

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  07/09/2025
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure residents were supervised to prevent elopement. This failure resulted in R2 eloping from the facility on 6/15/2025, unknown as being gone and spotted 0.2 miles from the facility, alone in a parking lot by V5 (Certified Nurse Assistant) who was returning from lunch. R2 was brought back to the facility but her return condition at the time of her return remains unknown, as she received no assessment for injuries and no longer resides in the facility. This failure also resulted in R22 eloping from the facility on 7/8/25 when R22's nurse (V30) noticed him missing between 9:30 AM to 10 AM. V30 stated R22 was returned to the facility at approximately 12:40 PM. The Immediate Jeopardy began on 6/15/25 when due to the facility's failure to provide adequate supervision for R2 who has a diagnosis of schizophrenia, periods of confusion with a physician order for memory diagnostic clinic for concerns for underlying neurocognitive disorder of which the facility failed to schedule following R2's recent hospitalization after she was found at an airport with confusion and claiming she had been kidnapped. R2's care plan did not document R2's risk of elopement nor was it updated following R2's elopement from the facility on 6/15/25. The facility failed to follow its policy and did not implement interventions after R2's facility elopement risk assessment deemed R2 at risk for elopement and R2's facility community survival skills assessment conclusion documented R2 does not appear to be capable of unsupervised outside pass privileges at this time. On 6/15/25 at approximately 11:20 AM a facility CNA (Certified Nurse Assistant) was returning to the facility from her lunch break and spotted R2 in an apartment parking lot approximately 0.2 miles from the facility without the facility's knowledge of R2 being gone from the facility. R2 was not assessed for injuries upon return to the facility after she eloped on 6/15/25. R2 remained at the facility until her family discharged her on 6/17/25. The facility did not update R2's care plan nor implement any risk reduction measures prior to nor following her 6/15/25 elopement. V1, Administrator, and V11, [NAME] President of Clinical Services, were notified of the Immediate Jeopardy on 6/25/25 at 12:30 PM. The facility then failed to implement elopement precautions for R22 after he was assessed as at risk for elopement. R22 has a diagnosis of paranoid schizophrenia and a history of elopement from his prior facility. R22's nurse V30 had previously cared for R22 at his prior facility and was aware of R22's history of elopement. V30 noticed R22 was not in the facility between 9:30 AM and 10 AM on 7/8/25 and was not returned to the facility until approximately 12:40 PM when the facility transportation CNA observed R22 approximately 0.2 miles from the facility. R22 stated he walked down to the city fountain which is located approximately 1 mile away from the facility. The Immediacy was removed on 7/8/25 but the facility remains out of compliance at a Level II. Findings Include: 1.R2's census sheet, print date of 6/18/25, documented R2 was admitted to the facility on [DATE]. R2's medical diagnosis sheet, print date of 6/18/25, documented R2 has diagnoses including schizophrenia, depression, heart failure, cardiomyopathy, coronary atherosclerosis, hypertension, pneumonia, type 2 diabetes mellitus, and depression. R2's elopement evaluation, dated 5/21/25, documented a score value of 1 or higher indicates risk of elopement. R2's elopement evaluation score was 6. R2's community survival skills assessment, dated 6/8/25, documented R2 is not sufficiently alert, oriented, coherent nor knowledgeable to be considered for independent outside pass privileges. This form documented R2 does not know the facility address nor how to ask for/seek help in an emergent or problematic situation. This form also documented R2 does not have the ability to adhere to pass privilege policies, e.g., getting permission to leave, signing out, respecting time parameters and curfews, and informing staff upon return. This assessment conclusion documented the resident does not appear to be capable of unsupervised outside pass privileges at this time. R2's MDS (Minimum Data Set), dated 5/29/25, documented R2 is cognitively intact although on 6/18/25 at 11:51 AM V10 (Social Service Director) stated she completed R2's cognitive assessment and that R2 was able to answer the questions on the assessment but R2 was absolutely not safe to go outside on her own and that R2 would not have known to sign herself out of the building. R2's care plan, print date of 6/18/25, does not document or address R2's elopement risk. R2's hospital H&amp;P (history and physical), dated 5/6/25, documented Pt (patient) with psychosis that appears to be new, but it appears has not been evaluated by a medical professional. She is also having an acute on chronic systolic heart failure exacerbation. Diagnosis for cause of psychosis is unclear but there is suspicion for a dementia related diagnosis given the age of onset. R2's regional hospital inpatient Discharge summary, dated [DATE] documented principal problem pneumonia of right lower lobe due to infectious organism</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure Quality Assurance Performance Improvement (QAPI) meetings consisted of the required members. This failure has the potential to affect all 57 residents residing in the facility.