

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  08/27/2025
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the Facility failed to provide reasonable access to a telephone in an area where calls can be made without being overheard for 1 of 3 residents (R2) reviewed for communication with privacy in the sample of 23.R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including depression, hypertension, and heart failure.R2's Minimum Data Set, dated [DATE] documented R2 was moderately cognitively impaired.R2's 7/25/25 Progress Note documents R2 became upset because he wanted to use the phone, but the nurse was already using it.On 8/20/2025 at 9:10 AM R2 stated V14, Licensed Practical Nurse (LPN), would not allow him to use the phone at the nurse's station. He stated, I have the right to use the phone.On 8/22/25 at 10:27 AM, V14 stated R2 wanted to use the phone, but she asked him to finish up his call because there were three other residents waiting in line for the phone, and V14 needed to make important nursing callsOn 8/22/25 at 10:15 AM, V2, Director of Nursing (DON), stated phones for resident use are currently located at the nurse's stations. The nurses do need to make calls on these phones, but we should have phones available for these residents to use. The Facility was wrong for that.The Facility's Resident Rights Policy revised 6/1/25 documents residents have the right to use a phone in privacy.</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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</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 provide adequate clean linen supplies for 4 of 4 residents (R7, R10, R20, R21) reviewed for clean, comfortable, homelike environment in the sample of 23. R7's Minimum Data Set (MDS) dated [DATE] documented R7 was cognitively intact. On 8/18/25 at 9:50 AM, R7 stated there are not enough towels and wash cloths in the Facility. She likes to wash her face daily, so her family has to bring in wash cloths and towels in order for her to do that. R10's MDS dated [DATE] documented R10 was cognitively intact. On 8/22/2025 at 11:00 AM, R10 stated the Facility is always out of towels and wash cloths. She has had to wait up to two weeks for a shower because staff tell her they do not have enough towels and wash cloths. R20's MDS dated [DATE] documented R20 was cognitively intact. On 8/21/25 at 11:35 AM, R20 stated there are never enough towels for bathing. R21's MDS dated [DATE] documented R21 was cognitively intact. On 8/22/2025 at 11:05 AM, R21 stated the Facility frequently runs out of towels and wash cloths and has been unable to take showers for weeks at a time for this reason. On 8/21/25 at 11:30 AM, V21, Certified Nursing Assistant (CNA) went to the Clean Utility closet where she would obtain linens. There were no towels in the closet. On 8/21/25 At 11:40 AM, V8, CNA, went to the closet where she would obtain linens. It was the same closet shown by V21. V8 stated the towels are probably down in laundry. On 8/22/25 at 1:15 PM, V27, CNA, stated there has been a shortage of towels and wash cloths in the facility which she believes is due to some CNAs throwing them in the trash instead of rinsing them and putting them in the laundry. On 8/22/25 at 8:50 AM, V2, Director of Nursing (DON), stated towels are just disappearing in the Facility. She is unsure if they are being thrown away, but suspects some residents are stashing them in their rooms. The Facility's Linen Handling-Nursing Policy reviewed 6/1/25 documents, Clean linen shall be stored in such a manner to prevent contamination. Linens shall be maintained in the linen room or in enclosed or covered carts. Laundry personnel shall be responsible for assuring adequate amounts of clean linen and personal clothing are available on each nursing unit.</p>

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.  (continued on next page)

