

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 09/16/2025
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)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. (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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide enough licensed nursing staff to adequately meet the needs for 4 of 4 (R3, R10, R12, and R13) residents reviewed for staffing in the sample of 13. These failures have the potential to affect all residents residing at the facility. Findings include:1. R3's face sheet, print date of 9/15/25, documented R3 has diagnoses including pneumonia, anemia, hyperlipidemia, generalized anxiety disorder, insomnia, chronic pain, hypertension, paroxysmal atrial fibrillation, heart failure, hemiplegia and hemiparesis following cerebral infarction, unspecified convulsions, and COPD (chronic obstructive pulmonary disease). R3's MDS (Minimum Data Set), dated 7/7/25, documented R3 is cognitively intact. On 9/16/25 at 8:18 AM R3 stated her evening shift medications are often administered late and the nurses must wake her up so she can take them. Surveyor asked R3 if she has experienced increase pain due to her scheduled Tylenol not being administered as ordered every 4 hours and R3 replied sometimes I have had pain from not getting it on time. Surveyor asked R3 if she feels the facility has enough nurses and R3 replied no, they don't.2. R10's face sheet, print date of 9/16/25, documented R10 has diagnoses including wedge compression of first lumbar vertebra, insomnia, hypertensive heart disease, primary pulmonary hypertension, paroxysmal atrial fibrillation, altered mental status, hyperlipidemia, major depressive disorder, generalized anxiety disorder, and hypertension. R10's MDS, dated [DATE], documented R10 is cognitively impaired although at time of interview R10 was alert and oriented. On 9/16/25 at 6:03 AM R10 stated last night she did not receive her 8 PM meds until after 10 PM and the night before it was after midnight. Surveyor asked R10 if she knows why and she replied, they don't have enough nurses.3. R12's face sheet, print date of 9/16/25, documented R12 has diagnoses including fracture of right humerus, pain, insomnia, anxiety disorder, COPD, anemia, hypertension, major depressive disorder, and hyponatremia. R12's MDS, dated [DATE], documented R12 is cognitively intact. On 9/16/25 at 6:50 AM R12 stated she is the [NAME] President of the Resident Council and at the last meeting it was all about evening medications being administered late. R12 stated a whole lot of residents were upset because 3 nurses are not enough to pass medications so many residents are receiving their 8 PM medications late. R12 stated she and other residents have had their 8 PM medications administered at midnight or after.4. R13's face sheet, print date of 9/16/25, documented R13 has diagnoses including hypertension, diabetes mellitus, hyponatremia, infection, and inflammatory reaction due to internal right hip prosthesis, Marfan syndrome, pain, depression, bipolar disorder, and glaucoma. R13's MDS, dated [DATE], documented R13 is cognitively intact. On 9/16/25 at 6:10 AM R13 stated she has been getting her 8 PM medications late due to the facility being short staffed. R13 stated there have been a few times when she did not receive her 8 PM medications until after midnight. R13 stated she gets pain medications in the evening, and she has experienced increased pain due to the medications being administered late. On 9/16/25 at 5:17 AM V15 LPN (Licensed Practical Nurse) stated the 8 PM medication pass is rough with just 3 nurses, meds are sometimes late, 3 nurses must share the D hall med cart because the residents are split between the 3 nurses. V15 stated this company cut the 4th nurse from 6 PM to 10 PM to save money. On 9/16/25 at 5:25 AM V16 LPN stated nurse staffing is not sufficient from 6 PM to 10 PM, used to have 4 nurses then the owner cut the 4th nurse from 6 PM to 10 PM. V16 stated (R12) has complained about her meds being late. On 9/16/25 at 5:30 AM V17 LPN stated they really need 4 nurses for the 6pm to 10pm med pass to ensure quality of care. On 9/16/25 at 6:10 AM V18 Wound Care Nurse stated 3 nurses from 6 PM to 10 PM is not enough nurses. On 9/16/25 at 7:37 AM V1 Administrator stated some residents were upset in the last Resident Council meeting about receiving their medications late on the evening shift. Surveyor asked V1 if she expects the facility nurses to sign their medications off as they administer them and V1 replied yes. Surveyor asked if she believes the medications were administered late when the evening shift nurses sign the medications off as charted late and V1 replied yes. On 9/16/25 at 9:27 AM V2 DON stated it is difficult for the nurses to complete all tasks with 3 nurses from 6 PM to 10 PM. The facility's Resident Council Memorandum, dated 8/4/25, documented issue: waiting till after 11 PM for meds. Residents getting very upset about it. DON (Director of Nursing) is aware of this issue. Response by V2 DON: will review staffing with (V1 Administrator) and (owner) to see if we can increase nursing staff at night to include 4 nurses until 10 PM to ensure residents are getting their meds in a timely manner. The facility's Resident Council Memorandum, dated 9/8/25, documented issue: nursing, meds are not getting to residents at right times, said nurses