</p> <p>V1 (Administrator) provided an attendance record from the last QAPI meeting, which was dated 4/25/25. The provided sign in sheet does not document the line labeled as Medical Director was in attendance, as it is blank.</p> <p>V1 stated the last QAPI meeting at the facility was on 4/25/25 and confirms V31 (Medical Director) was not in attendance. V1 stated the meeting was last minute and V31 wasn't able to attend.</p> <p>Review of the facility policy titled QAPI Program with a reviewed date of 6/1/25 documented QAPI principles will drive the decision making within our organization .QAPI activities will be integrated across all the care and service areas of our organization. Each area should have a representative on the QAA (Quality Assessment and Assurance) committee.</p> <p>The facility census report dated 7/8/25 documented 57 residents currently reside in the facility.</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to maintain a safe, clean, well maintained, homelike environment for 8 of 8 residents (R1, R6, R7, R11, R16, R19, R20, &amp; R21) reviewed for physical environment in the sample of 23. This failure has the potential to affect all 57 residents in the facility.</p> <p>Findings Include:</p> <p>On 6/24/25 at 8:26 AM room [ROOM NUMBER] was observed with a brown sticky substance on the floor throughout the room and restroom. Dirt and debris were observed under the bed and nightstand. A large amount of dried feces and urine were observed on the toilet seat.</p> <p>On 6/24/25 at 8:30 AM a sign noting DO NOT USE was observed on the toilet lid of room [ROOM NUMBER] restroom. The floor along the cove base was observed with a brown/black buildup throughout the room and restroom. Debris and dirt were observed under the bed and nightstand.</p> <p>On 6/24/25 at 8:50 AM a dark dirty buildup was observed all around the cove base on the floor of the 200 unit. The cream-colored cove base was stained with a yellow and brown substance. Dirt and debris were observed on the floor around all the door jambs of this unit.</p> <p>On 6/24/25 at 8:53 AM a brown substance was observed on the floor along the cove base of room [ROOM NUMBER]. A dirty brown buildup was observed around the bottom of the room and restroom door side jambs. An oxygen concentrator was observed in use and covered in dust and dried spills. The 212 bathroom has a toilet and a shower with concrete flooring. The concrete is painted, and the paint is peeling off throughout the floor. A piece of the concrete floor is missing in the shower area and the concrete is chipped throughout the restroom resulting in an uneven surface.</p> <p>On 6/24/25 at 9:00 AM R7, room [ROOM NUMBER] bed 1, stated the facility is not clean and that she has seen mice running down the hallway several times. R7's MDS (Minimum Data Set), dated 5/29/25, documented R7 is cognitively intact.</p> <p>On 6/24/25 at 8:23 AM V4 CNA (Certified Nurse Assistant) stated the facility is filthy, the plumbing is constantly backing up, and housekeeping can't keep up due to the toilets backing up.</p> <p>On 6/24/25 at 8:57 AM V15 CNA stated room [ROOM NUMBER] toilet has not been flushing for a while and she has never observed any staff scrape the floors around the baseboard.</p> <p>On 6/24/25 at 10:05 AM V18 Housekeeping/Laundry Supervisor stated she has worked at the facility for about 2 months, she is aware the floors look bad, and she spoke to V1, Administrator, and V8, Maintenance Director, about the need for a floor tech. V18 stated the floors need stripped and scraped to get the dirt and residue off them. V18 stated she is trying to work on the floors, but she has limited time she can spare with her other duties.</p> <p>On 6/24/25 at 10:07 AM V19 housekeeper stated 100 hall baseboards look awful and have for a long time, management knows, and nothing has been done about it.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/24/25 at 10:10 AM V22 Housekeeper stated the floors were filthy when she first started working at the facility a couple months ago. V22 stated they are a little better now, but the facility needs a floor tech because they can't get the dirt up around the baseboards without stripping and scraping them.</p> <p>On 6/24/25 at 10:52 AM R11 stated to surveyor look at 100 shower room, it's gross, I refuse to use it. R11's MDS, dated [DATE], documented R11 is cognitively intact.</p> <p>On 6/24/25 at 10:55 AM observed the 100-unit shower room with a black and grey residue on all 3 shower walls from mid wall down to the baseboard. The painted base board was chipped throughout with black and grey residue. Multiple floor tiles were cracked with a black residue observed in the cracks of the tile.