

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Evercare of Collinsville		STREET ADDRESS, CITY, STATE, ZIP CODE 614 North Summit Collinsville, IL 62234	

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)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45302</p> <p>Based on interview and record review, the facility failed to thoroughly investigate an allegation of abuse for 1 of 1 resident (R26) reviewed for abuse in a sample of 43.</p> <p>Findings include:</p> <p>The Facility's Incident Investigation Form, dated 8/11/2024 at 1:30 PM documents, spoke to (R26) R/T (related to) alleged abuse on 8/9/2024 @ (at) 2:45 AM. Stated that he was hit and scratched by NOC (night) CNA (Certified Nursing Assistant). Asked (R26) about minimal swelling to RT (right) upper lip and left cheek. At first, he stated that he was in his room and was attacked by NOC (night) CNA. Informed (R26) that camera was reviewed and CNA with alleged allegations did not enter his room. (R26) then stated that NOC CNA hit him outside on the patio with (R26) during his shift. According to nurses' documentation @ times of allegation and head to toe assessment, there were no abnormal skin findings. Provider was notified, orders were received for labs, X-Ray to face. X-Ray results negative for fx (fracture.) Nursing staff to monitor his behavior and use two staff members when entering (R26's) room or providing care.</p> <p>(continued on next page)</p>

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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V1, Administrator's typed statement dated 8/15/2024 documents, This letter will serve as a follow up to the initial report 8/9/2024 regarding an alleged incident involving resident (R26) and (V8, Certified Nursing Assistant, CNA.) (R26) is a [AGE] year-old long term resident of the facility with diagnosis of schizophrenia, depression, anxiety, diabetes, sleep apnea, COPD, and morbid obesity. He is not a registered offender. On 8/9/2024, nurse reported an alleged altercation between (R26) and (V8). The nurse assessed (R26) with no signs of injury, no swelling, no redness noted to (R26). Employee was suspended pending investigation. Investigation was initiated per protocol. (R26) was interviewed. He reported that at around 2:00 AM, as he was going out the patio door, V8 pushed him against a wall and began hitting R26. He stated that he was punched in the face, shoulder, and chest. He also stated that he did not defend himself, but stood still until (V8) was finished, and then he walked away. (V8) was interviewed. He stated that he was not assigned to (R26's) hallway for the shift nor had any interaction with (R26). Facility cameras were reviewed by Administrator. No interaction was seen between (R26 and V8). Local Police Officer came to the facility to gather information. During the police interview, at times (R26) spoke so softly that the police officer could not hear him. At other times, (R26) would not answer any questions or gave answer that did not relate to the question. The police officer stated to Administrator that he would not start an investigation. (R26) was interviewed again during a care plan meeting on 8/15/2024. He refused to speak about the alleged allegation and stated to administrator, I don't know what you are talking about. Multiple residents and staff were interviewed with no one witnessing or reporting an altercation between (R26 and V8). In conclusion, the facility was unable to substantiate the allegation of abuse. (R26) received a telehealth visit from the facility NP (nurse practitioner) who gave orders for a medical work up. The IDT (Interdisciplinary Team) has met, and resident's care plan has been updated to reflect current status.</p> <p>The Facility's Newly Acquired Skin Conditions dated 8/9/2024, documents size and location: 0.25 cm (centimeters) left upper cheek and 1.0 cm left lower cheek.</p> <p>Review of resident interviews included: R6 written statement dated 8/9/2024 documents, (R26) goes out to smoke. Did you see any altercation? No. R20 undated written statement documents I didn't see anyone fighting. R209 written statement dated 8/9/2024 documents, I was sleeping. R209 stated that he didn't know what I was talking about. R30's written statement dated 8/9/2024 documents, (R30) stated that he didn't see (R26) and staff altercation. These statements didn't address if any staff were abusive toward the resident or address the abuse allegation.