

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                       |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                             | Initial Comments<br><br>Complaint Investigations:<br><br>2558550/2616046<br><br>2558979/2620078                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                         | S0000               |                                                                                                                          |  | 10/31/2025                                      |  |
| S9999                                                             | Final Observations<br><br>Statement of Licensure Violations:<br><br>1 of 2<br><br>300.610a)<br><br>300.1210a)<br><br>300.1210b)<br><br>300.3300y)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall be<br>formulated by a Resident Care Policy Committee<br>consisting of at least the administrator, the advisory<br>physician or the medical advisory committee, and<br>representatives of nursing and other services in the<br>facility. The policies shall comply with the Act and<br>this Part. The written policies shall be followed in<br>operating the facility and shall be reviewed at least<br>annually by this committee, documented by written,<br>signed and dated minutes of the meeting<br><br>Section 300.1210 General Requirements for Nursing and<br>Personal Care<br><br>a) Comprehensive Resident Care Plan. A facility, with<br>the participation of the resident and the resident's<br>guardian or representative, as applicable, must develop<br>and implement a comprehensive care plan for each<br>resident that includes measurable objectives and<br>timetables to meet the resident's medical, nursing, and<br>mental and psychosocial needs that are identified in |                                                                         | S9999               |                                                                                                                          |  | 10/31/2025                                      |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| S9999                                                                 | <p>Continued from page 1</p> <p>the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>Section 300.3300 Transfer or Discharge</p> <p>y) The administrator of a facility licensed under the Act shall give 60 days notice prior to voluntarily closing a facility or closing any part of a facility, or prior to closing any part of a facility if closing such part will require the transfer or discharge of more than 10% of the residents. Such notice shall be given to the Department, to the Office of State Long Term Care Ombudsman, to any resident who must be transferred or discharged, to the resident's representative, and to a member of the resident's family, where practicable. If the Department suspends, revokes, or denies renewal of the facility's license, then notice shall be given no later than the date specified by the Department. Notice shall state the proposed date of closing and the reason for closing. The facility shall submit a closure plan to the Department for approval which shall address the process for the safe and orderly transfer of residents. The approved plan shall be included in the notice. The facility shall offer to assist the resident in securing an alternative placement and shall advise the resident on available alternatives. When the resident is unable to choose an alternate placement and is not under guardianship, the Department shall be notified of the need for relocation assistance. A facility closing in its entirety shall not admit any new residents on or after the date written notice is submitted to the Department under the Act and this Part. The facility shall comply with all applicable laws and regulations until the date of closing, including those related to transfer or discharge of residents. The Department will place a relocation team in the facility as provided under subsection (u) of this Section.</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 2<br/>(Section 3-423 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to develop individualized discharge plans that incorporated input and preferences from the resident, resident representative, and the interdisciplinary team to ensure safe and orderly transfer/discharge planning for 13 (R13, R14, R17, R18, R21, R22, R23, R24, R25, R27, R28, R30, and R31) of 27 residents reviewed for transfer and discharge in the sample of 46. This failure resulted in R27 and R30 experiencing feelings of upset/worry, sadness, or distress and would cause a reasonable person to feel the same emotions when given the news of having to relocate to another facility on very short notice.</p> <p>On 9/15/25 at 1:35PM, V1 (Former Administrator) provided a list of residents still in the facility and stated there were still 19 in house as of this date/time. V1 said they have provided the IDPH (Illinois Department of Public Health) regional office a list of those residents that have been discharged to date and plan to send weekly updates. V1 said the list includes resident names, the location they were transferred to and the date/time they left. V1 stated the facility has plumbing issues that need addressed and the kitchen will need to have 3 feet of concrete dug up in order to replace old cast iron plumbing that has collapsed. V1 stated other areas of the facility's physical environment need remodeled as well, such as paint and flooring in some areas and they also plan to do those repairs while the kitchen plumbing is being replaced. V1 stated it's her understanding the facility owner plans to reopen the facility after repairs are complete and residents can return after completion. V1 stated the residents that have transferred out thus far have all gone to other homes owned by (name of facility's corporation) but they were given choices of where they wanted to go. V1 admitted that the facility did not provide written notices, however no residents were forced to go somewhere they did not want to go and all that have transferred agreed with their new placement. V1 stated the closure is temporary and not an "emergency" but these repairs do need to be done soon, and residents need to go to other facilities for them to complete the repairs.</p> <p>On 9/15/25 at 2:45 PM, V4 (Ombudsman) stated that he can't remember which day, either late Thursday afternoon (9/11/25) or early Friday morning (9/12/25) that residents were being transferred out of the facility. V4 said V1 (Former Administrator) told him</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 3</p> <p>there were plumbing issues that needed fixed, and it would take about 2 months. V4 said that he told V1 that residents need to be given a choice about where they go and V1 stated they were giving them choices. V4 was asked if the facility provided him notice of the resident transfers or temporary closure, and V4 stated no, the facility did not contact him. V4 stated he got word from someone at Adult Protective Services that the facility was transferring people out when they called to inquire about a bed opening, so they called V4 to see if he was aware and he was not. V4 stated he was concerned the facility may not be following proper procedures for transfers/closure or providing the required notices and discharge planning for safe/orderly transfers.</p> <p>On 9/16/25 at 9:31 AM, V1 stated the residents were given a choice of corporate sister facilities first, then if they didn't want that they gave options of other facilities that are close.</p> <p>1. R27's Admission Record documented an admission date to the facility of 8/6/25 and included diagnoses of anxiety disorder and depression. This document lists R27 as her own responsible party, with a daughter listed as an emergency contact. R27's Minimum Data Set (MDS) dated 09/05/25 documented a Brief Interview for Mental Status (BIMS) score of 14, indicating R27 is cognitively intact.</p> <p>R27's Care Plan included a Focus area of R27 at times presents with moderate sign/symptoms of anxiety, initiated on 8/13/25 with an intervention of encouraging R27 to talk about anything that may be on her mind, speak in a calm voice and actively listen and offer assistance by asking if there's something staff can do to help. Another Focus Area documents R27 at times demonstrates mood distress d/t (due to) depression, initiated on 8/13/25, with interventions to aid R27 in decreasing of hopelessness by including her with decision making, provide positive feedback, encourage expression of feelings, especially related to area of life outside of R27's control and communicate care, empathy, sensitivity and compassion for the resident and what she is going through. R27 also has a Focus area documenting she is alert and oriented x (times) 3 and is able to make needs known without difficulty, with an intervention to communicate with family/caregivers regarding capabilities/needs. R27 has a Focus area that she intends to be short term and return to community with support services after receiving therapy 6/8 months with an intervention that SSD (Social Service Director) will provide/assist R27 with information and/or applying for community</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 4<br/>resources/support services. R27's Care Plan did not include any updates or revisions to indicate planning for transfer or discharge, including a plan for therapy services, to another facility had occurred.</p> <p>A discharge MDS documented R27 was discharged from the facility on 8/31/25 for a short-term hospital stay. R27's Progress Notes include the following entries:</p> <p>9/3/25 at 3:13PM documented the facility received report from the hospital that R27 would be returning.