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F 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Based on interview and record review, the facility failed to initiate, implement, and add progressive care plan intervention for 2 of 3 residents (R5 and R8) reviewed for falls in a sample of 23. This failure resulted in R5 falling and sustaining a laceration to his head and R8 falling and sustaining a fracture to her left wrist. Finding Include:1. R8's admission Record, print date of 08/05/25, documented R8 has diagnoses of but not limited to Multiple Sclerosis and other abnormalities of gait and mobility. R8's Minimum Data Set (MDS), 05/27/25, documented R8 is cognitively intact with a brief interview of mental status (BIMS) of 14 out of 15 and she requires substantial/maximum assistance from staff for toileting hygiene and she requires partial/moderate assistance with transfers from bed to chair and toilet transfers.R8's Baseline Care Plan, dated 05/16/25, documented under section Functional Abilities and Goals- Mobility for toilet transfer: The ability to get on and off a toilet or commode not assessed/no information. Under safety risks does resident have a history of falls? There was no documentation noted. R8's Care Plan, admission date of 05/16/25, documented R8 has had an actual fall with injury to left wrist Poor Balance, Poor communication/comprehension, Unsteady gait (Date initiated 07/03/25). Goal: resident's left wrist will resolve without complication by review date. Interventions include but not limited to Resident will ask for assistance with transfers.R8's Un-witnessed Fall, dated 07/02/25 at 10:50 AM, documented the nurse heard someone yelling for help, sound coming from 200 hall shower room. Resident observed sitting on the floor near toilet in shower room. No emergency light flashing for assistance at time of incident. Resident stated I fell trying to go to the bathroom. I think I broke my hands and wrists when I fell. A full body assessment was completed and there was bruising noted to the back of bilateral hands. STAT x-ray was ordered. Predisposing Physical Factors were gait imbalance, predisposing situation factors ambulating without assist and during transfer.R8's Progress Notes, dated 7/2/2025 at 11:08 AM, documented Incident Note Nurse heard someone yelling for help, sound coming from 200 hall shower room. Resident observed sitting on the floor near toilet in shower room. No emergency light flashing for assistance at time of incident. Resident stated I fell trying to go to the bathroom. I think I broke my hands &amp; wrists when I fell. Full body assessment completed. Bruising noted to BILAT (bilateral) wrists. ROM (range of motion) WNL (within normal limits) to BILAT Upper extremities. ROM WNL to BILAT Lower extremities. Resident stated she did not hit her head. C/O (complained of) pain to wrists/hands BILAT. No other c/o pain noted. Resident assisted to toilet and into w/c (wheelchair) after. Ice applied to BILAT wrists/hands. STAT X-rays orders of BILAT upper extremities. MD (medical doctor), DON (director of nursing), Administrator made aware immediately. POA (Power of Attorney) to be made aware.R8's Progress Notes, dated 7/2/2025 at 11:37 AM, documented Note Text: Biotech Xray Tech here to obtain x-rays of BILAT wrists/hands. Awaiting results.R8's Progress Notes, dated 7/2/2025 at 2:55 PM, documented POA contacted and given update on results (negative/no Fx's (fractures) noted) and assured that if any new orders are received, she would be notified.R8's Progress Notes, dated 7/3/2025 at 10:53 AM, documented Biotech called back with update stating that the Medical Director will be reviewing the reading we received from yesterday's x-ray since there had been a discrepancy in reading with new results stating the L (left) wrist has a transverse fracture of the distal radius.R8's X-ray report, dated 07/02/25, documented Findings: There is no significant soft tissue swelling appreciated. There is a traverse fracture of the distal radius. Impression: transverse fracture of the distal radius.R8's Progress Notes, dated 7/3/2025 at 12:56 PM, documented Ambulance arrived to transport resident to local hospital related to (r/t) left wrist swelling r/t fall. Bruising and visible swelling to Left wrist. Able to make needs know and voice discomfort upon discharge (d/c). Refused noon medication upon leaving. R8's Physician's Orders, dated 07/07/25, Occupational Therapy (OT) clarification order: OT to treat 3-5x/wk (times/week) x 41 days for ADL retraining, neuro re-ed, therapeutic activities, therapeutic exercise and group therapy as per Plan of Care (POC). R8's Physician's Orders, dated 07/08/25, documented Physical Therapy (PT) clarification order: Skilled PT 3-5x/week for 41 days with treatment to include therapy exercises (ex), therapy activities (act), neuro re-ed, gait training, group and manual therapy for treatment of diagnoses M62.81 and R26.81 per PT initial POC. R8's Illinois Department of Public Health Long- Term Care Facility &amp; IID- Serious Injury Incident and Communicable Disease Report, Incident Date of 07/03/25, documented Final Report R8 had a fall with physical harm or injury. She uses a wheelchair and is a transfer with two assists. R8 is interviewable, can make informed decisions, and is alert and oriented times three. The conclusion: R8 suffered a transverse fracture of the distal radius to the left wrist during a fall where she was transferring without asking for assistance. R8 does have several diagnoses that would make</p>		

