STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145628	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evergreen Nursing & Rehab Center	1115 North Wenthe Effingham, IL 62401

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 0698 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure that dialysis services were provided within the professional standards of practice for 1 of 3 residents (R1) reviewed for appointments in a sample of 7. This resulted in R1 experiencing fluid overload and being hospitalized .Findings include:R1's Face sheet documents an admission date of 2/18/26 with the following diagnoses included: acute respiratory failure with hypoxia, hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, end stage renal disease and unspecified diastolic (congestive) heart failure.R1's Minimum Data Set (MDS) dated [DATE] documents a Brief Interview for Mental Status (BIMS) of 15, indicating that R1 is cognitively intact. Section O - Special Treatments, Procedures, and Programs documents that R1 uses oxygen continuously and receives dialysis treatment.R1's care plan documents a focus area of Resident at risk for complications due to end stage renal disease and hemodialysis.On 4/13/26 at 2:17pm, V6 (Dialysis Administrator) stated there was an issue a couple weeks back with R1 not making his dialysis appointments on time. V6 stated that she called the facility and spoke with V1 (Administrator) and the issue has since been resolved. V6 stated R1's chair time for dialysis is 5:30am, meaning he should be starting his treatment at 5:30am, his arrival time is 5:15am. V6 stated if R1 does not get here on time and start treatment at time, it jeopardizes his treatment. V6 stated R1's treatment is 3 1/2 hours for a reason, if he starts late, even by 15 minutes, his blood is not being cleansed. V6 stated shortened treatments prevent them from being able to remove all the toxins from R1's blood. V6 stated there were multiple instances in March where R1 did not start his treatment until 6-6:15am. V6 stated more than once someone from the facility would call and try to cancel R1's treatments, some of those may have been moved later in the day. V6 stated she had to explain to them multiple times, cancelling R1's treatments is not an option, skipping treatments is dangerous and detrimental to R1's health. V6 stated R1's issue is not typically fluid retention, he is a small man, it's more about removing the toxins from his blood. V6 stated she recalled the facility continued to say they were having issues with the transportation van, and they were unaware that 5:30am was his chair time, not arrival time. V6 stated R1 was late for his treatment on 3/4/26, 3/9/26, 3/13/26, 3/16/26, 3/23/26 and 3/27/27. V6 stated on 3/16/26 R1 did not start his treatment until 6:53am and was taken off at 9:11am, she stated that treatment was less than 3 hours. V6 stated dialysis patients who miss treatment or do not get their full treatments are at a very high risk of hospitalization. V6 stated some things that can happen are shortness of breath, hypoxemia and eventually respiratory failure and sometimes death. V6 stated that missing dialysis may not necessarily cause pneumonia, but often fluid overload is misdiagnosed as pneumonia. V6 stated fluid overload or blood not being properly cleansed can cause complications with pneumonia and congestive heart failure in dialysis patients.4/13/26 at 10:04am, R3 stated his brother was having some issues getting to appointments. R3 stated his brother is R1, he lives across the hall, but it has gotten better. R3 stated the van was having some problems and the staff just acted like it was no big deal.On 4/13/26 at 1:11pm, V1 (Administrator) stated they do not document when residents leave the facility with staff. They have a sign-out book when residents leave with family or visitors.On 4/13/26 at 1:24pm, R1 stated he has no issues with dialysis, but (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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F 0698 Level of Harm - Actual harm Residents Affected - Few	there was an issue with the facility getting him there on time for a while. R1 stated it has gotten better. R1 stated he wasn't sure why he wasn't getting there on time; he felt like the facility just didn't care. R1 stated he gets rides from different places, but it is usually the facility that takes him, and the community transit van brings him back. R1 stated he was hospitalized recently because he couldn't breathe. R1 stated the hospital told him he had too much fluid in his lungs. R1 stated he also has congestive heart failure, and he doesn't know what exactly happened when he was hospitalized , he was really sick.On 4/13/26 at 1:27pm, V2 (Registered Nurse) stated there is an order created when residents have an appointment that has to be checked off. V2 stated there is no policy as to when this should happen, but that she checks it off as the resident is leaving and to her knowledge that is the expectation of all staff.On 4/13/26 at 2:27pm, V1 stated they do not sign R1 out when he goes to dialysis, he leaves with a facility staff member and comes back on the local transit service. V1 stated when R1 first started dialysis she had a memo out that he was to be at dialysis at 5:30, not