</p> <p>9/3/25 at 6:01PM documented R27 arrived at the facility.</p> <p>9/4/25 at 10:49AM, labeled a Social Service Note, documented V1 (Former Administrator) "contacted (R27's) daughter to discuss sending a referral to a sister facility due to this facility not currently receiving payment for medicaid/medicare. She was agreeable to the transfer and would like her to return to this facility when possible."</p> <p>9/5/25 at 10:26AM documented "Resident left facility with bus driver from (name of sister facility located approximately 20 miles east of original facility). All meds (medications) and belongings sent with driver. Narcotics sent with signed acknowledgement. Report called to nurse on duty at (sister facility). Review of R27's progress notes and medical record show no reproducible evidence of an Interdisciplinary Team (IDT) meeting to discuss transfer/discharge options. The medical record does not include evidence of facility staff having any direct conversation or discussion with R27 regarding her preferences or options of available locations for transfer.</p> <p>R27's Receiving Facility Admission Record documented an admission date to the receiving sister facility (approximately 20 miles east of the original facility) on 9/5/25 and listed R27 as her own responsible party.</p> <p>On 9/16/25 at 4:30 PM, R27 was observed in the new/receiving sister facility and was alert and oriented to person, place and time. R27 stated when she was at the original facility, about a week or more ago, she had to be sent out to the hospital and was supposed to go back to that facility after being discharged from the hospital. R27 said she discharged from the hospital on Wednesday (9/3/25) or Thursday (9/4/25) and went back to that facility for a day or so but on Friday (9/5/25) staff there told her she couldn't stay because they couldn't take any new admissions, so she had to come "here" (to the sister facility). R27 said she came</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| S9999                                                                 | <p>Continued from page 5</p> <p>here to the new facility on the same day she was told about not being able to stay at the previous facility. R27's facial expression/emotional affect while discussing these events appeared distressed. When this surveyor asked how R27 felt about the news that she would have to move, R27 stated that she "felt very rushed and felt really anxious about the move because it happened so fast." R27 stated that she is ok now that she is here but was stressed at the time. When asked if R27 was given any other reason for her transfer, such as plumbing issues or building repairs, she stated there was no explanation as to why she had to leave except they couldn't take admissions, and she was considered a new admission since she had been sent out to the hospital. This surveyor again clarified that R27 did not come straight to the sister facility from the hospital and R27 stated no, she went to the original facility from the hospital, spent one or two nights there, then came here Friday (9/5/25). R27 stated she didn't want to go to another facility and just wants to get therapy and go back to her home and she didn't know if she was going to get therapy here.</p> <p>On 9/17/25 at 10:20 AM, R27 was observed in her wheelchair in the foyer area of the facility close to the nurse's station visibly upset and crying about wanting to get therapy "here" and be able to go home. R27 also voiced being upset about the pants she was wearing, stating they were not hers. R27 stated she doesn't have all her clothes here and that she had new clothes and doesn't know where they are. V15 (Receiving/Sister Facility Administrator) was kneeling by R27 and consoling her, offering reassurance that she would go check on her therapy and will help make sure they locate any clothes she may be missing.</p> <p>2. R30's Admission Record documented an admission date to the facility of 7/24/24 and included diagnoses of anxiety disorder and depression. R30's Admission Record lists himself as responsible party with V17 (Family Member) listed as POA (Power of Attorney)/Healthcare Surrogate. R30's MDS dated 09/11/25 documented a BIMS score of 10, indicating R30 has moderate cognitive impairment.</p> <p>R30's Care Plan documented a Focus area that R30 wishes to return home when strong enough with an intervention that the facility will provide therapies needed as well as good nutrition designed to promote health and healing in order to help R30 meet his goals to go home. R30's Care Plan did not include any updates or revisions to indicate planning for transfer or discharge to another facility had occurred. R30 also had a Focus area documenting he is alert and oriented x</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                       |  |                                                 |  |
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| S9999                                                             | <p>Continued from page 6</p> <p>(times) 3 with some confusion; he is able to make needs known without difficulty, with interventions to communicate with him/family/caregivers regrading resident's capabilities and needs and to discuss concerns about confusion, disease process, NH (nursing home) placement with him/family/caregivers. The medical record did not include evidence of facility staff having any direct conversation or discussion with R30 regarding his preferences or options of available locations for transfer. R30's Care Plan did not include any updates or revisions to indicate the interdisciplinary team did any planning for transfer or discharge to another facility.</p> <p>R30's Receiving Facility Admission Record documented an admission date of 9/11/25 to the receiving/sister facility (approximately 20 miles east of the original facility).</p> <p>R30's Progress Note dated 9/10/25 at 11:44AM and authored by V5 (Social Service Director/SSD) documented R30 sitting in his room spouse (name) was there visiting. Spoke with the both of them no concerns. After visit spouse did come and talk to SSD informing that R30 is thinking/wanting to d/c (discharge) back home but stated that she is not able to care for him on her own and their home is not set up where he'd be able to manage getting around in his w/c (wheelchair). R30's Progress Note dated 9/11/25 at 1:37PM authored by V1 (Former Administrator) documented V17 (Family Member) was contacted by this administrator to discuss the need to move residents to another facility temporarily to complete the need extensive sewer repairs within the facility. Choices of available facilities within the geographical area were offered. V17 chose (name of sister facility approximately 20 miles east of original facility). Resident was notified of the move. Psychosocial needs met. No emotional distress noted. R30's Progress Note dated 9/11/25 at 6:04PM documented resident left facility via facility transportation will (sic) all current medications and belongings. All questions and concerns were addressed before leaving facility.</p> <p>On 9/16/25 at 4:20 PM, R30 was observed in the receiving/sister facility where he was recently transferred. When asked if R30 was recently transferred here, R30 said yes, he was. When asked if R30 received much notice prior to moving &amp; he raised his voice and stated "NO! They didn't tell me anything!" R30 said the facility told him in the morning on Thursday (9/11/25) and moved him out that same day and he was not happy about it. R30 stated he was ok with being at the new facility now but was not happy about the short notice</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S9999                                                                 | <p>Continued from page 7<br/>or having to move. R30 said he thought he had to move<br/>due to building repairs.</p> <p>On 9/17/25 at 2:35 PM, when this surveyor asked V17<br/>(R30's Family Member) about R30's transfer to the<br/>sister facility approximately 20 miles away from the<br/>original facility, V17 stated "I was so darn mad...I<br/>was there visiting him on Wednesday (9/10/25) and they<br/>didn't say anything about it." V17 said then on<br/>Thursday (9/11/25), she was notified by phone they<br/>would be transferring R30 to (name of sister facility).<br/>V17 did not remember being given a reason for the<br/>transfer, but said she maybe heard the maintenance man<br/>say something about gas lines being an issue at some<br/>point. V17 said there was no meeting held, or discharge<br/>planning discussed and no one at the facility went over<br/>any options with her. V17 said no one mentioned<br/>offering to make a referral to the other facility<br/>located in the same town (owned by a different<br/>corporation). V17 said she would have liked that option<br/>because she was able to visit R30 every Wednesday,<br/>Saturday and Sunday at the other facility because she<br/>lived close. V17 stated now she won't be able to visit<br/>R30 very often because she doesn't drive and would<br/>catch rides with family and friends, but the facility<br/>they transferred him to is a lot farther away. V17<br/>stated at the time, R30 was really upset about moving.</p> <p>3. R31's Admission Record documented an admission date<br/>to the facility of 01/15/25 and included a diagnosis of<br/>unspecified dementia. This Admission Record listed V18<br/>(Family Member) as R31's responsible party/emergency<br/>contact #1. Other contacts listed included R31's<br/>granddaughter. R31's MDS dated 9/15/25 documented a<br/>BIMS score of 99, indicating R31 was unable to complete<br/>the interview.</p> <p>R31's Care Plan included a Focus area of R31 will be<br/>long term care with an intervention of making it as<br/>much of a home like atmosphere as possible to make sure<br/>she is comfortable and well taken care of, initiated on<br/>1/15/25. The Care Plan did not include any updates or<br/>revisions to indicate planning for transfer or<br/>discharge to another facility had occurred.</p> <p>R31's Progress Notes included an entry on 9/12/25 at<br/>10:25AM by V3 (Assistant Director of Nursing/ADON) that<br/>documented (granddaughter) was contacted to discuss the<br/>need to move residents to another facility in order to<br/>complete the needed extensive sewer repairs within the<br/>facility. Choices of available facilities within the<br/>geographical area were offered. (Name of granddaughter)<br/>chose (name of sister facility approximately 20 miles<br/>south of current facility). Resident was notified of</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                   |  |                                                 |  |
