

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145628	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Evergreen Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure treatments were administered as ordered by the physician for 1 of 3 (R3) residents reviewed for wounds in the sample of 28. Findings include: R3's Resident Face Sheet documents R3 was admitted to the facility on [DATE] with diagnoses that include anoxic brain damage, spastic hemiplegia, psychosis, major depressive disorder, peripheral vascular disease, anemia, osteoporosis, hypertension, acute kidney failure, acute myocardial infarction, dementia, and cellulitis. R3's MDS (Minimum Data Set) dated 07/17/2025 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R3 is cognitively intact. R3's current Care Plan documents a Focus area of Problem: Resident is at risk for pressure ulcer due to activity limited. This Focus area includes interventions of Weekly skin assessment with notes Start Date 04/17/2023 .Teach or do frequent small shifts of body weight Start Date: 04/17/2023 Consider postural alignment, weight distribution, balance stability, and pressure relief when positioning in chair or wheelchair. Start Date 04/17/2023 Pad bony prominences with foam wedges, rolled blankets, or towels. Start Date 04/17/2023 PT/OT (physical therapy/occupational therapy) when needed for eval (evaluation) and treat with w/c (wheelchair) Start Date 04/17/2023 .On 8/26/25 at 2:56 PM, V9 (Registered Nurse/RN) and V10 (RN) were observed administering treatment to the wound on R3's left ankle. There were no other wounds observed on R3's left leg/foot. V9 cleaned the wound and applied betadine using current standards of practice. R3 stated they did the treatments every day and denied any concerns with wound care. R3's Progress Notes document the following:7/11/25: V8 (Wound Specialist) was notified of R3's left hip area red and warm and ordered an antifungal cream and Diflucan. 7/12/25: R3's leg was splotchy, red, and warm to touch and R3 was transferred to the local hospital for evaluation and treatment.7/12/25: R3 was admitted to the hospital for suspected DVT (deep vein thrombosis). 7/14/25: 3:54 PM, Re-Admit from (name of local hospital) arrived to facility via facility van at approx (approximately) 3:15pm, res (resident) was admitted to hospital 7/12/25 due to suspected DVT, per report from (name of staff) at (name of local hospital) res is alert but confused. Max (maximum) 2 assist Hoyer to transfer required wheel chair for mobility, set up assistance for meals, takes meds (medications) whole, continent Bowel has ostomy incont (incontinent) bladder at times, skin check revealed redness and rash to LLE (left lower extremity) from above knee to end of toes and warm to touch bright red, has open area under Left knee along with small yellow filled blister top of foot small toes, res c/o (complaints of) pain to LLE res is wearing boot due to (name of local hospital) stating res has darkened areas to heel, reg (regular) diet thin liquids, had BM (bowel movement) on 13th (7/13/25), stoma red healthy, res took glasses with to hospital returned with glasses, DON (Director of Nurses), ADON (Assistant Director of Nurses) DR (Doctor) (notified) .7/14/25: 4:06 PM, DON notified Pharm (pharmacy) of med list script for vanco (vancomycin) faxed as well by this nurse .spoke with ADON regarding wounds and N.O. (new order) for Silver Sulfadiazine collagen and calcium alginate for both wounds daily,7/16/25: 1:51 AM, Reason for Antibiotic Use: Cellulitis, Soft Tissue / Wound Infection Symptoms: N/A (not applicable), Skin/Wound Red/warm skin surrounding small open area to L (left) medial ankle .R3's Wound Specialist notes document the following:7/18/2025: .Arterial Wound of the Left, Medial Foot (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145628
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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Full Thickness .Wound Size .4.2 x 2.3 x 0.2 cm (centimeters) no signs of infection .Dressing Treatment Plan .Alginate calcium apply once daily and as needed For 30 days; Collagen powder apply once daily and as needed .Silver Sulfadiazine apply once daily and as needed .For 30 days. Secondary Dressing(s): Gauze island w (with) br (border) apply once daily and as needed .Wound of the Left, Posterior Knee Full Thickness .Wound Size 5.3 x 3.1 x 0.2 cm .Dressing Treatment Plan .Alginate calcium apply once daily and as needed .Collagen powder apply once daily and as needed Silver sulfadiazine apply once daily and as needed Antifungal OTC (over the counter) apply once daily and as needed for 30 days: clotrimazole. Secondary Dressing (s) Gauze island w/bdr apply once daily and as needed for 30 days.7/25/2025: .Arterial Wound of the Left, Medial Foot Full Thickness .Wound Size .0.5 x 1.5 x 