STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 2558233/2602461	S0000		09/15/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a	S9999		09/15/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S9999	Continued from page 1 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. These Regulations were not met as evidenced by: Based on interview and record review the facility failed to ensure timely treatment and care in accordance with professional standards of practice after a fall and failed to assess and provide pain medication after a fall for 1 (R1) of 3 residents in a sample of 26. This failure resulted in R1 not getting immediate treatment for a hip fracture after a fall and R1 not receiving any pain medication for a hip fracture for several hours after a fall. A reasonable person would experience feelings of discomfort and distress due to not receiving timely after fall care and would experience feelings severe pain and discomfort due to not receiving pain relief medication. This past noncompliance occurred between 8/25/25 and 8/26/25. Findings include: R1's Admission Record documented an admission date of 4/27/2023 and diagnoses including chronic obstructive pulmonary disease, unspecified, gastrostomy status, dysphagia, unspecified, schizoaffective disorder, bipolar type, muscle weakness and moderate protein-calorie malnutrition. R1's Quarterly Minimum Data Set (MDS) dated 7/23/2025 documented a Brief Interview for Mental Status (BIMS) score of 07, indicating R1 had severe cognitive impairment. This same document under section GG0120 Mobility Devices documented a walker used for ambulation and section I5600 Active Diagnosis documented a diagnosis of malnutrition (protein or calorie) or at risk for malnutrition. R1's Final Incident Report dated 8/25/2025 with time of incident documented R1 had an unwitnessed fall in his room. R1 ambulated independently with walker at baseline. R1 reported pain to right groin with imaging ordered in house. Imaging obtained on 8/26/2025 with results showing a displaced fracture to right femoral neck. R1's Progress note dated 8/25/2025 at 1:24 PM by V15 (LPN) documented heard R1 yelling out. Upon entering room, resident was on the floor, leaning on his right elbow, walker to his left side with no injuries noted,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S9999	Continued from page 2 but complain of right inguinal and thigh pain. R1's Progress note dated 8/26/25 at 4:15 PM documents, EMS (Emergency Medical Services) arrived and transferred R1 to the local hospital. On 9/3/2025 at 12:51 PM, V18 (Certified Nursing Assistant/CNA) stated, she did work on 8/25/2025 when R1 had fallen in his room. V18 stated, she heard R1 hollering out from his room while she had been at the nurse's station. V18 stated, she went into R1's room with V24 (CNA) and found R1 on the floor. V18 stated, she requested V15 (Licensed Practical Nurse/LPN) to come to R1's room. V18 stated, V15 assessed R1 with V24 and then helped him back to bed. V18 stated, R1 had been complaining of pain in his groin area and unable to stand or do baseline activities. V18 stated, she notified V15 of R1's not being able to perform his normal functions multiple times after his fall and V15 stated, R1 would have to wait. V18 stated, no imaging was completed the day of the fall. On 9/3/2025 at 1:02 PM, V15 (Licensed Practical Nurse/LPN) stated, she had been working the day R1 had his fall event on 8/25/2025. V15 stated, V18 (CNA) and V24 (CNA) requested for her to come to R1's room. V15 stated, R1 had been on his right side in the floor when she entered his room. V15 stated, R1 had been helped back to bed by her and V24, she then notified V16 (Family) and V17 (Physician) of R1's fall. V15 stated, V17 ordered imaging pictures be taken of R1's right hip related to pain from the fall. V15 stated, she contacted the imaging company to schedule them to come to the facility for pictures. V15 stated, the imaging company returned a call and notified her that they would not be able to come to the facility until the next day. V15 stated, she did not notify the doctor that the imaging company could not come that day. V15 stated, R1 did still have pain throughout her shift and was unable to complete his baseline activities. V15 stated, she had been back to R1's room several times that day to see if he wanted to get out of bed. V15 stated, R1 probably should have been sent to the local emergency room for further evaluation that day after the imaging company could not complete the order, but she did not send him. On 9/5/2025 at 10:32 PM, V15 (LPN) stated she did not give any pain medication to R1 after his fall