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| S9999                                                                 | <p>Continued from page 8</p> <p>the move. Psychosocial needs met. No emotional distress noted. The next progress note entry was dated 9/12/25 at 12:20PM, authored by V3 and documented (V2/Director of Nursing-DON) contacted V18 (Family Member) to discuss the need to move residents to another facility temporarily in order to complete the needed extensive repairs within the facility. Choices of available facilities within the geographical area were offered. V18 chose (name of sister facility 20 miles east of current facility). Resident was notified of the move. Psychosocial needs met. No emotional distress noted. R31's Progress note dated 9/15/25 at 3:09PM documented R31 left the facility via facility transportation all belongings sent along with medications, all concerns and questions addressed before departing.</p> <p>On 9/17/25 at 2:45 PM, when asked about R31's transfer and if she received any notice, V18 (Family Member) stated it was "real short notice." V18 couldn't remember when but thought maybe the facility called to tell her on Wednesday (9/10/25) or Thursday (9/11/25) and then they moved her mom on Monday (9/15/25). V18 said they told her there was something going on with the building and residents needed to transfer. V18 said they first told her R31 would go to (name of sister facility approximately 20 miles south of current facility) but V18 said she told them absolutely not and denied that location, stating she didn't want her there. V18 then stated she told them she would just bring R31 home if they send her there, so they offered to transfer R31 to (another sister facility approximately 20 miles east of current location). V18 stated there was no discharge plan of care discussed, and they only mentioned transferring her mother to other facilities (owned by this corporation's name). R31 said they did not offer to make a referral to the other facility that is in the same town (different corporation). V18 said she lives in the town where R31 was and so do a lot of her family members so they were able to visit frequently, but with R31 being moved to (new town location) it will make it more difficult for everyone to visit. V18 said her mother has dementia but moving her so quickly like this would have upset her or made her anxious because "she needs to be around family."</p> <p>On 9/30 at 3:25PM, V3 (ADON) stated she first called R31's granddaughter due to not being able to reach V18 because they needed a new contact number for V18. Once they got a hold of V18, she said she wanted R31 to go to (sister facility 20 miles east of facility), not (the sister facility 20 miles south).</p> <p>4. R18's Admission Record documented an admission date</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                                 | <p>Continued from page 9<br/>to the facility of 9/26/2024 and lists R18 as her own responsible party. There are several contacts listed with two being listed as emergency contacts. One emergency contact is identified as next of kin/cousin and the other is listed as a friend. Another person is listed as "other" with no relationship identified. R18's MDS dated 9/12/25 documented a BIMS score of 99, indicating R18 was unable to complete the interview.</p> <p>R18's Care Plan includes a focus area of R18 "would like to return to the ALF (assisted living facility) she was at once she is strong enough to discharge. At this time, (R18) will be here for long term care." The goal documents R18 and her representative will meet with the social worker and nurse quarterly to review and update any changes to R18's plans for discharge. The intervention documented to arrange a meeting with the family/significant other to discuss what services might be needed and what services are available. Review costs, especially those not covered by insurance. Encourage family to express any concerns they have well in advance of the tentative discharge date once it is decided R18 is ready for discharge. There are no corresponding dates documented to show when this focus area was initiated nor any dates to show updates or revisions to indicate planning for transfer or discharge to another facility had occurred.</p> <p>R18's Receiving Facility Admission Record documents R18 as her own Responsible Party, with the same contacts listed as described above. This Admission Record lists an admission date to the receiving facility of 9/12/25.</p> <p>R18's progress notes dated 9/12/25 at 10:57AM authored by V3 (ADON) documented the person listed as "Other" on R18's Admission Record was contacted to discuss the need to move residents to another facility temporarily in order to complete the needed extensive sewer repairs within the facility. Choices of available facilities within the geographical area were offered. The note further stated the person listed as "other" chose (name of sister facility approximately 20 miles east of original facility) for R18. Resident was notified of the move. Psychosocial needs met. No emotional distress noted. The next progress note entry was on 9/12/25 at 1:50PM noting "Resident left facility via facility transportation will (sic) all current medications and belongings. All questions and concerns were addressed before leaving facility."</p> <p>On 9/30 at 3:25PM, V3 (ADON) was questioned as to why she called R18's contact listed as "other" to discuss options for R18's transfer as opposed to the friend or cousin listed. V3 stated, she would have just gone down</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                   |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S9999                                                                 | <p>Continued from page 10<br/>the list of contacts in order and if the first person didn't answer, she called the second. V3 was asked if she knew what R18's relationship was to the person listed as "other" and V3 said she wasn't sure who that person was to R18.</p> <p>On 9/16/25 at 11:15 AM, R18 was observed in her new/receiving facility and stated she wanted to go "back home." R18 did not remember the reason for coming to this facility and said she just was told she was coming here. When this surveyor asked about the current facility and her move here, R18 said she felt a little "pressured" and told this surveyor "It's too big here, I want to go back home."</p> <p>5. R28's Admission Record documented an admission date to the facility of 12/21/22 and lists V16 (Family Member/Power of Attorney-POA) as her responsible party. R28's MDS dated 9/11/25 documented a BIMS score of 99, indicating R28 was unable to complete the interview.</p> <p>R28's Care Plan included a Focus area of R28 doesn't have plans for discharge at this time and will reside at the facility for long term care, with a goal of R28 and her representative will meet with the social worker and nurse quarterly to review and update any changes to R28's plans for discharge, and a corresponding intervention of, as necessary, meet with the resident/representative on a regular basis to discuss discharge plans. Provide the resident with an opportunity to express any thoughts or feelings. Address concerns as they arise. There are no corresponding dates documented to show when this focus area was initiated nor any dates to show updates or revisions to indicate any planning for transfer or discharge to another facility had occurred.</p> <p>R28's Progress Notes have an entry dated 9/11/25 at 2:31PM by V1 (Former Administrator) documenting V16 (Family Member/POA) was contacted by this administrator to discuss the need to move residents to another facility temporarily in order to complete the needed extensive sewer repairs within the facility. Choices of available facilities. V16 chose (name of sister facility approximately 20 miles east of current location). Resident was notified of the move. Psychosocial needs met. No emotional distress noted. The next entry on 9/11/25 at 6:03PM documented resident left facility via facility transportation will (sic) all current medications and belongings. All questions and concerns were addressed before leaving facility.