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 32 policy, dated December 2024, documents, "Policy: To ensure a proper treatment program has been instituted and is being closely monitored to promote the healing of any pressure ulcer, once identified. Procedure: Upon identification of skin breakdown, the following will be completed; 1. The pressure area will be assessed and documented. 2. Complete all areas of a wound assessment following NPUAP (National Pressure Ulcer Advisory Panel) guidelines i) Document size, stage, site, depth, drainage, color, odor, and treatment (upon obtaining from the physician). ii) Document the stages of the pressure ulcer iii) Document the color ...3. Notify the physician for treatment orders ...4. Documentation of the pressure area must occur upon identification and at least once each week6. Reevaluate the treatment for response at lease every two (2) to four (4) weeks ...8. Initiate problem on care plan" (AA) 2 of 2 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 33</p> <p>of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview, observation, and record review, the facility failed to manage pain for 1 of 2 residents (R81) reviewed for pain in a sample of 52. This failure resulted is R81 experiencing decreased mobility and participation in daily</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 34</p> <p>activities related to uncontrolled severe pain.</p> <p>Findings include:</p> <p>R81's Admission Record documents an admission date of 05/14/24, with diagnoses including: polyneuropathy, injury of left ankle, bilateral primary osteoarthritis of knee, osteoarthritis, myalgia, depressive episodes, anxiety disorder, bipolar disorder, chronic pain, lumbago with sciatica on right side, and lumbago with sciatica on left side, age related osteoporosis, and anxiety disorder.</p> <p>R81's Minimum Data Set (MDS), dated 05/19/25, documents a Brief interview of mental status (BIMS) of 15, indicating cognitively intact with diagnosis including: polyneuropathy, unspecified injury of left ankle, myalgia, other chronic pain, lumbago with sciatica on right side, and lumbago with sciatica on left side. Section GG documents R81's sit to stand, chair/bed to chair transfer and toilet transfer as supervision or touching assistance- helper provides verbal cues or touching/steadying assistance as resident completes activity.</p> <p>R81's Care Plan documents a Focus Area of: R81 has potential for pain related to arthritis, neuropathy, and lumbago with an initiated date of 06/04/24 with intervention documented of: administer analgesia as per orders, monitor/document for probable cause of each pain episode, remove/limit causes where possible, monitor/record pain characteristics every shift and as needed: quality (example: sharp, burning);severity (1 to 10 scale); anatomical location; onset; duration (example: continuous, intermittent); aggravating factors; relieving factors; monitor/record/report to nurse</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 35</p> <p>any signs or symptoms of non-verbal pain: changes in breathing (noisy, deep/shallow, labored, fast/slow); vocalizations (grunting, moans, yelling out, silence); eyes (wide open/narrow slits/shut, glazed, tearing, no focus); face (sad, crying, worried, scared, clenched teeth, grimacing) body (tense, rigid, rocking, curled up, thrashing); monitor/record/report to nurse loss of appetite, refusal to eat and weight loss; monitor/record/report to nurse resident complaints of pain or requests for treatment; notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain; observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decrease range of motion, withdrawal or resistance to care with interventions dates of 06/04/2024.</p> <p>R81's Order Summary Report documents her most current order for a Lidoderm external patch 5% on 08/29/24, with an end date of 08/29/24.</p> <p>R81's order summary report documents an order for acetaminophen oral tablet, give 1000 milligrams by mouth every 8 hours as needed for pain with an order date of 02/27/25, and an order status of active.</p> <p>R81's order summary report documents an order for gabapentin oral tablet 400 milligrams, give one tablet by mouth three times a day for pain with an order date of 05/28/25, and an order status of active.</p> <p>R81's order summary report documents an order for ibuprofen oral tablet 200 milligrams, give 2 tablets by mouth every 8 hours as needed for pain give 1 ibuprofen tab with 1 325 milligrams Tylenol, with an order date of 02/27/25, and an</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 36</p> <p>order status of active.</p> <p>R81's Pain Questionnaire, dated 02/17/25, documents: mental status with "alert" marked, ability to verbally communicate has "able to communicate" marked, routine medications ordered for pain with "ordered and somewhat effective (moderate relief)" marked, frequency of pain with "intermittent/occasionally less than daily" marked, conditions/diagnosis associated with potential for pain with "one condition/diagnosis" marked, intensity of pain with "moderate pain" marked, pain scale used with "numeric" observations of pain (non-verbal pain indicators) with "no observations of pain" marked.</p> <p>R81's Medication Administration Record (MAR), dated May 2025, documents an order for: monitor and document pain level every shift with a start date of 05/17/25, with zero documented for days 1-24 for day and night, day 25 has a 3 documented for night, day 26 has a 0 documented for day and night, day 27 documents a 2 at night, and days 28 - 31 documents a 0 for day and night.</p> <p>R81's MAR, dated May 2025, documents Acetaminophen 1000 milligrams given on 05/21, 05/22, 05/25, and 05/27 for the month of May.</p> <p>R81's Nurse's Note dated 05/28/25 at 8:17 PM, documents, "Medical Doctor (MD) in the building and spoke with resident about concerns with her gabapentin making her feel unsteady since it had been increased from 300 mg (milligrams) three times a day to 600mg three times a day. MD gave new order to start gabapentin 400 mg three times a day."