

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2241457/IL143842	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1035a)4)5) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be: 4) procedures detailing staff's responsibility with	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;</p> <p>5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide ongoing assessment and monitoring of an unconscious resident for the potential need of emergency medical treatment.</p> <p>Finding includes:</p> <p>R3's Face Sheet, 2/25/2022 at 10:27 AM, documents R3 was admitted to the facility on 1/26/2022.</p> <p>R3's Progress Note, dated 1/26/2022 at 12:30 PM, documents R3 arrived at the facility at 10:30 AM, and that R3 was alert and oriented times 2 with confusion. The Note documents R3 is a full code.</p> <p>R3's Care Plan, initiated 2/1/2022, documents R3 has Full Code Status. R3's Care Plan Interventions documents "Resident is a Full Code. CPR (Cardiopulmonary Resuscitation) will be initiated as needed."</p> <p>R3's Minimum Data Set (MDS) dated 2/3/2022, documents R3 is cognitively impaired.</p> <p>R3's Facility Incident Report, dated 2/2/2022 at 19:30 (7:30 PM), documents, R3 was found lying on right side in the dining room next to the table. The Report documents R3 was trying to get up and walk. The Report documented R3 moved all extremities within normal limits and R3 was (full body mechanical lift) back into wheelchair. The Report documented R3's mental status as</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>confused/disoriented.</p> <p>R3's Facility Progress Note, dated 2/2/22 at 19:30 (7:30PM), written by V9, Licensed Practical Nurse (LPN) documents "Pt (patient) found lying on right side in the dining room on the floor pt. moves all extremities WNL (Within Normal Limits), pt. states he hurts all over, pt. alert with confusion." The Note documents while R3 was being transferred the CNA stated R3 didn't look right, R3 grasped the mechanical lift pad straps, transfer was complete and R3 was unconscious. The Note documented R3 was taken back to his room and his blood sugar was checked and was 135 at this time. The Note documented R3 was transferred into bed by (full body mechanical lift), a call placed to Emergency Medical Service (EMS) at this time. The Note documented R3 remained unconscious. The Note documented a call placed to Power of Attorney (POA), Administrator notified, NP (Nurse Practitioner) notified of transfer to hospital for possible seizure. The Note documented EMS arrived and took over, placed R3 on a on heart monitor, then transferred R3 to floor and initiated CPR. The Note documented EMT's (Emergency Medical Technician) continued to work on R3 for approximately 45 minutes, EMT called hospital for report and to request to stop CPR order given by hospital doctor family arrived at facility as CPR discontinued EMT informed family of R3 expiring.</p> <p>R3's Ambulance Patient Care Report, dated 2/2/2022 at 19:32 (7:32PM) documented EMS was dispatched on 2/2/2022 for male patient (R3) that is conscious and breathing post seizure. Report also documents that EMS had a delayed response on the scene at the facility due to not being able to make entry into the building and nobody coming to the door for several minutes.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON		STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 The Report documents EMS arrived at R3's bedside at 19:53 (7:53 PM). This was 23 minutes after R3 was found on floor. The Report documents, R3 was unresponsive to verbal and painful stimuli. The Report documents there were no nursing staff with R3 when EMS crew arrived. The Report documents R3 had very slow, shallow, and agonal respirations (When someone who is not getting enough oxygen is gasping for air. It is not true beathing but a natural reflex that happens when your brain is not getting the oxygen it needs to survive. Agonal breathing is a sign that a person is near death.) and no palpable carotid or radial pulse. Report documents CPR was not in progress at EMS arrival. The Report documented R3's skin was cool, dry, and pale also having poor turgor and capillary refill. The Report documented R3's pupils were equal but unreactive. The Report documents, facility staff stated to EMS that facility staff had lifted R3 in a (full body mechanical lift) after his second fall of the day. The Report documented while lifting R3 gripped the sides of the lift hard and then R3's head went back and R3 eyes rolled back and