</p> <p>On 9/17/25 at 1:50 PM, V16 (Family Member/POA) stated he is R28's POA but he also has a sister (R29) still at</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S9999                                                                 | <p>Continued from page 11</p> <p>the facility and his brother is her POA. V16 stated both he and his brother are local to the facility and were able to visit frequently. V16 said R28's transfer to (sister facility approximately 20 miles east of this facility) was a "giant inconvenience" for everyone and they had "very, very short notice." V16 said he thinks the facility called him Thursday 9/11/25 and said his mother was being transferred that day. V16 said he wasn't given a 30-day written notice or discharge plan for his mother. V16 said he thinks the staff at the facility were given short notice too and he felt bad for them. V16 said options weren't discussed with him regarding different places his mother could go, they only mentioned (name of sister facility approximately 20 miles east of this facility) but out of the other facility locations owned by the corporation, that would have been his choice anyway. V16 said on Monday 9/15/25, they had a very long meeting at the facility about the transfers. In attendance were him, his brother, his sister (R29) and V1 (Former Administrator). V16 said V1 told them the building needed repairs, and they can't have anyone in there during that time, so corporate told them they needed to get everyone out and repairs would take about 2-3 months to resolve. V16 said they were told deep cleaning and painting would also be done along with the repairs. V16 said his sister (R29) was not happy about having to transfer, saying she's "very upset" about it because V16 takes care of R29's dog at his home, so he comes to get R29 often to take her home to visit with her dog. V16 said the facility was saying there weren't any more rooms at the facility where his mother went, and R29 didn't want to go to their other facilities they suggested because they were far/not in convenient locations and she wouldn't be able to visit her dog as often, so now he and his brother are trying to find R29 somewhere closer to go, maybe an assisted living in the same town, if they can figure out the payment. V16 said the facility keeps saying they are going to move everyone back, "but who knows." If so, V16 will be insistent that they bring R28 back. V16 said his mother has dementia but she has always been a pretty accommodating person so the move probably wouldn't have bothered her too much.</p> <p>6. R23's Admission Record documented an admission date of 7/29/25 and included diagnoses of unspecified dementia and bipolar disorder. This Admission Record lists V32 (Family Member) as R23's responsible party/guardian. R23's MDS dated 9/11/25 documented a BIMS score of 15, indicating R23 is cognitively intact.</p> <p>R23's Care plan included a Focus area of resident does not have discharge plans. (V32) reported R23 will be a</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                   |  |                                                 |  |
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| S9999                                                                 | <p>Continued from page 12</p> <p>LTC (long term care) resident. The goal listed documents family will keep SSD informed of any changes with discharge potential or plans and the intervention listed states SSD will assist resident/family with information and support services as requested. There are no corresponding dates documented to show when this focus area was initiated nor any dates to show updates or revisions to indicate any planning for transfer or discharge to another facility had occurred.</p> <p>R23's Progress Notes include the following entries:</p> <p>On 9/11/25 at 7:43AM authored by V1 documented R23's POA (V32) was contacted by the DON to discuss the need to move residents to another facility temporarily in order to complete the needed extensive sewer repairs within the facility. Choices of available facilities within the geographical area were offered. (V32) chose (name of sister facility approximately 20 miles east of current location). R23 was notified of the move. Psychosocial needs were met. No emotional distress noted. The next entry is dated 9/11/25 at 8:20AM by V2 (DON) and documents resident and family notified of transfer to (name of sister facility approximately 20 miles east of current location) and agreeable for transfer, MD (medical doctor) notified and is agreeable with transfer. The next entry is dated 9/11/25 at 11:08AM and documents resident is to transfer to (name of sister facility approximately 20 miles east of current location), report called.... Resident is to transport with family. On 9/11/25 at 11:25AM, V2 documented resident belongings and medications were sent with family for transportation, all questions and concerns were addressed prior to leaving, resident was in good spirits when leaving facility. On 9/11/25 at 11:34AM, resident has left the facility transported by his daughter.</p> <p>On 9/16/25 at 4:00 PM, R23 was observed in his wheelchair in the new facility. When asked how his move here went and if he had much notice, R23 stated he barely got any notice at all before having to leave the other facility and didn't receive anything in writing. R23 said he was told he needed to leave the same day they "shipped him out." R23 said they packed up his bags and put them in the van to come here. R23 said they told him it was because of plumbing issues. R23 said choices of places to go weren't given to him, they just told him he was coming here. R23 said if he had been asked about where he would want to go, he might have wanted to look at (name of facility in another town/different corporation) because that's where he grew up, but he is ok being here now.</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                   |  |                                                 |  |
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| S9999                                                                 | <p>Continued from page 13</p> <p>7. R25's Admission Record documents admission to the facility on 5/31/25 and included diagnoses of schizoaffective disorder and depression. R25's Admission Record also documents she has a POA. R25's MDS dated 9/12/25 documented a BIMS score of 06, indicating severe cognitive impairment.</p> <p>R25's Care Plan includes a Focus area documenting she will display signs/symptoms of depression/anxiety with an intervention of encourage her to express her feelings. R25's Care Plan also has a Focus area documenting she has impaired cognitive function and impaired thought processes; she is able to make most needs known without difficulty at this time, with corresponding interventions of communicate with the resident/family/caregivers regarding resident capabilities and needs, discuss concerns about confusion, disease process, NH placement with the resident/family/caregivers, and keep her routine consistent and try to provide consistent caregivers as much as possible in order to decrease confusion. Review of the entire Care Plan revealed no Focus area for transfer/discharge and no dates of initiation on the focus areas or interventions.</p> <p>R25's Progress Notes include an entry by V1 (Former Administrator) dated 9/11/25 at 5:15PM documenting that R25's POA was contacted by this administrator to discuss the need to move residents to another facility temporarily in order to complete the needed extensive sewer repairs within the facility. Choices of available facilities within the geographical area were offered. R25's POA chose (name of sister facility approximately 20 miles east of current location). Resident was notified of the move. Psychosocial needs met. No emotional distress noted. A Progress Note entry on 9/12/25 at 1:59PM documents R25 left the facility via facility transportation will (sic) all current medications and belongings. All questions and concerns were addressed before leaving the facility.</p> <p>On 9/16/25 at 4:15 PM, R25 was observed in the dining room of the new facility. R25 appeared alert to person and was able to recall being transferred to this new facility. When asked about her move, R25 stated she was just verbally told she was moving the same day she left and didn't get a 30-day notice or anything in writing. R25 stated "they packed my bags and away we went." R25 said they told her it was because the building needed work, but no one told her it was an emergency. R25 said she doesn't remember having any kind of meeting for discharge planning.</p> <p>8. R24's Admission Record documented admission to the</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                   |  |                                                 |  |
