

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/25/2024
NAME OF PROVIDER OR SUPPLIER Evercare at University		STREET ADDRESS, CITY, STATE, ZIP CODE 1095 University Drive Edwardsville, IL 62025	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>-</p> <p>A-Based on observation, interview, and record review the Facility failed to provide additional nourishment when ordered for 1 of 3 residents (R15) reviewed for weight loss in the sample of 20.</p> <p>Findings include:</p> <p>R15's Physician Order Sheet (POS) for October 2024 documents a diagnosis of vascular dementia, severe, with agitation; unspecified protein-calorie malnutrition; cerebral infarction, unspecified; constipation, unspecified; and cerebral atherosclerosis. Ensure(protein shake) at breakfast, lunch, and dinner.</p> <p>R15's Minimum Data Set, dated dated dated [DATE] documents she is severely impaired for cognition for activities of daily living and decision making.</p> <p>R15's Care Plan documents, Problem: I am at risk for alteration in nutrition r/t (related to) vascular dementia.</p> <p>R15's weight on 10/12/2024 at 2:43 PM documented that R15 weighed 76 pounds, and her BMI (Body mass index) was 15.88. R15's weight on 7/5/2024 at 8:55 AM was 83 lbs (pounds), and her BMI was documented as 16.93. (-8.43 difference, less than 10% for significant weight loss however R15 only weighs 76 pounds).</p> <p>On 10/23/2023 at 12:42 PM, R15's Dietary Card does not document ensure supplement(protein shake) on her dietary ticket. R15's tray did not contain any ensure supplement.</p> <p>On 10/23/2024 at 3:52 PM, V6, Family of R15 stated, my wife was a wonderful person before this dementia hit her. I know she does not weigh much, and she has a wound, and we think it is very important that she eats. They are supposed to give her Ensure (protein shake supplements) at each meal, but they do not always do that. My son comes in the morning, and I come in at night, and sometimes it is on her tray, and sometimes it is not on her tray. I know it is supposed to be on her tray, but it was not on her tray yesterday. Sometimes, they have different people working in the kitchen, and if it is not on her dietary card, how is the staff supposed to know she gets the drink? I looked at the ticket, and it was not on her ticket. I don't understand why.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/24/2024 at 9:34 AM, V7, [NAME] stated, I am not sure why the ensure was not written on the dietary card, but when I work, I know (R15) is always supposed to get it and put it on her tray.</p> <p>On 10/24/2024 at 10:07 AM, V8, Dietary Manager stated, I am not sure why (R15's) dietary card did not list her supplement. It was a glitch in the system. I noticed a few weeks ago that whenever I get ready to print the dietary cards, I now have to sign in again for the second time, which I had never done before. I noticed the dietary cards were printed differently, but I did not notice the Ensure (protein shake) was not on (R15's) card until it was brought to my attention today.</p> <p>The House Supplement Policy undated documents, To ensure that the facility provides house supplements to residents that meet nutritional guidelines.</p> <p>B- Based on observation, interview and record review the Facility failed to ensure ice water was being passed out in a timely manner for 4 of 4 residents (R17, R18, R19 and R20) reviewed for hydration in the sample of 20.</p> <p>Findings include:</p> <p>On 10/20/2024 at 7:55 PM, R17's cup at his bedside table was empty and did not have any ice and/or water in it.</p> <p>On 10/20/2024 at 7:57 PM, R17 stated, No staff had come by tonight and given anyone on his hall fresh water and/or ice. I have not been given anything since this morning, and I am thirsty.</p> <p>On 10/20/2024 at 7:59 PM, R18's bedside table did not have a cup on it, and R19's cup was empty, with no ice and/or water inside.</p> <p>On 10/20/2024 at 8:02 PM, V11, Family of R18, stated, (R18) cannot hear very well. There is only one staff on this hall, and I know she is working really hard, but (R18) does not have any water or cup in case he wants a drink. I mentioned something earlier about two hours ago and the nurse said they would try and get to it. I think there was a call off tonight.</p> <p>On 10/20/2024 at 8:04 PM, R20 stated, No staff member has passed out any water or ice since this morning.</p> <p>On 10/20/2024 at 8:09 PM, V12, Certified Nursing Assistant (CNA), stated, I started my shift at 6 PM tonight. I am working from 6 PM to 6 AM. I have been doing the best I can do. I have not had a chance to pass out any water and/or ice water yet tonight I have been going back and forth on these two halls.</p> <p>On 10/20/2024 at 8:11 PM, V13, CNA stated, I started at 6:00 PM today. I work from 6 PM to 10 PM tonight. We had a call off and I have been working two halls. I have not had the time to pass out any ice water tonight.</p> <p>On 10/20/2024 at 8:15 PM, V14, a Licensed Practical Nurse (LPN), stated, I have not passed out any hydration tonight.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/20/2024 at 8:18 PM, V15, CNA, stated she had been changing residents and had not had time to pass out any water and/or ice water to the residents.</p> <p>On 10/20/2024 at 8:32 PM, V3, the Regional Corporate Nurse, stated, I would expect all hydration to be passed out at the beginning of each shift. I was not aware that no hydration has been passed out yet tonight.</p> <p>Resident/Family Council Minutes dated 10/7/2024: Needs more ice pass.</p> <p>The undated House Supplement Policy documents, Purpose: To ensure that the facility provides house supplements to residents that meet nutritional guidelines. House supplements require a physician order.</p>