realizing that was what time he was supposed to start.On 4/14/26 at 10:01am, V1 stated they do not have a communication book for dialysis for R1 but they have communication sheets that they send to dialysis.On 4/14/26 at 1:27pm, V1 stated on the morning of 3/16/26 the lift for the van got stuck and they were unable to get R1 to dialysis timely. V1 stated staff attempted to get it working but were unsuccessful. V1 stated they called another facility, and they were able to get their van and get R1 to dialysis. V1 stated the van went into the shop the next day and was fixed.On 4/15/26 at 11:04am, V7 (family member) stated they were having issues with the facility getting R1 to dialysis in March, but it has gotten better. V7 stated they kept blaming it on issues with the van lift. V7 stated there was one-week R1 did not get his full dialysis, they tried to talk to someone at the facility about it and they were told he doesn't need full dialysis. V7 stated V8 (family member) had told staff on more than one occasion that R1 has to go to dialysis, and he has to get his whole treatment; this is a life-or-death situation. V7 stated R1 and R3 both heard staff laughing about it. V7 stated R1 and R3 are brothers, and they are across the hall from one another and R3 told them staff said to R1, Your brother is being dramatic, he is acting like you're going to die if you don't get dialysis. V7 stated she went to visit R1 a day or two before his hospitalization. V7 stated you cannot usually tell if R1 is retaining fluid by looking at him, but when she visited him, he was looking really puffy.On 4/15/26 at 11:22am, R1 stated staff did chuckle one morning he was late for dialysis and said, your brother is so dramatic, he is acting like we are going to kill you or something. R1 stated one time he was stuck in the van, he couldn't recall the date, but two girls lifted him out while still in his chair. R1 stated he was fine but one of the staff members fell and he was worried he was going to go down with them, but he was fine. R1 stated they got another transport van to take him, and he was really late for treatment.On 4/15/26 at 11:26am, R3 stated he heard staff laughing at V8 in the hallway one day. R3 stated staff was wheeling R1 out and said, well we have to get you to dialysis, your brother is being dramatic and saying you're going to die if you don't! R3 stated he could not recall who the staff was, he could not see them. R3 stated R1 was hospitalized a week or two after.On 4/15/26 at 11:30am, V4 (Registered Nurse) stated they do not have a dialysis communication book for R1, they use a communication form that is sent back and forth with him. V4 stated they are not good at sending them back, she will have to call them for report when she is his nurse. V4 stated she recalled last month there were some days R1 was late for treatment because they were having issues with the van, but it is fixed now. V4 stated she sent R1 to the hospital on 3/29/26 because he was having breathing issues. V4 stated he had previously been treated for pneumonia, but that is really all she knew about it.On 4/15/26 at 11:39am, V1 provided R1's nephrologists number, number was called and office stated R1 was not a patient there.On 4/15/26 at 12:08pm, V8 (family member) stated he had several conversations with the facility about how important R1's dialysis treatments were. V8 stated staff brushed him off about it every time. V8 stated they told him they were having transportation issues. V8 stated R1 has been on dialysis for 13 years and has managed it really well with minimal hospitalizations. V8 stated R1 was being treated for pneumonia at the facility before he was hospitalized . V8 stated when R1 was (continued on next page)

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F 0698 Level of Harm - Actual harm Residents Affected - Few	extremities) with very dry skin with large flakes .R1's emergency room notes on 3/29/26 at 7:35pm documents, Concern for fluid overload and possible pneumonia on my interpretation of chest x-ray so broad-spectrum antibiotic given . Has underlying renal failure on his labs. BNP (B-type natriuretic peptide) significantly elevated. In this same document under Problems Addressed: ESRD (end stage renal failure) on dialysis: acute illness or injury. Hypoxic respiratory failure: acute illness or injury.R1's emergency room notes on 3/29/26 at 10:05pm documents, (R1) Has been treated outpatient for pneumonia, his workup so far shows that he has a worsening appearance of his chest possibly due to CHF (congestive heart failure) versus pneumonia.R1's progress notes document on 04/02/2026 at 04:52 PM, Resident returned to facility via (name of transport company). New order to discontinue (antibiotic). Dx (diagnosis) of acute hypoxic respiratory failure.Undated document titled, Care of ESRD (end stage renal disease) patients documents under policy; Residents with end-stage renal disease (ESRD) will be cared for according to currently recognized standards of care.Facility document titled, NURSING HOME DIALYSIS TRANSFER AGREEMENT dated May 15, 2012, documents under the section titled Transportation of Designated Resident. Facility will be responsible for arranging suitable transportation of the designated resident to and from the center.