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| S9999                                                                 | <p>Continued from page 14<br/>facility on 2/23/22 and included diagnoses of<br/>generalized anxiety disorder and unspecified<br/>intellectual disabilities. This Admission Record also<br/>lists V30 (Family Member) as R24's guardian/responsible<br/>party. R24's MDS dated 9/15/25 documented a BIMS score<br/>of 2, indicating severe cognitive impairment.</p> <p>R24's Care Plan includes a Focus area of R24 doesn't<br/>have plans for discharge and will reside at the<br/>facility for long term care, with an intervention<br/>documenting as necessary, meet with the<br/>resident/representative on a regular basis to discuss<br/>discharge plans. Provide the resident with an<br/>opportunity to express any thoughts or feelings.<br/>Address concerns as they arise. This focus area and<br/>intervention were initiated on 3/18/25 with no updates<br/>or revisions to indicate the interdisciplinary team did<br/>any planning for transfer or discharge to another<br/>facility. Another Focus area initiated on 3/9/22<br/>documents R24 has impaired cognitive function and<br/>impaired thought processes r/t (related to) dx<br/>(diagnosis) MR (mental retardation) with interventions<br/>of discuss concerns about confusion, disease process,<br/>NH placement with the resident/family/caregivers, R24<br/>needs assistance with all decision making, and keep his<br/>routine consistent to try and provide consistent<br/>caregivers as much as possible in order to decrease<br/>confusion.</p> <p>R24's Progress Notes include an entry on Sunday 9/14/25<br/>at 9:00AM authored by V31 (MDS/Care Plan Coordinator)<br/>documenting spoke with POA (V30) and discussed the need<br/>to move residents to another facility temporarily in<br/>order to complete the needed extensive sewer repairs<br/>within the facility. Choices of available facilities<br/>within the geographical area were offered. V30<br/>agreeable to move R24 to (two towns names listed)<br/>facility. Informed him that (name of town approximately<br/>20 miles northeast of current facility) does not have<br/>an available bed at this time. He is agreeable to move<br/>him to (name of town approximately 20 miles east).<br/>Would like to be called so he can follow and learn<br/>where facility is located. The next entry documents on<br/>9/14/25 at 9:15AM, out of facility with (V30) to church<br/>services. A progress note entry dated 9/15/25 at 3:04PM<br/>documented R24 left facility via facility<br/>transportation all belongings sent along with<br/>medications, all concerns and questions addressed<br/>before departing.</p> <p>On 9/16/25 at 4:10 PM, R24 was in his room in bed at<br/>the new facility where he was transferred. There were<br/>approximately 4 large black trash bags full of clothes<br/>on the floor in his room.</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S9999                                                                 | <p>Continued from page 15</p> <p>On 9/17/25 at 10:27AM, R24 was in his room up in his wheelchair at the new facility visiting with V30. V30 stated R24 was at the previous facility for about 3.5 years and V30 visited him 3 times per week there. V30 said he only lives about a mile from that facility. V30 stated he thought maybe last Thursday 9/11/25 or Friday 9/12/25, someone mentioned R24 would need to move because they needed to remodel the facility and fix the sewer system. V30 said he was told it could take 3 months, then his assumption was that R24 could return there once repairs were finished. V30 said R24 came to this current facility on Monday 9/15/25. V30 said he didn't receive much notice and definitely didn't receive anything in writing. V30 said he doesn't remember who he talked to or exactly when it was, but they did discuss (this corporation's) other facilities in (name of two different towns). V30 said the facility in (name of town approximately 20 miles northeast of previous facility) would have been more convenient because he picks R24 up every Sunday to take him to church and that's the town where their church is located, but he was told that facility didn't have any available beds. When asked if V24 was given options of two other facilities in that town not owned by this corporation, V30 said no other options were discussed besides (this corporation's) homes. V30 said there wasn't any interdisciplinary team meeting prior to R24's transfer, or a discharge plan of care discussed. V30 said someone called him on Friday (9/12/25) but he didn't answer, then next time he visited R24, they mentioned R24 moving to this facility and V30 was agreeable to that. V30 said he will still be able to visit R24 here, it's just a longer drive for him.</p> <p>9. R21's Admission Record documented an admission to the facility on 4/25/25 and lists herself as her responsible party, along with two emergency contacts. V34 (Family Member) is listed as Emergency Contact #1. R21's MDS dated 9/11/25 documented a BIMS score of 15, indicating R21 is cognitively intact.</p> <p>R21's Care Plan included a Focus area documenting R21 is alert and oriented x 3 with occasional confusion; is able to make needs known without difficulty and includes interventions of communicate with the resident/family/caregivers regarding residents capabilities and needs and discuss concerns about confusion, disease process, NH placement with the resident/family/caregivers, and keep her routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion. Review of the entire Care Plan revealed no Focus area for transfer/discharge. The medical record did not include</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                       |  |                                                 |  |
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| S9999                                                             | <p>Continued from page 16<br/>evidence of facility staff having a team meeting or any direct conversation or discussion with R21 regarding her preferences for available locations for transfer.</p> <p>R21's Progress Notes include an entry by V2 (DON) on 9/11/25 at 2:22PM documenting R21's POA, (V34) was contacted by facility administrator to discuss the need to move residents to another facility temporarily in order to complete the needed extensive sewer repairs within the facility. Choices of available facilities within the geographical area were offered. V34 chose (sister facility located approximately 20 miles east of this facility). Resident was notified of the move. Psychosocial needs met. No emotional distress noted. The next progress note entry on 9/11/25 at 3:30PM by V2 (DON) documented "Resident left facility via facility transportation with all current medications and belongings. All questions and concerns were addressed before leaving facility."</p> <p>On 9/16/25 at 12:00 PM, R21 was in bed in her room at the new facility where she was transferred. R21 was alert and oriented to person, place and time and confirmed that she is her own responsible party. When asked about the transfer here, R21 stated she doesn't want anyone to be in trouble, but the move was "rather sudden." R21 said she was transferred out the same day she was told she needed to move on 9/11/25. R21 said she wasn't given any written notice prior to transfer, was told she would be coming "here," and other options were not provided or discussed with her, but she was ok with it because she has been here before.</p> <p>R21 said the facility told her the reason residents needed to transfer was due to repairs needing done at the facility and it was her understanding that she could go back there when repairs are done. R21 said her family all lives closer to the facility she was transferred from. R21 said she was not given any discharge plan but figures the new facility got the information. When asked about a post discharge plan of care meeting involving herself &amp; the interdisciplinary team, R21 clarified nothing like that happened.</p> <p>10. R22's Admission Record documented an admission to the facility on 6/9/25 and included a diagnosis of depression. R22's Admission Record lists herself as responsible party with two family members listed as emergency contacts/POA's. R22's MDS dated 9/13/25 documented a BIMS score of 13, indicating R22 is cognitively intact.</p> <p>R22's Care Plan included a Focus Area of R22 is alert and oriented x 3 with some confusion; is able to make</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                                 | <p>Continued from page 17</p> <p>needs known with interventions that include communicate with the resident/family/caregivers regarding residents capabilities and needs, discuss concerns about confusion, disease process, NH placement with the resident/family/caregivers, and keep her routine consistent and try to provide consistent care givers as much as possible in order to decrease confusion. Another focus area documented R22's status is uncertain, she recently had amputation of leg below knee. Family has not recently expressed interest in V22 discharging any time soon, with an intervention stating as necessary, meet with R22 and family to discuss any thoughts or feelings regarding R22's ability to discharge or LTC and assess discharge planning/long term care needs quarterly and PRN (as needed).</p> <p>R22's Progress Notes include the following entries:</p> <p>9/9/25 at 11:22AM by V5 (SSD): Submitted via email referral to (sister facility approximately 20 miles east of this facility) per Family/DON request, with confirmation.</p> <p>9/10/25 at 11:51AM by V2 (DON): (Name of sister facility approximately 20 miles east of this facility) accepted resident, resident will be transferred Saturday (9/13/25) 2pm from (this facility) to (sister facility) after scheduled dialysis with (local dialysis provider).</p> <p>9/10/25 at 1:48PM by V3 (ADON): Resident notified of acceptance to (sister facility). Resident agreeable to transfer. POA also notified and agreeable to transfer. Transfer set for Saturday 2pm. Nurse on duty notified.</p> <p>9/13/25 at 3:01PM: Resident transferred to (sister facility) via (sister facility) bus with CNA's (Certified Nurse Assistant). Report given via nurse to facility. All possessions, medications and wound vac supplies sent with resident. Family will pick up motorized w/c and recliner at a later date. Resident was up in her w/c with wound vac functioning properly upon departure. No new skin impairments noted. No complaints of pain.