

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145620	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Evervella of Swansea		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Rosewood Village Drive Swansea, IL 62220	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review, the facility failed to answer call lights in a timely manner in 1 of 7 residents (R20) when reviewed for accommodation of needs in the sample of 16. Findings Include: On 2/17/26 at 1:54 PM, R20 was observed in her room in the wheelchair. R20 stated she filed a grievance because it takes too long to get her call light answered and needs met. R20 stated it also depends on who is working, the agency staff are the worst, and it is worse during the night and on the weekends. R20 stated she has had diarrhea and when she needs to go, she needs to go and worries that the staff will not get to her in time and she will have an accident in her pants. R20 stated since filing the grievance, things have not improved and are the same. On 2/18/26 from 11:33 AM until 1:10 PM, R22 was observed in her room with her call light on and stated she turned her call light on at 12:00 PM because she needs to use the bathroom. R22 stated the CNAs (Certified Nursing Assistants) were passing meal trays and the wait time for her call light to be answered depends on what they are doing. R22's call light was answered at 12:25 PM. R20's Face Sheet, undated, documents R20 has, in part, the following diagnoses: Heart Failure, Malignant Neoplasm of the Bladder, Enterocolitis due to Clostridium Difficile, Muscle Wasting, Abnormalities of Gait and Mobility, and Muscle Weakness. R20's Care Plan, dated 2/10/26, documents R20 has Clostridium Difficile. R20's OBRA (Omnibus Budget Reconciliation Act) Interim GG Assessment, dated 2/11/26, documents R20 requires supervision/touch assist with toileting and partial/moderate assist with transfers. A Grievance, dated 2/11/26, documents R20 filed a grievance due to long call light wait times. On 2/18/26 at 1:33 PM, V1, Acting Administrator/Regional Director of Operations, stated call lights should be answered as soon as possible. The Call Light Policy, undated, documents the purpose of the policy is to respond to a residents requests and needs in a timely and courteous manner. Resident call lights will be answered in a timely manner.</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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