

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145757	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER INTEGRITY HC OF CARBONDALE		STREET ADDRESS, CITY, STATE, ZIP 120 NORTH TOWER ROAD CARBONDALE, IL 62901	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide notification to a resident's physician regarding a change in condition for 1 of 5 residents (R4) reviewed for physician notification in the sample of 12. The Findings Include: R4's record documents a re-admission to this facility on [DATE] with a [DIAGNOSES REDACTED]. On [DATE], R4 tested positive for Covid-19 and was moved to the facility's Covid-19 wing. A nursing note dated [DATE] at 8:35 AM documents R4, Will respond when talked to but very lethargic. Appetite poor. Nursing notes dated [DATE] and [DATE] continue to document R4 refusing her meals and not eating. A nursing note dated [DATE] at 8:40 AM, documents in part .Not eating or drinking. Gets combative with depend changes and vs (vital signs). Noted to have small amount of emesis on nose, bed pad and gown at 11am . On [DATE] at 3:30 PM, V2 (Director of Nursing - DON) stated R4's condition had declined so that she was just not interested in eating, as many of their Covid-19 positive residents lost their sense of smell or appetite. When asked if R4's physician was notified of her decline, V2 stated the physician was last notified on [DATE] that R4 was lethargic and not wanting to eat. At that time no new orders were given. When asked if R4's physician was notified that R4 had an emesis the morning of [DATE], V2 stated, no. A nursing note dated [DATE] at 1:50 AM, documents R4 was found unresponsive with no heart sounds or respirations after 3 minutes and time of death was determined to be at 1:50 AM. There is no documentation that R4's physician was contacted after [DATE] regarding her conditional decline or at the time of death on [DATE]. A facility policy titled, Change In A Resident's Condition or Status dated 2015 documents the following part - Policy Statement - Our facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in the resident's medical/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). Protocol for Notifying Attending Physician of Changes in Resident's Medical/Mental Condition and Policy Interpretation and Implementation documents - 1. The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been: d. A significant change in the resident's physical/emotional/mental condition; e. A need to alter the resident's medical treatment significantly; f. Refusal of treatment or medications (i.e., two (2) or more consecutive times); g. A need to transfer the resident to a hospital/treatment center.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.