</p> <p>On 9/16/25 at 12:15 PM, R22 was observed in her room in bed at the new facility with wound vac applied to right below knee amputation. R22 was interviewable and stated she arrived at this facility recently and thinks she was given maybe a week's notice, but she didn't receive anything in writing. R22 stated she is her own responsible party. R22 said she was told she needed to transfer because the facility needed to work on the water pipes. R22 said she understood that she would be</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                                 | <p>Continued from page 18</p> <p>able to go back when the repairs are finished. R22 said almost all her family lives in the town of the facility she was transferred from, and that town is where she is from. R22 said she was told she was coming here and doesn't remember other options being discussed with her, but she was ok with coming here. R22 confirmed there wasn't a discharge plan of care meeting with her interdisciplinary team.</p> <p>11. R17's Admission Record documents an admission date of 7/11/25 and diagnoses including in part aphasia following cerebral infarction. R17's Admission Record lists herself as her own responsible party with one family member listed as emergency contact #1 and healthcare surrogate. R17's MDS dated 9/11/25 documents R17 is rarely/never understood.</p> <p>R17's Care Plan documents R17 can answer simple yes/no questions and appears to understand when spoken to. The same Care Plan documents R17 is a long-term care resident per healthcare surrogate and no discharge planning is requested.</p> <p>R17's Progress Note dated 9/11/25 at 11:01 AM documents "Resident surrogate, (Family member name), was contacted by facility administrator to discuss the need to move residents to another facility temporarily to complete the needed extensive sewer repairs within the facility. Choices of available facilities within the geographical area were offered. (Family member) chose (name of sister facility within corporation). (R17) was notified of the move. Psychosocial needs were met. No emotional distress noted."</p> <p>R17's Progress Note dated 9/11/25 at 3:30 PM documents "Resident (R17) left facility via facility transportation with all current medications and belongs. All questions and concerns were addressed before leaving facility."</p> <p>On 9/17/25 at 10:49 AM, R17 was asked if she was given a choice of where she wanted to go and she responded with "No" and R17 was asked if her family was notified of her move, and she responded with "No."</p> <p>On 9/23/25 at 12:58 PM, V21 (Family Member) stated he was told on 9/11/25 that the facility needed to move R17 and was told they were going to be moving her to (name of sister facility within corporation) that was roughly an extra one hour round trip farther for him to drive. V21 stated they never called and told him when they moved her out, so he went to (name of sister facility within corporation) to see if she was there yet and she was. V21 stated they did not give any other</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b> |                                                                                                                          |                                                 |                            |
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| S9999                                                                 | <p>Continued from page 19</p> <p>options; they told him she was accepted at (name of sister facility within corporation). V21 stated he would have preferred her to be closer to (name of town/facility where R17 was discharged from) because he lives and works in that town, and he can't see her as much now that she has been transferred. V21 stated he is only able to see her on the weekends now and he used to be able to see her throughout the week. V21 stated this move has upset R17 because he doesn't get to visit her as much now.</p> <p>12. R13's Admission Record documents an admission date of 4/27/23 with diagnoses including in part schizoaffective disorder, bipolar disorder, and other recurrent depressive disorders.</p> <p>R13's Care Plan documented R13 doesn't have plans for discharge and will reside at the facility for long term care.</p> <p>R13's Progress Notes dated 8/27/25 note that R13 was in the local hospital at this time. Progress notes for 8/29/25 document R13 remained in the hospital. A progress note dated 9/3/25 at 12:40 AM documented R13 remains out of facility at this time. A progress note dated 9/3/25 at 8:30 AM documented "Resident transferred to (name of sister facility located approximately 18 miles south of original facility) on 9/2/25 from (name of local hospital) with POA approval."</p> <p>On 9/17/25 at 1:50 PM, R13 was observed in his new placement (sister facility) and stated he has been very nervous since the move. R13 stated the move has made him anxious. R13 stated he doesn't really like it here, stated there are some residents that walk around all hours of the night, and it scares him. R13 stated he wasn't given a notice that he was moving. R13 stated he was told he was going to (name of current corporate sister facility) and he wasn't given any other options. R13 stated he was sent to the hospital from (name of facility) due to a fall and was hospitalized for about a week and when they discharged him, they told him he had to go to (name of current corporate sister facility) because he needed therapy and (name of facility) could not provide it. R13 was alert and oriented to person, place, time, and situation.</p> <p>On 9/17/25 at 2:52 PM, V10 (Receiving/Sister Facility Administrator) stated R13 was admitted from the hospital about a week prior to some of the other admissions because he needed physical therapy. V10 stated she thinks the previous facility wasn't able to provide the therapy that R13 was ordered because of</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0051029</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>10/09/2025</b> |  |
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| S9999                                                             | <p>Continued from page 20<br/>their compliance issues and non-payment status.</p> <p>13. R14's Admission Record documents an admission date of 7/27/2018 with diagnoses including in part anxiety disorder and major depressive disorder.</p> <p>On 9/17/25 at 1:55 PM, R14 was observed in his new placement (sister facility located approximately 18 miles south of original facility), was alert and oriented, and stated he doesn't think anyone told his family that they were moving him. R14 stated they moved him the same day they told him about it. R14 stated he wasn't provided a choice of where he could go. R14 stated when he arrived at (name of sister facility R14 was transferred to), they forgot to send his belongings with him. R14 was alert and oriented to person, place, time, and situation.</p> <p>On 9/17/25 at 3:06 PM, V11 (CNA) stated when they transferred R14 they did not send any of his belongs with him, so he did not have any clothes. V11 stated R14 was very upset about not having his belongings.</p> <p>On 9/17/25 at 3:14 PM, V12 (Receiving Facility Dietary Manager) stated she was working the night R14 was admitted, and he was sent to their facility without his belongings. V12 stated V9 (Previous Facility Dietary Manager) brought R14's belongings later that same evening he was admitted.</p> <p>On 9/16/25 at 9:49 AM, V2 (Director of Nursing) stated she was told on 9/10/25 that the facility was closing for a short time due to sewer issues. V2 stated she, V1 (Former Administrator), V13 (Chief Executive Office/CEO), V10 (Receiving Facility Administrator), and two other corporate employees held a meeting on the evening of 9/10/25. V2 stated they discussed each resident and which sister facility would be most appropriate for them. V2 stated for example, all the dementia residents were best suited to go to (name of sister facility approximately 18 miles south of this location). V2 stated they started with (name of corporation) sister facilities and the goal was to keep all the residents in a (name of corporation) facility. V2 stated the situation was explained to the residents and family members and the options were given for 4 sister facilities in the surrounding area. V2 stated if the family or resident didn't want to be so far away then they gave them options for facilities outside of (name of corporation) that were closer. V2 stated they did not provide a written notice or a 30-day notice. V2 stated they started notifying residents and family members on 9/11/25 via phone or verbal conversation. V2 stated the Medical Director was not involved in that</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 21 process.</p> <p>On 9/16/25 at 12:40 AM, V5 (Social Services Director/SSD) stated she found out last week about the facility closing but can't remember what day it was. V5 stated on 9/5/25 she had a meeting with the admissions/marketing coordinator, and she told her they were getting multiple referrals that were coming from their facility and were going to a (sister facility within corporation). V5 stated she was told she needed to get all the residents out by the end of this week or next week. V5 stated the residents were told where they were going and if they didn't like where they placed them, they would put a referral in for wherever they wanted. V5 stated V13 (CEO) sent her an email on 8/29/25 requesting to transfer 2 residents to (sister facility within Corporation) due to the facilities compliance issues with IDPH. V5 stated R5 and R11's referral packet were sent to V13 via email per request from V1 (Former Administrator).</p> <p>On 9/16/25 at 1:27 PM, V13 (CEO) stated she doesn't know anything about referrals on R5 or R11, stated she doesn't work here, and she is just a consultant for V1.