

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145717	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER INTEGRITY HC OF COLUMBIA		STREET ADDRESS, CITY, STATE, ZIP 253 BRADINGTON DRIVE COLUMBIA, IL 62236	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, and interview the facility failed to ensure safe transfer and safety measures were in place for 1 of 3 residents, R2 reviewed for special safety practices in the sample of 11. Findings include: R2's Physician order [REDACTED], R2's Minimum Data Set, (MDS), dated , 01/20/20, document R2 has no Cognitive Impairment. R2's Care Plan, with a date, in initiated 01/20/20 documents, R2 is at risk for falls and injuries related, to left below knee amputation. R2's Care Plan, with a revision dated of 01/27/20 documents, R2 has falls. On 03/12/20 at 1:11PM, V1, Administrator, stated, I was not aware R2's bathroom did not meet the American Disability Act, (ADA), handicapped accessible requirements. Those rooms are older on the hall where R2 resides. On 03/12/20 at 2:38PM, R2 stated, I know this bathroom is not ADA handicapped accessible. I only have one leg and I had a sore on the bottom of my heel/foot. I am afraid if they keep me in this room, I am going to hurt myself really bad. I am a big woman and I have to hop/jump around on one foot to get from the wheelchair to the toilet, when I have to go to the bathroom. Look there is only 1 bar for me to grab a hold of. I am Legally Disabled, but they don't care if I have problems getting to the toilet. There is just not enough room for my wheelchair to get through the door. I rub against the frame of the door and I get bruises because the space is so tight. I have fallen and scratched myself several times this month trying to use the bathroom. On 03/12/20 at 2:30PM, R2's Bariatric wheelchair would not go inside her bathroom, the wheelchair would not fit through the bathroom doorway. So, R2 hops out of her wheelchair on her only leg which has a bandage on the heel, grabs on to the one handrail, bar in the bathroom and attempts to transfer herself by hopping. After R2 had completed her transfer her bandage on her foot was dirty and bleeding. R2's Nurses Notes dated 02/21/20 at 1:50PM, This patient says she transferred self to toilet and pinched leg while transferring to toilet. (R2) Complains that the bathroom is too small for her and she cannot reach the bar in the bathroom. Patient says she has to hop to get on the toilet. R2's Medical Records does not document, any assessment was performed for R2 or what R2's leg looked like after she reported pinching herself on 02/21/20. On 03/13/20 at 11:03AM, V12, Nurse Manager stated, R2 hops to and from the toilet, she can transfer herself without assistance. I am not aware of any falls. On 03/13/20 at 11:15AM, V8, Licensed Practical Nurse, (LPN) stated, The only thing I really know about (R2) is that she stretches and hops getting on and off the toilet. I am not sure if she has ever fallen. No, I am not sure if her wheelchair fits through the door (R2) is independent. R2's Hospital Records dated, 01/09/20 document, Complaint: Sent for Psyche Evaluations because, patient became upset after having to change rooms, patient denies being upset. R2's Hospital Psyche Notes also document, the patient notes that she was moving rooms in her nursing home, however the new room is not handicapped equipped. She reports pain due to her sore on the bottom of her foot. R2's Hospital Records document, R2 was admitted and returned to the facility on [DATE]. On 03/13/20 at 4:24PM, V20, Medical Director/Physician stated, (R2) did call me from the ambulance the day, they were taking her out to the Psych Unit, I advised her to be herself, remain calm and answer all of their questions. R2 was Diabetic and she has Diabetic Ulcers and she only has one leg now. V20, Medical Director/Physician stated, Yes, I would expect the facility to meet (R2's) needs and ensure she had two bars for transfers and for her wheelchair to fit through the bathroom and bedroom door. R2 wanted to be independent and with only one leg we want to make sure she doesn't have any falls or injuries because, R2 is Diabetic and that could lead to other complications down the road. V20, Medical Director/Physician stated, yes, if they could accommodate (R2) they should have a ADA bathroom for (R2) and some bars to hold onto. The Fall and Fall Risk, Managing Policy dated, December 2007 documents, based on previous evaluations and current data, the staff will identify interventions related to, the residents specific risks and causes to prevent resident from falling and to try to minimize complications from falling.</p>		
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.