event on 8/25/2025 or during her shift that day. On 9/4/2025 at 11:09 AM, V2 (Assistant Director of Nursing/ADON) stated, she had been notified that R1 had fallen on 8/25/2025 in the afternoon. V2 stated, she	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S9999	Continued from page 3 thinks R1 had been reaching for his crayons when he fell out of bed. V2 stated, per V15's (LPN) nursing note documented R1's fall, with notifications to V17 (Physician) and V16 (Family) and order for imaging pictures to be performed. V2 stated, on 8/26/2025 around 4:00 PM the imaging company arrived in the facility to complete imaging pictures for R1 and R1 had still been in pain after pictures were taken, so she contacted V16 (Family) via phone to discuss sending R1 to the hospital for further evaluation. V2 stated, V16 agreed to have R1 sent to the local emergency room. V2 stated, R1 was transferred to the local hospital by ambulance around 4:15 PM on 8/26/2025. V2 stated, the imaging order for R1 should have been initially order stat (immediate) and if the imaging company could not come out to complete the pictures then V16 (Family) should have been contacted to discuss further evaluation which would include R1 being sent to the local hospital. V2 stated, R1 had no documentation of pain medication given until Acetaminophen Oral Suspension (Acetaminophen) 5 milliliters for 8/10 pain on 8/26/2025 at 10:59AM. On 9/4/2025 at 11:24 PM, V28 (Imaging Company) stated, there is documentation on 8/25/2025 at 1:37 PM for R1 to receive an image order to the right hip. V28 stated, the order was not ordered stat (immediate). V28 stated, around 4:30 PM the technician on 8/25/2025 documented unable to complete order due to workload. V28 stated, at 5:05 PM, V31(Imaging Technician) documented V15 (LPN) notified images would not be completed today for R1 via phone. V28 stated, V31 (Imaging Technician) arrived in the facility on 8/26/2025 around 4:00 PM to complete R1's order. V28 stated, V31 completed the imaging picture and requested the picture to be read stat. On 9/4/2025 at 1:10 PM, V1 (Administrator) stated, R1 had been self-ambulatory during his stay in the facility. V1 stated, her understanding of R1's fall event on 8/25/2025 had been he self-reported by hollering out from his room and V15 (LPN) went down to R1's room to check on him. V1 stated, R1 did have some hip pain after his fall and V15 ordered a imaging picture through the imaging company. V1 stated, the imaging company came in on 8/26/2025 around 4:00 PM to complete the imaging pictures and there was a fracture shown and R1 had been sent out to the local hospital. V1 stated, the normal expectations after a fall event with pain would be to get an imaging picture ordered immediately and if the company could not come in to complete the order, the nurse should contact the physician to discuss further evaluation. V1 stated, V15 did not order the imaging pictures to be done stat.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S9999	Continued from page 4 On 9/5/2025 at 1:28 PM, V17 (Physician) stated, he had been notified of R1's fall event from 8/25/2025. V17 stated, around 1:37 PM he received a text message to order imaging of the right hip for R1. V17 stated, he had not been notified of a pain assessment for R1, that R1 could not bear-weight or there was a delay in imaging. V17 stated, V15 (LPN) should have completed a better assessment of R1 after his fall event. On 9/5/2025 at 12:27 PM, V16 (Family) stated R1 did have a fall on 8/25/2025. V16 stated at the time of the fall when they contacted him, R1 had been having pain in his right groin/inner thigh. V16 stated, he came to visit R1 on 8/26/2025. V16 stated, R1 told him he was in pain when he asked him if he was hurting by pointing to his right inner thigh/groin area. V16 stated, he would assume that the facility would give R1 pain medication as ordered. R1's August Medication Administration Record (MAR) documented no pain medication was given on 8/25/2025. R1's MAR documents R1 received Acetaminophen Oral Suspension (Acetaminophen) 5 milliliters for 8/10 pain on 8/26/2025 at 10:59AM. On 9/09/2025 at 10:02 AM, V23 (CNA) stated, he did work the day R1 had his fall on 8/25/2025. V23 stated, R1 had been independent in ambulation. V23 stated, he heard R1 hollering for help from his room but does not recall what time. V23 stated, when he entered R1's room, R1 had been on his hands and knees in the floor with his crayons next to him. V23 stated, he called out for V15 (LPN) to come to R1's room to assess him. V23 stated, after V15 assessed R1, they helped him into his bed. V23 stated, he is not aware if R1 had any pain. V23 