</p> <p>R81's Nurse's Note, dated 05/27/25 at 3:37 PM,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 37</p> <p>documents: "(Nurse Practitioner) assessed resident, resident voiced severe pain to hips to the point of not able to walk. Resident voiced she went to (hospital) after a fall and had an x-ray and CT scan with no findings. (NP) ordered to send referral to brain and spine for further evaluation."</p> <p>R81's order summary report documents an order for referral to brain and spine related to increase pain to back, hips, and leg with an order date of 05/28/25, and an order status of active.</p> <p>R81's MAR, dated June 2025, documents an order for: monitor and document pain level every shift with a start date of 05/17/25 with zero documented for days 1-8 for day and night.</p> <p>R81's MAR, dated June 2025, does not document any acetaminophen 1000 milligrams given 06/01 - 06/05.</p> <p>On 06/02/25 at 4:20 PM, R81 was observed sitting in her wheelchair, leaning to her side so her left hip area was not touching much of the chair. R81 was leaning more of her weight on her right elbow. R81 stated her hip and leg hurt, and she has a walker, but she cannot use it because of the pain, so she has to use this wheelchair. R81 stated she has been telling them it hurts.</p> <p>On 06/03/25 at 12:15 PM, R81 stated she has pain daily, and she has never told the nurses she did not have pain. R81 said she has never said it was a zero or a three when they have asked. She stated she would be happy if it was only a three. R81 said she believes she is supposed to have a scan of some kind to hopefully find out what is going on because she would like to use her walker and get around more.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 38</p> <p>On 06/04/25 at 8:10 AM, R81 was observed lying in bed, with dark circles under her eyes and moving very slowly. R81 repositioned her leg with her hands and then started rubbing her hip. When she did this, she had a slight grimace on her face. R81 stated she has not got up yet, because the gabapentin makes her so tired and does not help much with the pain. R81 said she hopes to get up later and do something, her hip area is just really hurting, and she is in bed a little more than she would like. R81 stated the nurse has been asking if she has pain and she tells them yes, daily, and never says it is a zero or even a three. R81 stated there are days that she tells the nurses the pain is above ten on a one to ten scale. She stated even after the pain medication, which is just acetaminophen, ibuprofen, and gabapentin, she still has pain. The gabapentin does not seem to help the pain that much, it just makes her tired, but she takes the ibuprofen and the acetaminophen. R81 stated her pain is more than just moderate. R81 said she would like to have a little more tolerable pain so she could go to more activities and get up more, but she does not have the energy with the pain.</p> <p>On 06/16/25 at 11:27 AM, V35 (Physician) stated he was notified by the facility about her pain on 02/26/25 about her pain, but he believes that was after she had a fall. He has seen her in the facility and knows she has chronic pain and sometimes it is worse with the weather. He was unaware the pain assessments were not completed as more than a casual conversation; he would have expected the questions to be asked and assessed. He would expect the staff to be documenting her pain consistently on the MAR (Medication Administration Record). V35 stated, "The upcoming scan is to gauge the progression of her diagnoses and to assist with gauging her</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	<p>Continued From page 39</p> <p>pain."</p> <p>On 06/05/25 at 12:00 PM, V28 (Care Plan Coordinator/Minimum Data Set Coordinator) stated she does the pain assessments for the residents including R81's assessment. V28 stated if she was busy, she may have done the pain assessment by using the resident's chart. V28 stated she does not think R81 stated she has pain daily, but this was just a passing conversation with her, not an in-depth conversation. V28 stated when she does the pain assessments, it is not a sit-down process; she does not take the paper (the assessment) in with her and sit and ask her the questions; she has five of these a day.</p> <p>On 06/05/25 11:54 AM, V25 (Registered Nurse) stated she has asked R81 if she has had pain, and R81 has expressed she does have pain, and it bothers her. V25 stated she has been complaining of pain for the last couple months. V25 stated the doctor will not give R81 anything stronger for pain.</p> <p>On 06/05/25 at 1:10 PM, V20 (Registered Nurse) stated, "(R81) has chronic pain. There is nothing they can do about her pain; she gets gabapentin and acetaminophen. (R81) had lidocaine patches in the past. What do you expect us to do?" When V20 was asked if he knew what R81's diagnoses were, V20 stated "No."</p> <p>The facility policy, dated 2022, titled, "Pain Management" documents: to facilitate resident independence, promote resident comfort and preserve resident dignity. The facility will achieve these goals through: promptly and accurately assessing and managing pain to the greatest</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/16/2025
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF MARION		STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued From page 40 extent possible, encouraging residents to self-report pain, increasing comfort and reducing to depression and anxiety in residents, optimizing the residents' ability to perform activities of daily living, monitoring treatment efficacy and side effects. A standard format for assessing, monitoring and documenting pain in both cognitively intact and cognitively impaired residents will be utilized. As part of a comprehensive approach to pain assessment and management, pain will be considered the "fifth" vital sign at the facility, along with temperature, pulse respiration, and blood pressure. For the purposes of this policy, pain is defined as "whatever the experiencing person says it is, existing whenever the experiencing person says it does." (B)	S9999		