</p> <p>On 6/24/25 at 11:10 AM observed multiple pieces of wallpaper detached from the wall and coming down over bed 2 in room [ROOM NUMBER]. The chair rail/mid-wall molding had chipped paint throughout the length of it. Dirt and debris were observed under the furniture and a brown build up was observed throughout the room on the floor along the cove base.</p> <p>On 6/24/25 at 11:18 AM a brown substance was observed on the floor along the cove base on the 100-hall unit with rooms 104 to 107. The cream-colored cove base was stained with a yellowish-brown substance throughout the hall.</p> <p>On 6/24/25 at 12:50 PM observed multiple broken floor tiles in the restroom for room [ROOM NUMBER]. Dirt and debris were observed in the cracks of the broken floor tiles. A brown stained substance was observed around the toilet on the floor tiles. The bathroom door jamb was covered in rust. A brown buildup was observed on the floor along the cove base throughout room [ROOM NUMBER].</p> <p>On 6/25/25 at 11:37 AM an approximate 1-foot piece of cove base was missing in the dining room next to exit door 4. The dry wall under the missing cove base was cracked and crumbling onto the floor. An approximate 2.5-foot piece of cove base next to the therapy entrance also in the dining room was missing exposing broken dry wall pieces with a black substance on the cracked and broken drywall.</p> <p>On 6/25/25 at 11:54 AM Observed a large fan sitting on the floor in the kitchen turned on, rotating, and covered in a large amount of dust and a lint like substance. The fan was blowing air onto the food preparation area.</p> <p>On 6/25/25 at 11:57 AM the bathroom between 201 &amp; 203 was observed with 3 missing floor tiles approximate 12 by 12 in size next to the toilet and a black substance on the sub-floor. 2 additional tiles were broken next to the toilet. The baseboard behind the toilet was missing with cracked drywall crumbling onto the floor. The towel bar was missing with 1 towel bar holder and the other was gone resulting in dry wall damage. The light fixture cover was missing resulting in 4 exposed light bulbs although 2 light bulbs were not functioning. The bathroom had multiple ceiling tiles with brown staining observed on them. The tv stand/nightstand in room [ROOM NUMBER] was missing 2 drawer covers and in poor condition.</p> <p>On 6/25/25 at 12:05 PM the 100 hallway that leads to exit 3 was observed to be poorly lit and it was noted that multiple light bulbs were not functional in the ceiling light fixtures.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/25/25 at 12:07 PM the bathroom between rooms [ROOM NUMBERS] was observed and an approximate 3 by 3 electrical box cover missing a screw resulting in the cover to hang and electrical wires were exposed. R21 resides in 122 bed 2 and R21's medical diagnosis sheet, print date of 7/8/25, documented R21 has a diagnosis of schizophrenia.</p> <p>On 6/26/25 at 11:08 AM V27 Ombudsman stated she has had a lot of residents complain to her about the condition of the facility. V27 stated she has been coming to this facility for the past year and she has complained to the last 2 administrators plus the current administrator (V1) about how horrible the floors look, and the general maintenance of the building not being kept up. V27 stated she has been at the facility every week this month and she spoke to facility staff every visit about the maintenance issues. V27 stated she has observed mold on the 100-unit shower for the last year, that the plumbing is frequently backing up, and she observed raw sewage on the 100-unit shower floor during one of her visits.</p> <p>On 7/7/25 at 10:18 AM V29, POA (Power of Attorney) for R16, stated her own concern is when she has visited, the facility is dirty. V29 stated she understands people get busy but that is something she has noticed.</p> <p>On 7/8/25 at 8:18 AM V1 Administrator stated she is aware of all the maintenance issues in the building.</p> <p>On 7/8/25 at 8:25 AM surveyor observed room [ROOM NUMBER] with V1 Administrator and V8 Maintenance Director. Surveyor observed an approximate 18-inch x 18-inch black patch on the wall behind bed 2. Surveyor asked V1 and V8 what the black patch was for. V8 pulled back the black patch from the wall revealing a hole in the dry wall. Surveyor then asked V1 and V8 if they were aware of the damage to the floor in this restroom resulting in an uneven floor surface and fall risk. V8 replied he would sand the floor down, so it is smooth.</p> <p>On 7/8/25 at 8:31 AM R6 was sitting in her wheelchair in room [ROOM NUMBER]. R6 stated the facility is not clean, she has seen 3 mice in the past few days, and one knocked her plant over and broke the pot. R6 stated it makes her sad to live in a dirty place. R6 stated her son recently visited and asked her why your floor isn't clean. R6 stated there has been a hole in her wall behind her bed since she moved in. R6 stated she thinks the mice are coming in the hole in the wall in the corner of her room. Surveyor observed a hole in the cove base and wall in the corner of room [ROOM NUMBER] with a pile of dirt, debris, and pieces of dry wall in the corner on the floor. Surveyor also observed dirt and dead insects in the windowsill and on the air conditioning unit. R6's MDS (Minimum Data Set), dated 1/10/25, documented R6 is cognitively intact.