

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 05/23/2025
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 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43794</p> <p>Based on interview and record review the facility failed to provide specialized rehabilitative services following a physician order for 1 of 2 (R4) residents investigated for being bed bound.</p> <p>Findings include:</p> <p>R4's EMR (Electronic Medical Record) undated documents that the resident was admitted to the facility on [DATE].</p> <p>R4's EMR dated 2/2/24 documents a diagnosis of Chronic Obstructive Pulmonary Disease, unspecified; Chronic Diastolic Congestive Heart Failure, Morbid (Severe) Obesity, and other symptoms and signs involving the musculoskeletal system.</p> <p>R4's Care Plan dated 4/10/25 documents Impaired Physical Mobility.</p> <p>R4's MDS (Minimum Data Set) dated 4/3/25 documents a BIMS (Brief Interview for Mental Status) score of 15 out of 15. The MDS documents that the resident requires substantial/maximal assistance for roll left and right. The MDS documents that all other mobility assessments were not attempted due to medical conditions or safety concerns.</p> <p>R4's Physician Order dated 3/26/25 documents BMP (Basic Metabolic Panel) CBC (Complete Blood Count) BNP (B-type Natriuretic Peptide) A1C (Hemoglobin A1C) PT (Physical Therapy) and OT (Occupational Therapy) eval (Evaluate) and treat.</p> <p>On 5/22/25 at 9:24 AM, R4 stated that he does not get out of bed. He stated that he was told that his insurance would not allow him to step on the floor without physical therapy. He stated that he would like to get out of bed. He stated that the staff tell him that they would get fired if they helped him out of bed. He stated that he has not gotten physical therapy this year.</p> <p>On 5/22/25 at 10:06 AM, V10, Director of Therapy stated that therapy department has not worked with (R4). She stated that she would look into it.</p> <p>On 5/22/25 at 11:10 AM, V10, Director of Therapy stated that she does not know why the order for PT and OT was missed on (R4). She stated that she has been about a year, and that (R4) has not had any therapy.</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 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/22/25 at 11:03 AM, V1, Administrator was unable to find a policy on following physician orders.</p>