R3 went unresponsive. The Report documented the facility staff moved R3 to his bed and waiting for EMS to arrive. The Report documented EMS immediately began chest compressions on R3. The Report documents cardiac monitor was applied, and the rhythm was interpreted as PEA (Pulseless electrical activity). The Report documented R3 was intubated (insert a tube into trachea for ventilation), and EMS crew started manually ventilating R3. The report documented R3's pulse and rhythm were checked every two minutes and R3 remained PEA. The Report documented over 40 minutes of resuscitation was attempted when medical control was called, and a physician's order was given to discontinue all	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON		STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>resuscitation efforts at 20:37 (8:37 PM).</p> <p>R3's Death Certificate, dated 2/2/22, documents R3 cause of death was Respiratory Failure.</p> <p>On 2/23/22 at 9:45AM, V5, CNA (Certified Nurse Assistant), V5 stated that R3 had a second fall on 2/2/22 and it was in the dining room. V5 stated that when she got to R3 he was lying on his side on the dining room floor and other staff were there. V5 stated a pulse ox was put on R3, but she doesn't recall seeing nurses complete an assessment or vital signs being taken and she didn't take R3's vital signs herself. V5 stated that she went and got a mechanical lift and she and V9 started to mechanically lift R3 into his wheelchair. V5 stated that in the process of this transfer, R3 started gripping the mechanical lift straps and she stated to V9 that R3 didn't look right, and she had never seen him look like that. V5 stated that then R3 became unresponsive, his mouth was opened, and eyes were open. V5 stated that R3 never spoke again and V5 and V9 transferred R3 to his room. V5 stated that to her understanding R3 was still breathing but breathing slowly and oxygen was placed on R3. V5 stated that when EMS arrived is when CPR was started. V5 stated that EMS started CPR on R3. V5 stated CPR went on for about 40 minutes.</p> <p>On 2/23/22 at 1:20 PM, V10, LPN stated that after V5 and V9 took R3 to his room she went to check on other patients on other halls. V10 stated that when she returned to R3's room, V9 was at the nurses station making phone calls to R3's family, the administrator and the doctor or nurse practitioner. V10 stated that when she saw in R3's room there was not a vital sign monitor in the room with R3. V10 stated that she thought</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>that either V5 or V9 got vital signs and checked for a pulse, but she wasn't sure who. V10 stated that the facility is a locked facility, and she wasn't sure how long EMS had been at the facility before being let in, but there was a delay because the was no staff at locked doors to let them in. V10 stated that EMS brought in a defibrillator and had a bag of fluids hanging and running for R3. V10 stated that vital signs should be documented in resident's chart when they are taken.</p> <p>V9's Written Statement, dated 2/24/22 at 5:38 AM, documents, V9 heard a resident yelling so she went to the dining room where the yelling was coming from and R3 was on the floor. V9's Statement documents that R3 was talking to her telling her what happened. V9's Statement documented she asked R3 if hurt anywhere and R3 stated "everywhere". V9's statement documented she attempted to get a blood pressure on R3, "but my wrist cuff could not get one at this time." V9's written statement documented R3's other vital signs were all within normal limits but with all that transpired "I didn't write them down." V9's statement documents that, R3 continued to talk and her and other staff when mechanically lifted R3. V9's statement documents while R3 was up in the air in the mechanical lift his grip got really tight on the mechanical lift straps that he was holding and V5 stated, "Guys something isn't right, he isn't right." V9's report documents, R3 was lowered to his wheelchair and at the time V9 documents R3's eyes were not right, R3's grip was still tight on the straps and V9 tried to get R3 to respond to a sternal rub, but R3 didn't. V9's statement documented another nurse checked R3's blood sugar and another staff attempted another blood pressure on R3 with and automatic cuff that goes around the upper arm "but it was high". V9's</p>	S9999		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>statement documented R3 was taken to his room by wheelchair and mechanically