</p> <p>On 7/8/25 at 8:39 AM R20, resides in room [ROOM NUMBER], stated his bathroom is gross, the floor tiles have been missing from his bathroom floor since he was admitted to the facility, and he has never seen maintenance do anything to fix it. R20's MDS, dated [DATE], documented R20 is moderately cognitively impaired although R20 was alert and oriented during interview.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/8/25 at 8:45 AM R19 stated this building is dirty all over and the flies are terrible. R19's MDS, dated [DATE], documented R19 is cognitively intact. R19 resides in room [ROOM NUMBER] and surveyor observed brown stains and dirt all along the cove base on the tile floor in the restroom, the cove base was loose from the wall behind the toilet exposing damaged dry wall, the restroom floor had multiple cracked and separated tiles with dirt in the openings, a floor tile was missing next to the door jamb, the bathroom door frame was covered in rust, and rust was observed around the base of the toilet on the floor tiles. Multiple dead insects were observed on the windowsill and on top of the air unit of room [ROOM NUMBER]. Dirt and debris were observed under R19's bed. The cove base was stained with a brown substance throughout the room.</p> <p>On 7/8/25 at 11:26 AM R1 stated her toilet has not been flushing for the last 3 days, and it's the third time it has been broke recently. Surveyor attempted to flush the toilet, it would not flush, and the handle was loose. Observed brown stains on the bathroom floor. Cove base has brown stains throughout. Observed tan liquid stains on the lower half of the wall next to the room door. R1 stated the housekeepers mop her room everyday but they are not able to get the stains and buildup on the floor clean. R1's MDS, dated [DATE], documented R1 is cognitively intact.</p> <p>On 7/8/25 at 11:32 AM surveyor observed tan and yellow stains covering the length of the cove base on the 200 unit with dirt buildup on the floor along the cove base and around the resident room door jambs.</p> <p>On 7/8/25 at 1:05 PM observed a loose section of hand railing on the 200 unit that runs parallel to the dining room and front entrance by room [ROOM NUMBER].</p> <p>The Resident Council minutes, dated 5/21/25, documented Maintenance: Need a full-time maintenance person in the building, there is too much to keep up on to only have (V8) come a couple times a week and stuff that needs fixed isn't getting done in a timely manner.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Physical Plant &amp; Environmental Policy &amp; Guidelines, undated, documented Policy Statement: It is of the utmost importance to provide a safe, hospitable, clean, and organized facility and grounds to ensure an environment that is conducive to providing the best care, comfort and home-like surroundings for residents. A well-maintained building and environment is also important for creating safe work surroundings across all departmental staffing and their ability to effectively, and efficiently provide care and great living environment to all residents and all necessary resources to do so. The building and grounds must be maintained in the best presentable state and must be done so through routine maintenance and upkeep, housekeeping, and ensuring compliance with current federal, state, local and NFPA codes. This includes making certain a safe and hospitable environment as possible is maintained in the event of an emergency for sheltering in place. Policy Implementation: The facility Administrator must ensure that the overall scope and effective procedures are followed by each departments supervisors and staff or request of approved contractors for creating and maintaining a safe and comfortable environment for the residents, visitors, and staff. Ensure maintenance work orders are completed in a timely manner and ensure items necessary for repairs are ordered to complete repairs. Maintenance/Approved Contractors o Preventative maintenance schedules for all mechanicals - HVAC, Boilers, Water Heaters - Ensure proper water temps of 100-110 are maintained in resident areas - HVAC/Boiler systems are maintaining safe and comfortable ambient temperatures - Routine cleaning of vents and cold air returns o Routine care and repairs to interior finishings - repairing ceiling/wall damage, painting, floor o General plumbing - drains, faucets, showers are maintained o General electrical - proper lighting, safe receptacles, no permanent use of extension cords o Emergency systems - fire alarm system, sprinkler systems, generator, egress lighting o Nurse Call Light systems and door signaling systems/wander guard systems o Resident care equipment (lifts, concentrators) o Wheelchair and bed maintenance o