</p> <p>On 11/13/2024 at 1:08 PM V1, Administrator stated she interviewed other residents after the allegation of staff to resident abuse, but she realized she didn't ask the correct abuse questions.</p> <p>The Facility's Abuse Prevention Policy & Procedure Policy revised 11/28/2016, documents investigation procedures to conduct interviews with resident's roommate and other residents to which the accused individual has regular contact with.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45302</p> <p>Based on observation, interview, and record review the facility failed to address pain on one of three resident's care plan (R3) reviewed for care plans in a sample of 43.</p> <p>Findings include:</p> <p>R3's Minimum Data Set (MDS) dated [DATE] documents resident is alert with occasional pain. Over last five days and pain effect on sleep: rarely or not at all. Over the last five days, how often have you limited your day-to-day activities because of pain? Occasionally. Numeric rating scale: 6/10. Verbal descriptor scale: not answered.</p> <p>R3's Physician's Order Sheet, POS, dated 11/2024 documents the following pain medications: Tramadol HCL 50 mg (milligrams) PRN (whenever necessary) every 6 hours as needed for pain, Carbamazepine 200 mg BID (twice a day) for pain, Acetaminophen 500 mg 2 tablets TID (three times a day) for pain, Gabapentin 400 mg TID for pain, Diclofenac sodium 1% gel apply topically 2 grams to ankles and knees twice a day for pain.</p> <p>R3's Pain assessment dated [DATE], 7/23/2024 and 10/23/2024 documents resident no complaint of pain or discomfort.</p> <p>R3's Care Plan, dated 6/4/2024 does not address resident's pain.</p> <p>On 11/13/2024 at 1:25 PM R3 stated she has chronic pain in her legs, knees, and ankles. R3's pain at that time was 6/10. R3 sat in a wheelchair and lifted her left leg at the time of the interview and facial grimaced.</p> <p>On 11/13/2024 at 2:30 PM V9, MDS/Care Plan Coordinator stated R3 has ankle and knee pain, and it should be care planned with pharmacological and non-pharmacological interventions should be addressed and documented on her care plan. V9 stated she didn't know why pain wasn't addressed on R3's care plan other than that she had been discharged to the hospital multiple times over the last 6 months.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's Comprehensive Care Planning Policy, revised 7/20/2022, documents the care plan describes a need/problem, and indicating approaches/interventions to be instituted to assist the resident in maintaining/receiving care in relation to the need/problem. A care plan may or may not specify a goal for the resident. The comprehensive care plan shall strive to describe the resident's preferences, choices, and goals to the extent possible to assist in attaining or maintaining the resident's highest practicable quality of life. The resident's medical, nursing, physical, mental, and psychosocial needs, and preferences. Person centered measurable objectives and timeframes for ease of evaluating resident progress toward achieving goals. A structured program designed to change need/problem: statement of the targeted problem/need, goal stating the expected outcome of the reduction of the targeted problem, intervention/approaches aimed at reducing the causative factors of the targeted problem. Communication of the care plan is paramount to the success of consistent care delivery. Problems, goals, and interventions should include the date initiated for ease of reference. All intervention entries should include the date of the care intervention was initiated by the staff as well as the date the intervention was added to the care plan if added after the original care plan date.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45947</p> <p>Based on observation, interview and record review, the Facility failed to ensure dishes were properly cleaned and food was stored in a manner to prevent foodborne illness. This has the potential to affect all 55 residents living in the Facility.</p> <p>Findings include:</p> <p>On 11/12/24 at 8:10 AM, V6, Cook, washed food residue from a dish in the far-right compartment of the three-compartment sink, dipped the dish directly into the far-left compartment of the sink containing sanitizing solution, then placed the dish on a rack to dry. V6 did not rinse the dish in between the two sinks, and the middle sink compartment was empty.