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F 0740  Level of Harm - Actual harm  Residents Affected - Few	Ensure each resident must receive and the facility must provide necessary behavioral health care and services.  (continued on next page)		

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F 0740  Level of Harm - Actual harm  Residents Affected - Few	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to assess and develop behavioral interventions for a resident with diagnoses of schizophrenia and bipolar disorder and notify the physician of resident having active hallucinations for 1 of 1 resident (R3) reviewed for behavioral services in a sample of 23. This failure resulted in R3 being sent out to the emergency room (ER) for evaluation and found to have a fractured nose and two fractured ribs. Findings Include:R3's admission Record, print date of 08/20/25, documented R3 has diagnoses of but not limited to Schizophrenia and bipolar disorder.R3's Minimum Data Set (MDS), dated [DATE], documented R3 is severely cognitively impaired with a Brief Interview for Mental Status (BIMS) of 04 out of 15, he requires supervision/touching assistance with most of his activities of daily living (ADLs), and he doesn't have any behavioral symptoms.R3's Care Plan, admission date of 08/04/25, documented Behavior Management New Delusional/hallucinations behavior related to his schizophrenia 8/16/25 resident was seeing snakes and bugs and trying to stomp on them. Resident also jumping around off and on furniture, swinging arms around swatting at birds, diving onto the floor. Goal: Cause of new onset behaviors will be evaluated/determined and undesirable behavior(s) will be monitored/managed. Interventions include but not limited to ensure the safety of resident and others and evaluate medication schedule and possible pharmacologic causes of hallucinations. The date created for this problem was 08/18/25. R3's Progress Note, dated 8/17/2025 at 01:12 AM, documented Behavior Note: Resident running up and down the hallway screaming rat's, snakes and birds were in his room. resident jumping up and down stomping on the floor saying he is stomping the rats. Resident re-directed back to his room.R3's Progress Notes, dated 8/17/2025 at 02:33 AM, documented Note Text: Resident came out of his room with blood on his face and nose. Resident nose twisted to the right. Local ambulance called to transport resident to local hospital. Call placed to Power of Attorney (POA) with no answer. Message left to call the facility.R3's Physician's Orders, dated 08/06/25, documented R3 has an order for Ziprasidone Mesylate (Geodon) Intramuscular Solution Reconstituted 20 milligrams (MG) (Ziprasidone Mesylate) Inject 0.5 milliliters (ml) intramuscularly as needed (PRN) for extreme agitation. R3's Medication Administration Record (MAR), for the month of August 2025 had documentation he was given his PRN Geodon on 08/11/25 and on 0813/25. There was no documentation he received his any PRN medication on any other days.R3's Progress Notes were reviewed and had no documentation the physician was notified of R3 having active hallucination. R3's emergency room History and Physical Report, dated 08/17/25, documented R3 is a [AGE] year-old male patient with a medical history significant for but not limited to bipolar disorder, schizophrenia, dementia, hypertension, anemia presents to the ED via EMS from local nursing home with a chief complaint of facial injury. R3's Computed Tomography scan (CT-scan) of Facial Bones, dated 08/17/25, documented R3' findings as a minimally impacted anterior nasal bone fracture. R3's CT-scan of the Cervical Spine, dated 08/17/25, documented R3 had findings of Other osseous structures: Mildly impacted fractures of the right 2nd and 3rd ribs.On 8/21/25 at 1:10 PM, V8, Certified Nursing Assistant (CNA) stated V2, Director of Nursing (DON) asked her about R3, but she wasn't here that day. She said he had been running around, chasing snakes, hallucinating, jumping around, wandering into other resident rooms. V8 doesn't know what happened to R3. He could have run into a wall or something, the way he was acting. He had been like that since he got to the facility but hadn't been there too