are getting angry at night, Call lights not being answered in a timely manner. The</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>(continued on next page)</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to administer medications at the scheduled times for 4 of 4 (R3, R10, R12, and R13) residents reviewed for medication administration in the sample of 13. These failures have the potential to affect all residents residing at the facility. Findings include: 1. R3's face sheet, print date of 9/15/25, documented R3 has diagnoses including pneumonia, anemia, hyperlipidemia, generalized anxiety disorder, insomnia, chronic pain, hypertension, paroxysmal atrial fibrillation, heart failure, hemiplegia and hemiparesis following cerebral infarction, unspecified convulsions, and COPD (chronic obstructive pulmonary disease). R3's MDS (Minimum Data Set), dated 7/7/25, documented R3 is cognitively intact. R3's care plan, undated, documented R3 has chronic pain with interventions including administer analgesia as per orders. R3's 9/1/25 - 9/16/25 MAR (medication administration record) documented R3 has an order for acetaminophen 325 mg (milligrams), 2 tabs, every 4 hours. This MAR documented R3's scheduled 8 PM acetaminophen was signed off as late administration: charted late on 9/1/25 at 11:41 PM, on 9/3/25 at 1:58 AM on 9/4/25, on 9/4/25 at 9:56 PM, on 9/8/25 at 10:14 PM, on 9/11/25 at 1:56 AM on 9/12/25, on 9/13/25 at 4:39 AM on 9/14/25, on 9/14/25 at 11:20 PM, and on 9/15/25 at 10:06 PM. On 9/16/25 at 8:18 AM R3 stated her evening shift medications are often administered late and the nurses must wake her up so she can take them. Surveyor asked R3 if she has experienced increase pain due to her scheduled Tylenol not being administered as ordered every 4 hours and R3 replied sometimes I have had pain from not getting it on time. Surveyor asked R3 if she feels the facility has enough nurses and R3 replied no, they don't. 2. R10's face sheet, print date of 9/16/25, documented R10 has diagnoses including wedge compression of first lumbar vertebra, insomnia, hypertensive heart disease, primary pulmonary hypertension, paroxysmal atrial fibrillation, altered mental status, hyperlipidemia, major depressive disorder, generalized anxiety disorder, and hypertension. R10's MDS, dated [DATE], documented R10 is cognitively impaired although at time of interview R10 was alert and oriented. R10's care plan, undated, documented R10 has diagnoses of hypertension, cardiomegaly, atrial fibrillation, hypertension, and hyperlipidemia with interventions including administer medications as ordered. R10's MAR, dated 9/1/25 - 9/15/24, documented R10 has an order for a beta-blocker medication carvedilol 12.5 mg twice a day between 6 AM and 9 AM and between 7 PM and 10 PM. This MAR documented R10's evening carvedilol was signed off as late administration: charted late on 9/3/25 at 12:56 AM on 9/4/25, 9/6/25 at 11:16 PM, 9/11/25 at 12:50 AM on 9/12/25, 9/13/25 at 4:37 AM on 9/14/25 and 9/14/25 at 11:17 PM. On 9/16/25 at 6:03 AM R10 stated last night she did not receive her 8 pm meds until after 10 pm and the night before it was after midnight. Surveyor asked R10 if she knows why and she replied, they don't have enough nurses. 3. R12's face sheet, print date of 9/16/25, documented R12 has diagnoses including fracture of right humerus, pain, insomnia, anxiety disorder, COPD, anemia, hypertension, major depressive disorder, and hyponatremia. R12's MDS, dated [DATE], documented R12 is cognitively intact. R12's care plan, undated, documented R12 has acute pain related to a fracture of her arm prior to admission with interventions including administer analgesia as per orders. R12's MAR, dated 9/1/25 - 9/15/25, documented an order for oxycodone 5 mg 3 times a day at 6 AM, 12 PM, and 6 PM. This MAR documented R12's 6 PM oxycodone as late administration: charted late on 9/7/25 at 8:40 PM, and on 9/12/25 at 8:08 PM. R12's MAR, dated 9/1/25 - 9/15/25, documented an order for trazadone 50 mg at 8 PM. This MAR documented R12's trazadone as late administration: charted late on 9/3/25 at 10 PM, on 9/4/25 at 9:52 PM, on 9/10/25 at 9:14 PM, and on 9/13/25 at 9:30 PM. On 9/16/25 at 6:50 AM R12 stated she is the [NAME] President of the Resident Council and at the last meeting it was all about evening medications being administered late. R12 stated a whole lot of residents were upset because 3 nurses are not enough to pass medications so many residents are receiving their 8 PM medications late. R12 stated she and other residents have had their 8 PM medications administered at midnight or after. On 9/16/25 at 10:57 AM R12 stated she has chronic pain from a shoulder fracture that was not operable, and she has had to wait for a long time for a pain pill on the evening shift due to the facility not having enough nurses. R12 stated her pain reached a level of 8 to 10 during the times her pain medication was late. R12 stated this just became an issue about 2 to 3 months ago. V12 stated she also takes trazadone to help her sleep and there have been times when she did not receive her trazadone until midnight. 4. R13's face sheet, print date of 9/16/25, documented R13 has diagnoses including hypertension, diabetes mellitus, hyponatremia, infection, and inflammatory reaction due to internal right hip prosthesis. Marfan syndrome, pain, depression, binocular disorder, and glaucoma</p>		