</p> <p>An email dated 8/29/25 at 3:41 PM from V13 (CEO) sent to V5 (SSD) documents in part: "I know you are aware of our current regulatory situation. Unfortunately, after all that we have built up, we now have to try and reduce our numbers in order to get the facility more manageable and back into compliance. In doing record reviews, we think (R12) and (R46) would possibly be better placed and be much happier in the (name of sister facility within corporation) environment. Would you mind going down and asking them if they would consider moving there? If you would pull up the Facebook page for the (name of sister facility within corporation) facility linked here and scroll through the feed and the photos for them, I know they will want to go. They have fantastic activities there, they even take the guys fishing, etc. Once you have them in agreement, please then call (R12's) sister and let her know that we have found more appropriate placement for (R12) considering his mental illness and high functioning abilities at (name of sister facility within corporation). Let her know that you showed him the FB (Facebook) page and he is in agreement to going and that you just wanted to see if she was. Offer to send her the FB link as well. For (R46), after you convince him, then we just need to let his brother/POA know because he is his own responsible party but we should still let him know."</p> <p>An email dated 8/29/25 at 3:54 PM from V13 (CEO) sent</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 22<br/>to V5 (SSD) documents in part: "Would like to get them (R12 and R46) moved ASAP (As Soon As Possible)."</p> <p>On 9/16/25 at 3:54 PM, V13 (CEO) stated they have a proposal from two local plumbing companies, but they have not decided who they are going to use.</p> <p>On 9/17/25 at 8:49 AM, V37 (Secretary for local plumbing company) stated they have a signed work order for (name of facility) to complete work on the kitchen area. V37 stated the proposal was signed by V13 (CEO) on 7/25/25 and they chose option 2 of the proposal. V37 stated the only thing that is holding up the start of the work is they are waiting on the facility to pay the deposit required for the work to start. V37 stated there is not a time frame from the proposal to when work needs to start. V37 stated the job is a two-man, two-day job.</p> <p>A document appearing to be a bid from (name of local plumbing company) dated July 17, 2025, for (name of facility) has option #2 circled and was signed on 7/25/25 by V13 (CEO).</p> <p>On 9/17/25 at 10:58 AM, V14 (Receiving/Sister Facility Administrator) stated she has known for about 2 weeks that (name of facility) was transferring residents out and she was getting a couple of residents (R16 and R17).</p> <p>On 9/18/25 at 2:20 PM, V19 (Medical Director) stated he was told on 9/10/25 that they were moving residents out because they needed sewer work completed. V19 stated there hasn't been a lot of communication with him regarding the situation from the facility or where residents would be going. V19 stated the facility has not involved him with the discharge process. V19 stated he has a lady at his office that the facility will email when they discharge someone and tell her where they are going. V19 stated he didn't write a discharge order for each resident. When asked about the "blanket order" that was provided by V1 (Former Administrator), V19 stated that was not meant to be a blanket discharge order for the residents, it was meant to be part of the notification process.</p> <p>A facility document that appears to be in letter/memo format dated 9/11/25 and authored by V9 was provided by V1 when asked if the physician wrote orders for residents to be discharged. Under "Reason for this Order" documents "This order is issued in response to the emergent need of repairs of the (name of facility). The (name of facility) will be unable to attend to the residents' welfare and needs while the emergency</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| S9999                                                                 | <p>Continued from page 23</p> <p>repairs to the (name of facility) are being undertaken. The order authorizes and directs all clinical staff to facilitate the safe transfer and relocation of all residents from (name of facility) to the designated sister facilities in the surrounding area." Under "Coordination and Communication" it documents "Family/resident representative: Notify the resident's family or representative of the relocation. Standard protocols require advance notice."</p> <p>On 9/17/25 at 11:06 AM, V13 (CEO) stated a month or two ago the Local Health Department shut down the facility's kitchen. V13 said they considered doing an emergency closure at that time but didn't want to do that to the residents. V13 said they couldn't find anything in the regulations stating they were doing anything wrong with transferring residents out to other facilities. V13 thought they were doing what was right with the temporary relocation. V13 said (name of plumbing company) stated it could be "catastrophic" if the cast iron plumbing collapsed. V13 then stated a different plumbing company (name of company) did the most recent repair work but they need to do a full facility evaluation once the residents are out of the building to see the scope of what they are dealing with. V13 said there are 19 residents still in house at this time. V13 said the plan is not to permanently close the facility and to let residents return once repairs are complete. When discussing concerns of the rushed nature of the moves, V13 stated, so what you are saying is we basically should have done this as an emergency evacuation.</p> <p>On 9/25/25 at 2:35 PM, V13 stated she was told by (name of local plumbing company) if the pipes collapse on the north hallway, it would be catastrophic, and the sewer would back up into the facility and confirmed that she was told that in September 2024. V13 stated at that time they stopped using any kind of wipes in the facility and "other things" to eliminate anything going down the pipes. V13 stated this past July, when they had sewer issues in the kitchen, they got a bid from (name of local plumbing company) to fix the pipes and she presented it to the owner of this corporation, and he told her to empty out the building. V13 was shown a proposal this surveyor received from (name of local plumbing company) documenting V13 had chosen option 2 to have the kitchen pipes fixed and had signed the contract on 7/25/25 and V13 stated that was her signature and she did sign it, but she didn't recall the date she signed it. V13 stated the tech from (name of local plumbing company) stated they may have to shut down the kitchen, depending on what they found. V13 acknowledged she was told the construction would be a</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                             | <p>Continued from page 24<br/>2-day, 2-man job but she was fearful they will find more issues and will need to do more extensive work.</p> <p>On 9/30/25 at 3:25PM, V3 (ADON) stated she can't remember the exact day, but thinks V1 (Former Administrator) told staff that the residents needed to transfer out of the facility due to repairs during a morning meeting maybe a few days to a week before she started making calls to families. V3 said that making the calls was more of the last thing they did before transferring residents out.</p> <p>A facility policy titled "Transfer or Discharge, Preparing a Resident for Discharge" dated "Revised December 2016" documents under Policy Statement; Residents will be prepared in advance for discharge. In the same document it documents under 1. Nursing services is responsible for: a. Obtaining orders for discharge or transfer, as well as the recommended discharge services and equipment. (B)</p> <p>2 of 2</p> <p>300.610a)</p> <p>300.1210a)</p> <p>300.1210b)</p> <p>300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and</p> |                                                                         |  | S9999                                                                                              |                                                                                                                          |                                                 |                            |

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| S9999                                                                 | <p>Continued from page 25</p> <p>timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure a resident's bed was in the lowest position and the fall mat was in place on the floor next to the bed for 1 (R42) of 3 residents reviewed for falls in a sample of 46. This failure resulted in R42 falling out of a high bed with no floor mat beside the bed and sustaining multiple dark purple contusions to her face, neck, wrist, hand, and forearm, swelling to her eye, eyebrow and forehead area, along with skin tears to the right forearm and left hand.</p> <p>This past non-compliance occurred between 9/1/25 and 9/1/25.</p> <p>Findings include:</p> <p>R42's Admission Record documented an admission date of 1/5/22 and a discharge date of 9/3/25 and included diagnoses of dementia, cognitive communication deficit,</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| NAME OF PROVIDER OR SUPPLIER<br><b>INTEGRITY HC OF CARBONDALE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901</b>                       |  |                                                 |  |