long. She said maybe this facility was not a good fit for him.On 8/21/25 at 1:13 PM, V25, CNA, stated R3 was always running everywhere. He was a safety risk to himself and may have been better in a lockdown unit. V8, CNA was standing in the area and stated We do have a lot of guys that can get angry and territorial around here.On 8/21/25 at 3:52 PM, V30, CNA stated she did not see it happen, he had gone to his room, came out, stood at nurse's station, and she asked what happened to his nose because it had blood at the bridge of it. R3's nose looked crooked, so the Nurse assessed him and made some calls. One was to the sister, there was no answer, so a message was left. Then they called 911. V30 said she hadn't worked with R3 before. She said he was up and down the halls, around nurse's station, sitting on floor, in hallway, stating he saw bugs or a snake, saw a bird. She said R3 was bad, and he had been acting like that all shift. She saw him go towards a few doors but never actually went in that she saw. V30 said she had never seen him that bad, never seen him act like that. He would walk up and down the halls and around the nurse's station. DON interviewed me about this.On 8/21/25 at 4:00 PM, V29, CNA said R3 was acting different, running around nurse's station, skinning, wasn't saying anything to nobody. When</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</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 store food in a manner that prevents foodborne illness. This has the potential to affect all 56 residents living in the Facility. On 8/20/25 at 8:53 AM, in the refrigerator/freezer unit on the wall of the kitchen entryway, there was a large package of uncooked beef patties in the freezer stored directly above a box of popsicles. On 8/20/25 at 8:55 AM, in the standing refrigerator on the adjacent wall, there was a plastic tub of sour cream with manufacturer's Best By date of 7/2/25. There was a clear container with hamburger patties that was not labeled or dated. There was a container labeled banana pudding with a prepared date of 8/12 and no discard date. There was a container labeled chocolate pudding with prepared date of 8/11 with no discard date. There was a container labeled tuna with a prepared date of 8/13 and no discard date. V19, Dietary Manager, stated someone did not write the discard date on the label. On 8/20/25 at 9:00 AM, in the dry storage room refrigerator, there was a package labeled turkey with a Use By date of 1/2/26. On 8/20/25 at 9:38 AM, R12's personal refrigerator in her room was inspected. There was a carton of 2% milk with Use By date of 7/8/25. There were two protein shakes with Use By dates of 3/5/24 and 7/4/24. There was a Styrofoam container with a facility provided meal ticket inside dated 6/30/25. R12 stated staff do not have the time to clean out her refrigerator. R12's Minimum Data Set (MDS) dated [DATE] documented R12 was cognitively intact. On 8/22/25 at 3:16 PM, V1, Administrator, stated she expects dietary staff to follow food service policies. The Facility's Food and Supply Storage Policy dated 8/1/25 documents, Food and supply storage areas shall be maintained in a clean, safe, and sanitary manner. Prepared foods stored in the refrigerator until service will be covered, labeled, and dated with an expiration date. All foods will be covered, labeled, and dated. If there is no expiration date on the package or container, a use-by date must be written on the product. The Facility's Long-Term Care Application for Medicare and Medicaid (CMS 671) dated 8/15/25 documents there are 56 residents living 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>(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>Based on observation, interview, and record review the facility failed to provide a clean and safe, sanitary environment for 4 of 5 residents (R1, R7, R10, and R11), reviewed for environment in a sample of 23. This has the potential to affect all 56 residents who reside at the facility. Findings Include: Survey Team Observations: On 08/15/25 at 11:00 AM, While touring the 100 hallways there was a room that had a large brown smear (appeared to be feces) on the floor in front of the first bed. There was trash scattered on the floor. On 08/15/25 at 11:11 AM, The main hallway of the facility had a large pink stain on the floor in front of the dining room and there were black scuff marks up and down the hallway. On 08/15/25 at 11:13 AM, V6, Housekeeping was using the wet vac to clean up water in two of the rooms on the 200 hallways. On 08/15/25 at 11:30 