

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145897	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2025
NAME OF PROVIDER OR SUPPLIER Evercare of Lebanon		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 North Alton Lebanon, IL 62254	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure residents did not exit through an exit door and were being supervised to prevent any potential elopements for 1 of 6 residents reviewed for elopement in the sample of 15. This failure resulted in R2 pushing the exit alarm and exiting the facility around 3AM on 6/19/2025 from a secured memory unit into pitch darkness and was found wandering around by a civilian driving in his car two subdivisions over (one block east and one block north) from the facility. This past non-compliance occurred on 6/19/2025. Findings include: The Immediate Jeopardy began on 6/19/2025 when R2 eloped from the facility at around 3AM in the morning in the pitch darkness and R2 was found on the side of the road by a civilian. The civilian was driving their car and contacted the police department because R2 was confused and wandering around in the street. V1 (Administrator) was notified of the Immediate Jeopardy on 7/3/25 at 2:30PM. The surveyor confirmed by observation, interview, and record review, that the immediacy was removed, and the deficient practice was corrected, on 6/19/24. R2's Physician Order Sheet (POS) for June 2025 document a diagnosis of Encephalopathy, HTN (Hypertension), neurocognitive disorder with Lewy bodies, and cerebral atherosclerosis (Dementia). R2's Minimum Data Set (MDS) dated [DATE] document R2 was severely impaired, and she requires specialized unit Alzheimer/dementia. R2's Care Plan does not address elopement behaviors before 6/19/2025. R2'S Care Plan documents (R2) has an ADL (activities of daily living) self-care deficit related to decreased physical functioning and severe cognitive impairment. Date initiated 2/10/2025. (R2) is High risk for falls related impulsive unaware of safety needs, poor judgment, decreased physical function, medication that can predispose to falls. R2's Elopement Evaluation dated 1/24/2025 documents, Risk for wandering/Elopement Identified. R2's Progress Notes dated 5/3/2025 at 1:10 PM, Late Entry: Elopement Evaluation: History of elopement while at home: No. Wandering behavior a pattern or goal-directed: No. Wanders aimlessly or non-goal-directed: Yes. Wandering behavior likely to affect the safety or well-being of self/others: No. Wandering behavior likely to affect the privacy of others: No. Recently admitted or re-admitted (within past 30 days) and has not accepted the situation: No. Elopement Score: 2.0. R2's Progress Notes dated 6/19/2025 at 4:06 PM, Note Text: Writer notified (R2) (eloped from the) facility around 3:45 am. Stated that Alarm sounded, staff check door and surrounding did not see anyone. Did a head count and realized that (R2) was not available. Staff notified Admin and 100 Nurse of situation. Staff got in vehicle and located (R2). (Son) was contacted and made aware of elopement. (R2) is doing fine, stated that she was just trying to go home. One to One has been put in place. Room move further away from exit door and 15 min. checks started. Care plan updated and education to be given to staff by DON (Director of Nursing). R2's Initial Report to the state surveying agency for incident date 6/19/2025 documents, at 3:35 AM, (R2) is an [AGE] year-old female that residents at (Facility). (R2) has the diagnosis of but not limited to encephalopathy, HTN, neurocognitive disorder with Lewy bodies and cerebral atherosclerosis. Alleged elopement from secured memory unit without injury. Final report to follow. R2's Final Report documents, On 6/19/2025 at 3:35 AM staff responded to the 300 North door alarm. CNA on the unit went to the door, did a visual parameter check from the doorway, no findings. Staff then followed out elopement procedure and proceeded with a head count, simultaneously (V6 Licensed Practical Nurse/LPN) was outside checking the perimeter of the facility. Staff contacted (V6) that (R2) was not accounted for. (V1) and DON (Director of Nursing) were notified. (V6) after completion of parameter check got into her vehicle to widen the search. At approximately 3:42AM, (V6) on the street parallel to the facility (R2) was noted to be sitting in a front yard with a local resident. (R2) was out of the facility for approximately 7 minutes. She stated Honey, I am so sorry, I just wanted to go home. (R2) was dressed appropriately for the weather, she was wearing proper foot ware. Police did come out to the facility at approximately 4 AM to ensure that resident was well, since local resident had called them. No concerns were noted by the police. Conclusion: the root cause of (R2) exiting the Facility is due to her confusion related neurocognitive disorder with Lewy bodes. Staff followed procedures and located (R2) in a timely manner. On 6/30/2025 at 1:08 PM, V6 (LPN) stated, I was working the night (R2) got out of the facility. It happened around 3 AM in the morning because it was still dark outside. (R2's) room is on the locked women's dementia unit. (R2's) room was down the hall close to the exit door. When (R2) exited through the exit door, I did not see her leave, but the alarm went off. We looked outside the door but could not see anything because it was nitch black (R2) went out the door and me and (V4) Certified Nursing Assistant</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on observation, interview and record review the facility failed to provide the required Registered Nurse (RN) coverage services for eight consecutive hours a day for seven days a week. This has the potential to affect all 75 residents living in the facility. Findings include: On 7/8/2019 at 10:33 AM, V1 (Administrator) stated, No, we do not have a RN working every day for 8 consecutive hours except for (V2) who is the Director of Nursing (DON). We have a Census of 78 residents. The DON is the only RN we have working in the building. We are in the process of recruiting. The only RN we had working was the DON. On 7/8/2025 at 10:39 AM, V2 stated, I am the only RN working in the building. I know I only count as half, but we do not have any other RN that worked on the days you requested. The Facility's Nursing Schedule dated 6/25/2025 -7/28/2025 documents there was no RN working in the facility except for the RN House Supervisor/DON. During this survey from 6/30/2025 to 7/3/2025 no RN was observed working in the Facility. V2 was not present in the building during the survey. The Facility undated Facility Assessment documents the Facility will employ Registered Nurses and Director of Nursing. The CMS 671 Form Long Term Care Facility Application form dated 7/8/2025 documented the facility had a census of 75 residents.</p>		