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| S9999                                                             | <p>Continued from page 26<br/>weakness, unsteadiness on feet, chronic pain, and low back pain.</p> <p>R42's Minimum Data Set dated 8/27/25 documented a Brief Interview of Mental Status (BIMS) of 99, indicating the BIMS assessment was unable to be completed.</p> <p>R42's Care Plan documents R42 is a fall risk with interventions including in part, bed alarm while in bed, floor mat next to bed and R42 needs a safe environment with even floors free from spills and/or clutter, adequate glare-free light, a working and reachable call light, the bed in low position at night, handrails on walls, personal items within reach.</p> <p>R42's progress note dated 9/1/25 at 1:20 AM documented "Roommate yelled for staff to come into the room. Upon entering the room, (R42) was noted lying on the floor beside her bed, face down. Three staff assisted (R42) to turn over onto another blanket and she was then lifted back onto the bed. (R42) stated, "I rolled out of the bed and landed on my face." (R42) had a 4cm (centimeter) straight skin tear on her right forearm that was cleansed and closed with steri strips. (R42) had a 6cm by 2cm skin tear on her left hand that was cleansed and closed with steri strips. (R42) had a contusion on each side of her forehead, larger on right side. Neuro (neurological) checks were initiated. (R42) is alert and able to communicate with staff. Pupils are equal and reactive to light. Tongue is midline."</p> <p>R42's progress note dated 9/1/25 at 4:29 AM documents "Fall mat placed beside bed. Staff reminded to lower bed to lowest position when leaving the room."</p> <p>R42's progress note dated 9/1/2025 at 3:17 PM documents in part R42's right eye is swollen following her fall.</p> <p>R42's "Risk Management" document dated 9/1/2025 at 1:00 AM documents under Nursing Description: "Roommate called out for staff. Entering the room, (R42) was noted laying facedown on the floor beside her bed." Under Description of Action Taken: "This nurse was joined by two CNA's (Certified Nursing Assistants) and (R42) was rolled onto her back onto another blanket and lifted back into bed. She (R42) was assessed for injury. Staff to insure [sic] that bed is in it's [sic] lowest position when leaving the room. Mat placed beside bed."</p> <p>On 9/23/25 at 1:14 PM, V22 (Family/POA) stated she received a call from V28 (License Practical Nurse/LPN), the nurse that was working when R42 fell, stating R42 had fallen out of bed. V22 stated she was told the bed</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 27</p> <p>was left in the high position and there was no fall mat beside the bed so R42 had fallen directly on the floor, face first, out of a high bed. V22 stated R42 was not taken to the hospital. V22 stated V28 told her R42 wasn't that bad but she looks pretty banged up and did not ask her if she wanted R42 sent to the hospital for evaluation. V22 stated R42's roommate saw her fall and yelled for help. V22 stated they moved R42 to a different facility after this fall because she "needed to get her out of that facility before they killed her." V22 stated R42 has been less alert and has not acted right since the fall and had some pain in her face and head after the fall for several days. V22 provided photographic evidence of R42 after her fall. V22 confirmed that the time stamp on each photo is correct. V22 stated the photos taken on 9/1/25 were taken at (name of facility) and the photos taken on 9/4/25 were taken at the facility R42 was transferred to after her fall.</p> <p>On 9/24/25 at 9:54 AM, V29 (CNA) stated she was working the night R42 fell out of bed. V29 stated she found R42 laying on the floor beside her bed. V29 stated the bed R42 fell out of was too high, it wasn't in the low position. V29 stated she was the only CNA working on that hallway at the time and she must have forgotten to put her bed back down to the low position after providing care. V29 stated the fall mat was not beside the bed, it was pushed under the bed. V29 stated she was very overwhelmed at that time because she was the only CNA on that hallway. V29 stated she was educated on lowering the bed when she is finished with care and putting the fall mat in place.</p> <p>On 9/25/25 at 9:25 AM, V28 (LPN) stated she was sitting at the nurse's station when a CNA came and got her saying R42 had fallen out of her bed. V2 stated when she entered the room R42 was laying directly on floor beside the bed and the bed was in a position that was "close to the highest position." V28 stated she doesn't remember where the fall mat was, but it wasn't beside the bed because R42 fell directly beside her bed and landed on the floor. V28 stated she educated all the CNA's on night shift and all the incoming day shift CNA's to put the bed back in the lowest position and to have the fall mat in place beside R42's bed. V28 stated she did not hear a bed alarm. V28 stated she was in hearing distance of her bed alarm, stated she was about 20 to 30 feet away. V28 stated after the fall, R42 had contusions on both sides of her forehead. V28 stated she notified V22 (Family Member/POA) and a couple hours later she notified the doctor. V28 said V22 told her to see how R42 is doing later to decide if she needed to be sent to the hospital. V28 stated R42 was alert and</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |

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| S9999                                                             | <p>Continued from page 28<br/>communicating after the fall and her neurological checks were within normal range.</p> <p>On 9/24/25 at 3:17 PM, V19 (Medical Director) stated he was notified via confidential messaging system at 9:00 AM on 9/1/25 that R42 had rolled out of bed and the family requested she was not sent to the emergency room so R42 was not sent to the hospital.</p> <p>R42 was unable to be observed due to no longer being a resident at the facility, however photographic evidence dated 9/1/25 show dark purple contusions noted to the top of R42's right hand, wrist, and forearm. There were also Purple/blue contusions to the left side of R42's forehead with a scratch through the middle. R42's right eye had different shades of purple all around it and it was swollen shut. The swelling around R42's eye also went up into her eyebrow and forehead above the right eye. There was also some dried blood noted to her left temple area and on her nose. R42 also had a cut above her right eyebrow.</p> <p>Photographic evidence dated 9/4/25 shows R42 had different shades of contusions to her entire forehead with a cut on her right eyebrow, 2 more cuts above her left eyebrow, and one cut on the lateral side of her left eyebrow near her temporal area. R42's right eye had dark purple around it and some dark purple running down below here right eye onto her cheek. R42's right eyelid was dark purple with dark purple contusions around the right eye and running down onto her right cheek. R42 also had dark purple contusions going down from her right cheek down the right side of her neck. R42's right eyebrow was also swollen.</p> <p>On 9/22/25 at 10:00 AM, V1 (Former Administrator) stated R42's bed should have been lowered when care was finished before the staff left the room and the fall mat should have been on the floor beside R42's bed.</p> <p>A facility policy titled "Fall Management" dated 2019 documents under Standards: 3. Safety interventions will be implemented for each resident identified at risk using a standard protocol.</p> <p>Prior to the survey date, the facility took the following actions to correct the deficient practice:</p> <p>V1 (Former Administrator) held a Quality Assurance and Performance Improvement meeting during the interdisciplinary morning meeting on 9/1/25 documenting the following corrective measures:</p> <p>1. Corrective actions will be accomplished for those</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                                 | <p>Continued from page 29<br/>residents found to be affected by the deficient<br/>practice: Ensure all fall interventions are in place<br/>for R42.</p> <p>2. How will you identify other residents having the<br/>potential to be affected by the same deficient<br/>practice: All residents at risk of falling have the potential<br/>to be affected by this deficient practice.</p> <p>3. What measures will be put into place or what<br/>systemic changes will you make to ensure that the<br/>deficient practice does not recur: Facility nurse<br/>immediately educated staff on duty to ensure fall<br/>interventions are in place for R42, including fall mats<br/>and bed in lowest position. Facility immediately<br/>conducted a fall investigation with risk management and<br/>R42's care plan was updated. Inservice documentation<br/>noted staff education was completed on 9/1/25.</p> <p>4. How will you monitor the corrective actions to ensure<br/>the deficient practice will not recur i.e., what quality<br/>assurance program will be put into place: Administrator,<br/>Director of Nursing, and or designees will do random<br/>observations of fall interventions in place a minimum of<br/>5 times per week for 4 weeks. Results of the<br/>observations will be discussed in the Quarterly Quality<br/>Assurance meeting times 2 with educational needs<br/>discussed as needed by the Facility Administrator/<br/>Director of Nursing or designee.<br/>(B)</p> |                                                                         |  | S9999                                                                                                  |                                                                                                                          |                                                 |                            |