AM, A room on the 200 hallways had a dirty urinal lying on the floor and a box of incontinent briefs sitting on the floor in the room. There was a bag of trash tied to the handrail outside of the room door. On 08/18/25 at 9:20 AM, The floor in the dining room had salt/pepper packets and sugar packets lying on the floor. There was a large red Kool-aid spot by one of the front dining room tables. There was an orange peeling lying on the floor. There was an old Styrofoam container in a bucket that was sitting on a chair at the front of the dining room, and it had old, mashed potatoes and stewed tomatoes in it. There were multiple black skid marks all over the floor. On 08/18/25 at 10:10 AM, The shower room located on the 200 hallways was inspected at this time. There were no towels or washcloths seen in the shower room. There was dried feces in the toilet bowl, the toilet-paper dispenser was broke (no cover on it), there was no handrail to assist with getting up seen on the wall by the toilet, and behind the door to the shower room the baseboard had fallen off and was lying on the floor. On 08/19/25 at 9:15 AM, V17 said there was some mold behind the desk (same room as flooding). On the far east wall, behind an old desk. There was also stuff piled on top of the desk and this surveyor was able to see but could not reach what appeared to be black mold. This surveyor was unable to see how far it went across the wall. In the area where the dirty laundry is washed there was a hallway off to the left. In the hallway there was an area measuring approximately 8.5 feet long and 3 feet high where the wall was missing plaster. Up against the wall was a piece of some kind of paneling/board measuring approximately 2.5/3 feet x 2.5/3 feet. This surveyor pulled the board away from the wall and there was black mold covering the back of the board from halfway up the board to the bottom of the board. There was also black mold on the wall behind the board. On 08/19/25 at 2:12 PM, The employee bathroom on the 200 hallways was inspected and the following was discovered: 1. Two ceiling tiles were missing from the ceiling and were broke and up against the wall. 2. One ceiling tile was bulging. 3. Two ceiling tiles had water stains. 4. There was a large plastic trash can with about 3 inches of water in the bottom of it. 5. There was exposed duct work, exposed pipes, and exposed wiring. On 8/21/2025 at 9:46 AM R11, was not in his room, R11's floor was sticky and visibly dirty with wheelchair wheel marks. The 100-hall flooring is sticky and visibly dirty. On 08/18/25 at 9:50 AM, R7 said the week before last she had a big puddle in the middle of her floor. She said they had to put blankets down on the floor to soak up the water. She said they told her it was a pipe. R7 said it was good for about a week then it happened again. On 8/20/2025 at 3:22 PM, R1 When asked about the cleanliness of facility, R1 states Do you see these floors?. R1's eyes got big, and she stared at the floors. The floors are observed to be sticky and visibly dirty (dark brown spots.) and she said her trash doesn't get taken out very often in her room. On 8/21/2025 at 11:43 AM, When R10 was asked about cleanliness of facility, R10 states just look around. R10 states the facility is dusty. R10 states the facility was deep cleaning the floors, but the facility has cut the housekeeping staff due to budget. R10 states she has been told by staff and during resident council that housekeeping staffing has been cut due to budget. On 08/15/25 at 11:13 AM, V6, Housekeeping said the toilets have backed up and overflowed since she started working here back in February. V6 said it happens pretty much with all the toilets on the 200 hallways. She said maintenance works on it, but she hasn't seen anyone come in and look at it. V6 said there is a sewer problem in the building. On 08/15/25 at 11:20 AM, V7, Registered Nurse (RN) said the toilets overflowing happens often. She said they had someone out to look at it a couple of weeks ago but other than that the maintenance man takes care of it. She said this has been going on for years. V7 said when someone uses the bathroom and then they flush it they will have BM and urine all on the floor. On 08/15/25 at 11:25 AM, V8, Certified Nursing Assistant (CNA) said the bathroom toilets on the 200 hallways have been backing up and overflowing for a long while. She said sometimes after the residents use the bathroom (howel movement (BM)/I Urinate) and they flush the toilet it will overflow onto the floor. On 08/18/25 at 11:30</p>		