Insect and rodent control o Secured and organized mechanical rooms and storerooms o Oxygen stored safely in designated room or outdoor storage in racks o Hallways remain clear of any clutter o Maintaining safe egress pathways to public way in inclement weather o Routine grounds clean-up of litter, maintaining landscaping, and lawn mowing o Secured exterior doors o Safe and clean designated outdoor resident and staff smoking areas o Maintain essential supplies and parts Housekeeping o Routine daily room cleaning and sanitizing o Routine daily cleaning of all common areas and dining areas o Routine daily cleaning of all shower rooms and restrooms o Deep Cleaning of Shower Rooms or humid areas to ensure any possibilities or mildew and mold are eliminated. o Monthly Scheduled room deep cleaning and organizing o Routine Room Closets organized to ensure items can be stored o Monthly Scheduled Shower Room deep cleaning o Scheduled stripping and waxing of floors (if required floor type) o Carpeted areas routinely cleaned o Proper handling and cleaning of isolation rooms and waste disposal (see policy) o Immediate clean-up of bodily fluids with required Nursing staff o Ensure housekeeping carts and supplies are stored when not in use o Ensure hallways free of clutter o Spills are immediately mopped o Wet Floor signs are used when necessary and removed when areas are dry o Maintain necessary supplies of cleaning products and equipment o Chemicals stored in safe secure area, handled with proper PPE</p>		

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<p>F 0945</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to implement an infection control training program for staff. This failure has the potential to affect all 57 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 7/8/25 at 10:30 AM, V1 (Administrator) stated that she does not know the last time staff were trained on infection control program and confirms she does not have any reproducible evidence to support training occurred. V1 stated that staff will be in-serviced on infection control at their upcoming staff meeting. V32 (Licensed Practice Nurse) is documented as being the facility's certified Infection Preventionist.</p> <p>On 7/9/25 at 10:25 AM, although requested, V11 (Vice President of Clinical Services) confirmed a policy regarding infection control training was not available.</p> <p>The facility assessment dated [DATE] documented the facility has 90 licensed beds for long term care nursing services, which includes the care of infectious organisms.</p> <p>The facility census report dated 7/8/25 documented 57 residents currently reside in the facility.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to implement a nurse aide training program which continues competence equivalent to no less than 12 hours per year. This failure has the potential to affect all 57 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 7/8/25 at 10:30 AM, V1 (Administrator) stated that she does not know the last time staff received nurse aide training and confirms she does not have any reproducible evidence to support training occurred. V1 stated that staff will be inserviced on nurse aide training competencies at their upcoming staff meeting.</p> <p>The facility assessment dated [DATE] documented the facility has 90 licensed beds for long term care nursing services.</p> <p>On 7/9/25 at 10:25 AM, although requested, V11 (Vice President of Clinical Services) confirmed a policy regarding nurse aide training was not available.</p> <p>The facility census report dated 7/8/25 documented 57 residents currently reside in the facility.</p>

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  07/09/2025
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 0949</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to implement a behavior training program for staff. This failure has the potential to affect all 57 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 7/8/25 at 10:30 AM, V1 (Administrator) stated that she does not know the last time staff received behavior training and confirms she does not have any reproducible evidence to support training occurred. V1 stated that staff will receive behavior training at their upcoming staff meeting. V1 also confirms the facility currently serves residents with mental health conditions.</p> <p>The facility assessment dated [DATE] documents the facility accepts residents with the following psychiatric/mood disorders: Psychosis (Hallucinations, Delusions, etc.), Impaired Cognition, Mental Disorder, Depression, Bipolar Disorder (i.e., Mania/Depression), Schizophrenia, Post-Traumatic Stress Disorder, Anxiety Disorder, Behavior that Needs Interventions. This same assessment documented the facility has an average number of 40-60 residents requiring behavioral health services.</p> <p>On 7/9/25 at 10:25 AM, although requested, V11 (Vice President of Clinical Services) confirmed a policy regarding behavior training was not available.</p> <p>The facility census report dated 7/8/25 documented 57 residents currently reside in the facility.</p>		