

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145555	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Evercare at Edwardsville		STREET ADDRESS, CITY, STATE, ZIP CODE 401 St Mary Drive Edwardsville, IL 62025	

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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34964</p> <p>Based on observation, interview and record review, the facility failed to provide timely and thorough incontinent care for 2 of 4 residents (R1 and R5) reviewed for incontinent care in the sample of 6.</p> <p>Findings include:</p> <p>1. On 10/1/24 at 9:45 AM R1 stated it sometimes takes 2 hours to get changed when she is incontinent. She stated she has not been changed today and is wet. She stated the last time she was changed was last night sometime, but does not know what time. She stated she only gets changed one time on night shift on most nights, but she has to wait a long time to get changed on all shifts. R1 stated the only time her Certified Nursing Assistant (CNA) had been in her room was to deliver her breakfast tray.</p> <p>On 10/1/24 at 10:25 AM V9, CNA came in to provide incontinent care for R1. He stated he had not changed R1 yet today because she was not dirty earlier. When V9 went into the bathroom to put washcloths into the sink under running water, R1 stated, He didn't check to see if I was wet at all today. V9 came back from the bathroom and was wearing gloves and carrying a handful of wet wash cloths. He provided a bottle of body soap which documented rinsing was required. V9 stated it was no-rinse peri-wash. V9 opened R1's adult diaper which was visibly saturated with brown colored urine. There was an extra pad tucked into the diaper that was also saturated with brown colored urine. R1's lower half of her hospital gown was saturated with urine and the incontinent pad under her was saturated with urine. V9 stated, (R1) is a heavy wetter. V9 took a wash cloth and wiped under R1's abdominal fold which was red and R1 yelled out ouch. V9 then cleansed R1's right and left groin and then rolled R1 onto her left side without rinsing or drying areas he had cleansed. V9 did not spread R1's labia to clean her inner vaginal folds. R1's right and left groin and vaginal area were red. After rolling R1 onto her left side, V9 cleansed her right buttock and rectum with soapy wash cloths then turned her to the right side to cleanse her left buttock. V9 did not rinse or dry any of the areas he washed. R1 had redness and deep wrinkles on her buttocks and the backs of her thighs. After putting a new adult diaper on R1, V9 put a shirt on top of her, partially covering her wet gown.</p> <p>R1's Hospital Discharge Summary dated 9/26/24 documents she was hospitalized from 9/22/24 to 9/26/24 with the diagnosis of Sepsis and Urinary Tract Infection (UTI).</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Physician Order dated 9/26/24 documents the order: Nitrofurantoin 100 mg (milligrams) Q12H (every 12 hours) (urinary anti-infective) with start date of 9/26/24 and end date of 10/2/24.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 is alert and oriented and is dependent on staff for toileting and perineal hygiene. This assessment documents R1 is always incontinent of bowel and bladder.</p> <p>R1's Care Plan does not address her urinary incontinence, Urinary Tract Infection or antibiotic use.</p> <p>On 10/1/24 at 2:52 PM V2, ADON (Assistant Director of Nurses) stated he would expect staff to thoroughly cleanse all areas on a resident's body that was touched by urine or feces. He stated if staff use regular body soap they should rinse and dry all areas that were cleansed with soap and water. He stated incontinent residents should be checked and changed at least every two hours and as needed in between. He stated staff should be giving showers to residents on their regular shower days or as requested.</p> <p>50840</p> <p>2. On 10/01/2024 at 9:50 AM R5 states when she and her roommate want to get up and out of bed the staff will not get them up. R5 states that she has not been checked or changed since 5:15 AM and staff has only came into her room to serve her breakfast tray. R5 pressed call light button for nursing staff to help assist with incontinence care and to get up in wheelchair.</p> <p>On 10/01/2024 at 10:04 AM V9 CNA came into R5's room to provide incontinent care for R5. V9 proceeded to go into R5's restroom and placed multiple washcloths in the sink under running water and stated that he had poured a whole bottle of no rinse peri wash on top of the washcloths. V9 cleansed R5's right and left groin area with washcloth and then turned R5 onto left side without spreading R5's labia and without cleaning R5's inner vaginal folds. V9 cleansed moderate amount of brown stool from R5's rectum and right and left buttocks. V9 then put on a new adult diaper on R5 with feces still visible on R5's left buttock. V9 failed to dry any areas on V5. V9 continued to dress R5 in street clothes. V9 later showed this writer the bottle of DermaKleen body soap that he stated was no rinse and the bottle states to wash, rinse, and repeat.</p> <p>R5's MDS dated [DATE] documents R5 is alert and oriented. The MDS documents that R5 requires substantial/maximal assistance with toilet hygiene. The MDS documents that R5 is frequently incontinent of urine.</p> <p>R5's Care Plan dated 05/20/2024 documents I have episodes of bladder incontinence, resident is at risk for irritant contact dermatitis due to fecal, urinary, or dual incontinence, and I have the potential for alterations in bowel patterns due to constipation. An approach in the care plan documents to provide incontinent care after each incontinent episode.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy, Perineal Care, undated, documents, Purpose: To maintain cleanliness of the genital area, to reduce odor, and to prevent infection or skin breakdown. Policy: Perineal care is provided as part of a resident's hygienic program, a minimum of once daily and per resident need. Procedure: A. For female residents: i. Separate the labia. Wash with soapy washcloth/cleansing wipe, moving from front to back, on each side of the labia and the center over the urethra and vaginal opening, using a clean washcloth/cleansing wipe for each stroke. ii. Rinse area, moving from front to back, using a clean washcloth/cleansing wipe for each stroke. iii. Dry area moving from front to back, using a blotting motion with towel.</p>