stated, later that same day, R1 used his call light for resident care. V23 stated, he attempted to help R1 up out of his bed to stand and R1 could not bear any weight on his right leg. V23 stated, R1 said he could not stand. V23 stated, he did notify V15 but not aware of any interventions at that time. V23 stated, he worked the next day on 8/26/2025 and V16 (Family) had hit R1's call light for him to get assistance to get dressed. V23 stated, at that time, R1 was telling V16 that he could not get up. On 9/9/2025 at 10:13 AM, V24 (Director of Nursing/DON) stated, she did not work on 8/25/2025 when R1 had his fall. V24 stated, she had not been notified of the fall event the day of. V24 stated, when she had been notified on 8/26/2025, she went down to assess R1. V24 stated, R1 did have pain to his right lower leg upon assessment. V24 stated, V16 (Family) was in the room	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S9999	Continued from page 5 during the assessment and asked about the imaging results to R1's right hip. V24 stated, she reviewed R1's chart and did not see any imaging results. V24 stated, she requested for R1 to be administered pain medication while she contacted the imaging company to follow up on R1's order. V24 stated, when she contacted the imaging company is when she found out that the order had been for yesterday. V24 stated, it is the facility policy that V17 (Physician), families and herself are to be notified of resident fall events. V24 stated, R1's imaging order should have been completed on 8/25/2025 and when imaging had notified V15 that they would not be able to complete it that day, R1 should have been sent out to the local emergency room for further evaluation. The local Hospital Emergency Room imaging report for R1's right hip related to fall with pain and unable to weight-bear, dated 8/26/2025 documented an acute fracture of the right femoral neck with acute angulation. The facility's Pain Management Policy (adapted/revised 2022) documented under Purpose: "To facilitate resident independence, promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement. General Guidelines: The facility will achieve these goals through: Promptly and accurately assessing and managing pain to the greatest extent possible. Encouraging residents to self-report pain. Aggressively assessing pain in non-verbal and cognitively impaired residents. Increasing comfort and reducing to depression and anxiety in residents. Optimizing the residents' ability to perform activities of daily living. Monitoring treatment efficacy and side effects. A standard format for assessing, monitoring and documenting pain in both cognitively intact and cognitively impaired residents will be utilized. As part of a comprehensive approach to pain assessment and management, pain will be considered the "fifth" vital sign at the facility, along with temperature, pulse, respiration, and blood pressure. For the purposes of this policy, pain is defined as "whatever the experiencing person says it is, existing whenever the experiencing person says it does." Prior to the survey date, the facility took the following actions to correct the non-compliance: 1. On 8/26/2025, all nursing staff in-serviced on all	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INTEGRITY HC OF CARBONDALE	**120 NORTH TOWER ROAD , CARBONDALE, Illinois, 62901**

(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) COMPLETION DATE
S9999	Continued from page 6 falls to be reported to Director of Nursing and Assistant Director of Nursing, fall management, resident reports pain with a fall event or other incident should have an immediate imaging order placed, and if imaging company is unable to arrive at the facility the same day as order, staff will notify physician and family. Staff signed on in-service sheet including V15. 2. On 8/26/2025 the Administrator and Director of Nursing will complete random education checks to ensure staff is knowledgeable on the process of obtaining immediate imaging for residents who fall with complaints of pain for a minimum of 5 times per week for 4 weeks. 3. On 8/26/2025 implemented all fall reports to be reviewed, daily during the morning meetings and a weekly review to be completed with the interdisciplinary team on Thursdays to ensure all identifying changes, implementing new processes and monitoring changes. All items to be discussed in Quality Assurance meetings. 4. On 8/26/25, the facility's Quality Assurance Committee met to review the above referenced fall. The Committee approved of the corrective Action Plan that had been submitted and reviewed the status of the plan without corrections. (A)	S9999		