lifted to his bed. V9's statement documented she attempted to get a blood pressure again with a wrist cuff and could not get a blood pressure. V9's statements documents that V9 left R3's room to call the ambulance, while V5 got R3 ready to go to the hospital. V9's report documents she returned to R3's room to check on R3. V9's statement documents she left R3's room to answer calls and while on the phone EMS showed up. V9's written statement documented V9 stated she follow EMT's into R3's room. V9's written statement documented R3's color had changed. V9's written statement documents EMT's assessed R3, got an Ambu bag out of ambulance and heart monitor was placed on R3. V9's written statement documents R3 had a faint heart rate and then R3 was moved to the floor, heart monitor was checked again, and CPR was started. V9's written statement documents R3 was intubated and after 45 minutes of CPR and multiple rounds of medications the EMT called for an order to stop CPR. V9's written statement documents EMT told the family that R3 has passed. There was no documentation in V9's written statement regarding any staff remaining with R3 to monitor and assess R3 for change of condition or further need of emergency medical services while they awaited 911/EMT's.</p> <p>On 2/24/2022 at 8:54 AM, V9 stated that she didn't want to make a verbal statement but wanted to stand by her written statement.</p> <p>On 2/23/2022 at 2:15 PM, R3's Facility Weight and Vitals Summary, documents last Vital Signs the facility completed on R3 were on 2/2/22 at 14:24 (3:24 PM).</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>There was no documentation in R3's medical record that the facility implemented neurological checks after he fell on 2/22/22 at 7:30 PM or any documentation of further assessment/monitoring of R3 after he went unconscious and before EMS arrived.</p> <p>On 2/23/2022 at 2:15PM, neurological checks for R3 were requested. No neurological checks provided by facility.</p> <p>On 2/24/2022 at 3:10 PM, V3, Regional Clinical Director, stated that she would expect nursing staff to know the code status of the residents they are caring for. V3 stated that she would expect a staff to be awaiting the arrival of EMS when called to the facility to not delay care. V3 stated that she would expect continuous vitals and ongoing assessment to be done on an unconscious resident awaiting EMS. V3 stated that she would expect facility staff to start CPR, following the guidelines given by the American Heart Association. V3 stated that she would expect a nurse to always remain with a resident during a medical emergency.</p> <p>On 2/23/2022 at 3:20 PM, V2, Director of Nursing (DON) stated that he would expect staff to know or know where to find a resident's code status before caring for them. V2 stated that he would expect staff to be at the door awaiting EMS as prompt as possible, but that could be hard with the facilities staffing situation and not having enough staff to wait at the door. V2 stated that, he would expect a set of vital signs to be taken before EMS got to the facility. V2 stated that, he expects at least one BLS (Basic Life Saving) certified staff to be always with a resident, but having proper staff is hard. V2 stated he is unsure if all the facility staff are BLS certified. V2</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007116	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/04/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER INTEGRITY HC OF SMITHTON	STREET ADDRESS, CITY, STATE, ZIP CODE 107 SOUTH LINCOLN SMITHTON, IL 62285
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>stated he would expect facility staff to start CPR if needed. V2 stated that he would expect a nurse to be with a resident during an emergency so resident gets properly assessed, but that may not always be possible it depends on the circumstance.</p> <p>On 3/1/22 at 2:25 PM, V11, Physician, stated that nursing staff should stay with and continuously monitor a resident during a medical emergency. V11 stated that CPR should have been started for a resident in cardiac arrest or when change of condition calls for CPR to be started. V11 stated that nursing staff should have continued to assess for a pulse on an unconscious resident and started CPR when it was needed. V11 stated "That's what they are trained for."</p> <p>The Facility's Resident Census and Conditions of Residents Form, CMS 672, dated 3/3/22, documented the facility had a census of 44 residents.</p> <p>(AA)</p>	S9999		