0.2 cm (centimeters) no signs of infection .Dressing Treatment Plan .Alginate calcium apply once daily and as needed . Collagen powder apply once daily and as needed .Silver Sulfadiazine apply once daily and as needed .Betadine apply once daily and as needed Secondary Dressing(s): Gauze island w (with) br (border) apply once daily and as needed .Wound of the Left, Posterior Knee Full Thickness .Resolved Arterial Wound of the Left Heel Undetermined Thickness Wound Size 2 x 2 x Not Measurable cm Dressing Treatment Plan: Alginate calcium apply once daily and as needed Collagen powder apply once daily and as needed Betadine apply once daily and as needed For 30 days .Gauze island w/bdr apply once daily and as needed Arterial Wound of the Right, Medial Ankle Full Thickness .Wound Size: 2.5 x 2 x Not Measurable cm Dressing Treatment Plan Alginate calcium apply once daily and as needed Collagen powder apply once daily and as needed .Betadine apply once daily and as needed Gauze island w/bdr apply once daily and as needed 8/1/25: .Arterial Wound of the Left, Medial Foot Full Thickness . Wound size 0.5 x 1.4 x Not Measurable cm Dressing Treatment Plan Betadine apply twice daily and as needed .Arterial Wound of the Left Heel Full Thickness .Wound Size 1.8 x 2 x Not Measurable cm Dressing Treatment Plan Betadine apply twice daily and as needed Arterial Wound of the Right, Medial Ankle Full Thickness .Wound Size .2.4 x 2 x Not Measurable cm .Dressing Treatment Plan Betadine apply twice daily and as needed 8/8/25 .Arterial Wound of the Left, Medial foot (Resolved on 8/8/2025) Arterial Wound of the Left Heel Full Thickness Wound Size 1 x 2 x Not Measurable cm .Dressing Treatment Plan .Betadine apply twice daily and as needed .Arterial Wound of the Right, Medial Ankle Full Thickness Wound Size 2.4 x 2 x 0.2 cm Dressing Treatment Plan Betadine apply twice daily and as needed 8/15/2025 .Arterial Wound of the Left Heel (Resolved on 8/15/2025) Arterial Wound of the Right, Medial Ankle Full Thickness Wound Size 1.5 x 1.8 x 0.2 cm Dressing Treatment Plan Betadine apply twice daily and as needed 8/22/2025 Arterial Wound of the Right, Medial Ankle Full Thickness .Wound Size 1.3 x 1.8 x 0.2 cm Dressing Treatment Plan Betadine apply twice daily and as needed R3's Physician Orders include the following Physician Orders: 1. Betadine solution; 10% ; amt (amount): thin layer; topical Special Instructions: Cleanse area to left medial foot with NS (normal saline) or wound cleanser and apply a thin layer of betadine daily .Start Date: 07/25/2025 . 2. Betadine solution; 10% ; amt (amount): thin layer; topical Special Instructions: Cleanse area to left heel with NS (normal saline) or wound cleanser and apply a thin layer of betadine daily .Start Date: 07/29/2025 3. Betadine solution; 10% ; amt (amount): thin layer; topical Special Instructions: Cleanse area to left medial ankle with NS (normal saline) or wound cleanser and apply a thin layer of betadine, calcium alginate and dry dressing daily and as needed .Start Date: 07/29/2025 .R3's Treatment Administration Record (TAR) dated 07/01/25 to 07/31/25 documents no treatments were administered to wounds on R3's left leg/foot from 7/14/25 to 7/25/25. On 08/27/2025 at 10:58 AM, V3 (ADON/Assistant Director of Nurses) stated she wasn't sure why the Wound Specialist note documents the wound on the left ankle as being on the right ankle. V3 stated R3 never had a wound on the right ankle, and she will contact the Wound Specialist to change that. This surveyor reviewed the progress notes, Wound Specialist notes, Physician Orders, and Treatment Administration Records with V3 and asked why there were no orders and/or treatments administered from 7/14 and 7/16 (when the wounds were identified) until 7/25/25. V3 stated she wasn't sure and would review R3's medical record and let this surveyor know. On 8/27/25 at 2:30 PM, V3 (ADON) stated the nurse took (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the telephone order for the areas on the heel, knee, and foot on 7/14/25 but did not implement the orders until 7/25/25. V3 stated the area on the left ankle was identified on 7/16/25 and there was not a treatment implemented until 7/29/25. V3 stated she didn't know why the nurse didn't put the orders in the system so they could be implemented. The facility policy Obtaining and Following Physician Orders dated July 2014 documents, Policy: It is the policy of (name of facility) that physician orders will be obtained by licensed personnel and followed. If the licensed professional does not in his/her best judgment think that the order is not in the best interest of the resident, he/she has the obligation to further investigate prior to fulfilling the order. If those orders are not followed for any reason, the Physician and Director of Nursing will be promptly notified.		