STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145519	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evervella of White Hall	620 West Bridgeport White Hall, IL 62092

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide fluids on the night shift for 2 of 9 residents (R6, and R9) reviewed for hydration in the sample of 9. Findings include:1 On 2/23/2026 at 8:03AM R6 stated she does not always have water at bedside. R6 stated from 6-7pm until breakfast has nothing to drink.R6's Minimum Data Set (MDS) dated [DATE] documents R6 is cognitively intact.2 On 2/24/2026 at10:10 am R9 stated water is not passed on the night shift.R9's MDS dated [DATE] documents R9 is cognitively intact. The facility resident council minutes dated 2/2026 documents water not being passed on the night shift. On 2/25/2026 at 9:15AM, V1, Director of Nursing (DON) stated she would expect staff to be passing water/fluids on the night shift. The facility policy hydration, dated 2023 documents the facility offers each resident sufficient fluid, including water and other liquids, consistent with resident needs and preferences to maintain proper hydration and health. The policy documents interventions will be individualized to address specific needs of the resident, but not limited to offer the resident a variety of fluids during and between meals.

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