

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145981	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER Evercare of Swansea		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 North Second Street Swansea, IL 62226	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44967</p> <p>Based on Interview, Observation, and Record Review, the facility failed to provide sufficient staffing to care for resident needs, including assisting a resident to get out of bed, and answering call lights, for 3 of 4 residents (R2, R3, R4) reviewed for sufficient staffing in the sample of 4.</p> <p>The Findings Include:</p> <p>1. R3's Face Sheet, dated 1/14/25, documents R3 was admitted to the facility on [DATE] with diagnosis of Congestive Heart Failure (CHF), Major Depressive disorder, Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes Mellitus (DM) with Polyneuropathy, Hypertension (HTN), and Intestinal obstruction.</p> <p>R3's Care Plan, dated 12/18/24, documents R3 uses anti-anxiety medications related to (r/t) anxiety disorder. R3 uses multiple antidepressant medication r/t major depressive disorder. R3 may display symptoms of crying or sadness r/t depression. R3 Resident utilizes a wheelchair for mobility.</p> <p>R3's Minimum Data Set (MDS), dated [DATE], documents R3 is cognitively intact and is dependent on staff for all Activities of Daily Living (ADLs) and transfers.</p> <p>On 1/15/25 at 8:40 AM, R3 was seen lying in bed. R3 stated she normally gets out of her bed around 7:00 AM, however today, the facility is short staffed, and the Certified Nursing Assistants (CNAs) get the people out of bed who eat in the dining room first, and since she eats breakfast in her room, she has to wait for someone to help her. R3 stated she uses the call light when she needs help and it is usually answered timely unless they are short staffed, then can take a while.</p> <p>On 1/15/25 at 1:15 PM, R3 stated the staff finally got her out of bed this morning around 9:20 AM. R3 stated she does not like waiting because she has high anxiety and even while waiting this morning, she felt like she was going to have an anxiety attack.</p> <p>2. R2's Face Sheet, dated 1/14/25, documents R2 was admitted to the facility on [DATE] with diagnosis of Alzheimer's, Dementia, Type 2 DM, HTN, Malnutrition, COPD, Polyosteoarthritis, Malignant neoplasm of prostate, Hypothyroidism, Morbid Obesity, Atherosclerosis of bilateral legs.</p> <p>R2's Care Plan, dated 12/27/24, documents R2 has impaired cognitive function d/t dementia. R2's review shows Moderate risk for falls. R2 needs prompt response to all requests for assistance.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145981	If continuation sheet Page 1 of 5

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 11:02 AM, V1, Administrator, stated the normal staffing pattern for CNAs is for Days: 4-CNAs. Evenings: 3-CNAs, and Nights: 3-CNAs. V1 stated that the CNA Day shift is from 6:00 AM to 2:00 PM, the Evening shift if from 2:00 PM to 10:00 PM, and the Night shift is from 10:00 PM to 6:00 AM. V1 stated the Nurses work 12-hour day shift from 6:00 AM to 6:00 PM and 12-hour night shift from 6:00 PM to 6:00 AM. V1 stated that is what they are budgeted for.</p> <p>On 1/15/25 at 2:40 PM, V8, Regional Nurse, stated she is not sure what the facility is supposed to do, they have ads placed and they are not getting people applying for the open positions. V8 stated that she would expect the facility to make every attempt to obtain more staff on days they may be short staffed so that resident care needs are taken care of.</p> <p>The Facility's CNA Schedules for the months of December 2024 and January 2025 were reviewed with the following dates not meeting V1's normal staffing pattern: 12/27/24, 1/3/25, 1/5/25, and 1/15/25.</p> <p>The Facility's Nurse Staffing Policy, undated, documents It is the policy of (this facility) to provide sufficient licensed and unlicensed nursing staff on each shift of the day to attain or maintain the highest practical physical, mental and psychosocial wellbeing of each resident. Nurse staffing shall be based upon resident evaluation by the Administrator and Director of Nursing as specified by the Illinois Department of Public Health.</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>44967</p> <p>Based on Interview, Observation, and Record Review, the facility failed to provide a Registered Nurse (RN) for a minimal of eight hours per day seven days per week and failed to have a Director of Nursing (DON) on a full-time basis. These failures have the potential to affect all 39 residents residing in the facility.</p> <p>The Findings Include:</p> <p>V1, Administrator, stated they have been without a Director Of Nursing (DON) since 11/27/24. V1 stated they interviewed V2, DON, and offered her the position on 12/13/24, however, V2 did not accept the position until 12/20/24. V1 stated that V2, DON, did not start until 1/6/25.</p> <p>On 1/15/25 at 8:05 AM, upon entrance to the facility, there were only three Certified Nursing Assistants (CNAs) and one Licensed Practical Nurse (LPN) on duty. V1 arrived around 8:15 AM and began passing medications on the 100-Hall. V1 stated she had an agency nurse call off and the DON called off.</p> <p>On 1/15/25 at 11:02 AM, V1 stated the Nurses work 12-hour day shift from 6:00 AM to 6:00 PM and 12-hour night shift from 6:00 PM to 6:00 AM. V1 stated she staffs with two nurses during the day shift and one nurse for the night shift, and that is what they are budgeted for.</p> <p>On 1/15/25 at 11:20 AM, V1 stated that 1/6/25 was the only day that V8, Regional RN, worked the floor due to weather and no staff coming in. The other days V8 is on the schedule was considered an office day. V1 stated they only have one RN on staff right now and they are actively searching for more.</p> <p>On 1/15/25 at 1:10PM V3, LPN, stated she worked at the facility recently, unsure of exact date, and when she came on to work the night shift, there was only one Nurse working the day shift. V3 stated she has expressed her staffing concerns to the facility management but has not received any feedback or improvement. V3 stated when the facility recently had a COVID outbreak, about 75 percent of the building was positive for COVID and she was not comfortable working by herself at night but came in anyway and worked it. V3 stated she had no help, and it was difficult to get through that shift. V3 stated the facility really needs a nurse on each hall because you must go to the other side of the building to get to the other hall and can't really see anyone from one side to the other.</p> <p>The Facility's Schedule for the months of December 2024 and January 2025 were reviewed with the following dates the facility was without an RN on duty. 12/20/24, 12/23/24, 12/24/24, 12/26/24, 12/28/24, 12/29/24, 12/31/24, 1/1/25, 1/3/25, 1/7/25, 1/9/25, 1/12/25, 1/14/25 and 1/15/25.</p> <p>The Facility's Nurse Staffing Policy, undated, documents It is the policy of (this facility) to provide sufficient licensed and unlicensed nursing staff on each shift of the day to attain or maintain the highest practical physical, mental and psychosocial wellbeing of each resident. Nurse staffing shall be based upon resident evaluation by the Administrator and Director of Nursing as specified by the Illinois Department of Public Health.</p> <p>(continued on next page)</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>The Long-Term Care Facility Application for Medicare and Medicaid, dated 1/15/25, documents the total number of residents in the facility was 39.</p>		