</p> <p>On 11/13/24 at 8:15 AM, V6 stated the process is usually to wash, rinse and sanitize dishes, but they do not have a stopper for the middle sink, so she just washed and sanitized.</p> <p>On 11/12/24 at 8:15 AM, in the walk-in refrigerator, there was a container labeled Super Cereal that was dated 11/3/24 with no Use By date. There was a container labeled Meat Salad that was dated 11/5/24 with no Use By date.</p> <p>On 11/12/24 at 8:17 AM, in the walk-in freezer, there was a plastic bag with biscuit dough and a plastic bag with breadsticks. Both bags were previously opened and resealed but were not labeled or dated upon opening.</p> <p>On 11/12/24 at 2:00 PM, V4, Dietary Manager, stated food should always be discarded after seven days.</p> <p>The Facility's Refrigerator and Freezer Storage Policy revised 10/2014 documents, It is the policy of (Facility Company) that any item to be placed in the refrigerators and freezers must be covered, labeled and dated with a date-marking system that tracks when to discard perishable foods. [NAME] container with name of item. [NAME] the date that the original container is opened or date of preparation. Label refrigerated, potentially hazardous food prepared and held for more than 24 hours with the day/date by which the food shall be consumed or discarded (maximum of 7 days from time of preparation).</p> <p>The Facility's Undated Dishwashing: Manual Policy documents, All pots and pans shall be cleaned by washing, rinsing, and sanitizing, according to the following guidelines. The pots and pans will be washed in a hot detergent solution in the first compartment, rinsed in clean warm water in the second compartment, and sanitized by either heat or chemicals in the third compartment.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid dated 11/12/24 documents there are 55 residents living in the Facility.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</p> <p>Based on observation and record review, the facility failed to provide 80 square feet of floor space per resident bed for 26 of 55 residents (R4, R8, R10, R11, R12, R16, R17, R22, R29, R28, R31, R34, R38, R40, R41, R42, R45, R46, R48, R49, R51, R53, R54, R55, R56, R57) reviewed for room size in the sample of 55.</p> <p>Findings include:</p> <p>The Facility has 30 two-bed resident rooms which provide only 75 square feet per resident bed. According to historical data and current room measurements, these rooms measure 12 feet by 12 feet six inches. All these rooms are certified for Medicare and Medicaid. These rooms are as follows: room [ROOM NUMBER], 105, 106, 107, 108, 111, 116, 120, 201, 202, 203, 204, 303, 305, 306, 308, 309, 310, 311, 313, 314, 316, 317, 318, 319, 320, 321, 322 and 323. room [ROOM NUMBER] is now a family visiting room and a telephone room for residents. room [ROOM NUMBER] is now a storage room.</p> <p>The facility has 8 two bed resident rooms which provide only 77.5 square feet per resident bed. According to historical data and current room measurements, these rooms, measure 12 feet one inch by 12 feet six inches with an additional 10 inch by 72-inch offset. These rooms are as follows: Rooms 207, room [ROOM NUMBER], 209, 214, 216 and room [ROOM NUMBER].</p> <p>The Facility has 3 two-bed resident rooms which provide only 76.5 square feet per resident bed. According to historical data and current room measurements, these rooms measure 12 feet by 12 feet six inches with an additional 10 inch by 48-inch offset, These Rooms are as follows: room [ROOM NUMBER] which is now the Break Room, 119 which is now the Activity Room.</p> <p>The Facility has 2 two bedrooms which provide only 78.5 square feet per resident bed. According to historical data and current room measurements, these rooms measure 15 feet by 10 feet six inches. There rooms are as follows: rooms [ROOM NUMBERS].</p> <p>During observation from 11/12/2024 through 11/15/2024, the following residents were in the above rooms which do not have 80 square feet per resident bed: R4, R8, R10, R11, R12, R16, R17, R22, R29, R28, R31, R34, R38, R40, R41, R42, R45, R46, R48, R49, R51, R53, R54, R55, R56, R57.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid, CMS 671, dated 11/12/2024 documents the facility's census is 55.</p>