

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145410	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2025
NAME OF PROVIDER OR SUPPLIER  Evercare of Breese		STREET ADDRESS, CITY, STATE, ZIP CODE  1155 North First Street Breese, IL 62230	
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 0880  Level of Harm - Actual harm  Residents Affected - Few	Provide and implement an infection prevention and control program.  (continued on next page)		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to investigate, recognize, isolate, track/trend and treat a scabies outbreak per current standards of practice for 5 of 5 residents (R1, R2, R6, R7, and R10) in a sample of 13 reviewed for infection control. Applying the reasonable person concept, a reasonable person would have extreme discomfort due to itching and psychosocial distress issues due to anxiety, embarrassment, shame, or even isolation. This failure has the potential to affect all 69 residents residing in the facility. Findings Include:1. R1's Face Sheet, print date of 09/30/25, documented R1 has diagnoses of but not limited to Dementia, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and transient cerebral ischemic attack. R1's Minimum Data Set (MDS), dated [DATE], documented R1 is cognitively intact with a Brief Interview for Mental Status (BIMS) of 13 out of 15 and she requires assistance with her activities of daily living (ADLs).R1's Care Plan, admission date of 03/11/23, documented the resident has a rash r/t (related to) possible scabies and will be treated as such, the resident will have no complications from rash through the review date, the resident will have no s/sx (signs/symptoms) of infection of the rash through the review date, and the resident's rash will heal by review date (date initiated: 09/29/2025). Goal: The resident will have no complications from rash through the review date. Interventions include but not limited to: Give anti-pruritic medication as ordered by medical doctor (MD), Monitor/document side effects and effectiveness, monitor skin rashes for increased spread or signs of infection, and seek medical attention if skin becomes bloody or infected.R1's Physician's Orders, dated 01/04/2024, documented Free of signs and symptoms of communicable diseases.R1's Physician's Orders, dated 01/30/25, weekly skin assessment, complete assessment in electronic medical record (EMR) and document any changes, every day shift every Friday for skin care.R1's Physician's Orders, dated 09/24/25, documented Elimite External Cream 5% (Permethrin) Apply to whole body neck to toes topically at bedtime for skin care until 09/25/25 1:59 PM and remove per schedule. R1's Facility Nursing Home certified nursing assistant (CNA) shower sheets for August 2025 and September 2025 were reviewed and documented the following skin issues:On 08/19/25, documented R1 had scabs to her neck and right arm. On 09/25/25, documented R1 was treated prophylactically for rash.R1's Skin Checks, for August 2025 and September 2025 were reviewed and documented the following skin issues: On 09/24/25 at 1:34 PM, Skin issue: New issue R1 has a generalized rash.R1's Progress Notes, documented the following: On 09/12/25 at 12:23 PM, R1 has no new skin issues. On 09/19/25 at 1:36 PM, has no new skin issues documented. On 09/22/25 at 10:26 AM, R1's son at the facility to visit and asking the nurse who he needs to speak to about the itchy rash on R1's limbs. R1 and her son were directed to V9, Infection Control Preventionist (ICP) for further instructions.On 09/25/25 at 9:42 AM, documented Note Text: Resident had a skin check done on 09-24 due to a small outbreak of scabies in the facility. Resident does have a small rash and will be treated, and all lines will be washed, family was notified and is fine with the treatment. On 09/26/25 at 11:58 AM, documented R1 has no new skin issues identified. On 09/29/25 at 1:25 PM, R1 had redness and little red spots to both of her arms.On 09/29/25 at 1:25 PM, R1 said she had a rash on her arms, and it was itching. She was seen by the Nurse Practitioner (NP) V12 and was treated for the rash. 2. R2's Face Sheet, print date of 09/30/25, documented R2 has diagnoses of but not limited to Parkinson's disease without dyskinesia, Type II diabetes mellitus (DM) with diabetic polyneuropathy, and dementia. R2's MDS, dated [DATE], documented R2 is severely cognitively impaired with a BIMS of 04 out of 15 and unable to be interviewed. She requires substantial/maximal assistance with her ADLs. R2's Care Plan, dated 08/30/24, documented date initiated on 09/29/25, the resident has a rash r/t possible scabies and will be treated as such. Goal: The resident will have no complications from rash through the review date, the resident will have no s/sx of infection of the rash through the review date, and the resident's rash will heal by review date. Interventions include but not limited to Avoid scratching and keep hands and body parts from excessive moisture, give anti-pruritic medication as ordered by MD. Monitor/document side effects and effectiveness, and monitor skin rashes for increased spread or signs of infection.R2's Physician's Orders, dated 07/01/25, documented skin checks-perform upon admission and weekly thereafter, every day shift every Thursday for facility protocol, complete skin assessment under assessment tab.R2's Physician's Orders, dated 09/11/25, documented Triamcinolone Acetonide External Cream 0.1% (topical) Apply to trunk and extremities topically every day and night shift related to Allergy status to unspecified drugs, medicaments and biological substances discontinue (D/C) when rash is gone</p>		