

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 02/27/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>40701</p> <p>Based on interview and record review, the Facility failed to ensure blood sugar levels were documented for tracking, trending and monitoring of a chronic condition for 1 of 32 residents (R78) reviewed for medications, in the sample of 59.</p> <p>Findings include:</p> <p>1. On 2/25/2025 at 8:30 AM, R78 stated she had issues with her insulin. R78 stated she did not receive her insulin shot at lunch on Sunday, 2/23/2025 and her blood sugar level was 189. R78 stated she told V11, Licensed Practical Nurse (LPN).</p> <p>On 2/25/2025 at approximately 8:45 AM, V11 checked R78's Medication Administration Record and stated it shows that R78 did receive her insulin at lunch on 2/23/2025. V11 stated R78 gets her blood sugar level checked 3 times on day shift (6 AM-6 PM) and has parameters depending on what the level is. V11 stated, Maybe it wasn't high enough to give (the insulin). V11 then looked to see if R78's blood sugar level was documented but V11 could not find the results. V11 then stated, The order wasn't in (the Electronic Medical Record). We had to modify the order so now there is a place to document it. Before there was no where to plug it in.</p> <p>R78's Face Sheet dated 2/26/2025 documents R78 has a diagnosis of type 2 diabetes.</p> <p>R78's Prescription Order dated 2/25/2025 (revised) documents R78 is prescribed a fast acting insulin prior to meals. It further documents, Hold insulin if blood sugar level is below 80. Call if blood sugar level is above 350.</p> <p>On 2/26/2025 at 11 AM V2, Director of Nursing (DON) stated R78's blood sugar levels should have been being documented as that would be the standard of practice in order to track and trend blood sugar levels.</p> <p>As of 2/27/2025 at 11:30 AM, The Facility had not provided a policy for documenting blood sugar levels.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</p> <p>Based on observation, interview and record review the facility failed to perform complete incontinent care for 2 of 4 (R27, R94) residents reviewed for incontinent care, in a sample of 59.</p> <p>Findings include:</p> <p>1. R94's Minimum Data Set (MDS), dated [DATE], documents that R94 requires assistance with toileting. It also documented that he was always incontinent of his bowels and bladder.</p> <p>On 2/25/2025 at 9:00 AM observed V7, Certified Nurse Assistant, (CNA), perform incontinent care. R94 was incontinent of urine. V7 assisted R94 into bed and then removed urine soiled pants and heavily soiled incontinent brief. V7 then using a wet wipe cleansed R94's penis wiping in a back-and-forth motion. R94 then using a wet wipe each side of R94's penis. V7 then assisted R94 with applying a dry brief. R94 did not cleanse R94's scrotum, inner thighs and buttocks.</p> <p>40650</p> <p>2.V5, CNA, performed incontinent care on R27, and during care she cleansed R27's right groin, then took a new wipe cleansed R27's left groin and then took another wipe and cleansed down the center of her labia without spreading the labia apart. V5 did not dry washed areas nor did she cleanse the R27's bilateral thighs. V5 then rolled R27 on to her right side and cleansed her rectal area from front to back. V5 repeated this pattern 2 more times. V5 did not cleanse R27's bilateral hips or thighs nor did she dry R27's rectal area.</p> <p>R27's MDS, dated [DATE], documented that her cognition was intact and that she was always incontinent of her bowels and bladder.</p> <p>R27's Care Plan, dated 6/22/2021, documented an intervention, Provide incontinence care per facility protocol.</p> <p>R27's Physician's order sheet, dated 2/2025, documented diagnoses of Retention of Urine and Parkinsonism.</p> <p>On 02/27/2025 at 11:15 AM, V26, CNA, stated that she cleanses and dry all areas when performing incontinent care.</p> <p>On 02/27/2025 at 11:20 AM, V7, CNA, stated that he cleanses and dry all areas when performing incontinent care.</p> <p>On 02/27/2025 at 11:20 AM, V20, CNA, stated that she cleanses and dry all areas when performing incontinent care.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy, Perineal Care, undated, documented, VI. Wash the pubic area. A. For female residents: i. Separate the labia. Wash with soapy washcloth, moving from front to back on each side of the labia and in the center over the urethra and vaginal opening, using a clean area of the washcloth for each stroke. ii. Rinse area, moving from front to back, using a clean area of the washcloth for each stroke. iii. Dry area moving from front to back, using a blotting motion with towel. It continues, VII. Wash, rinse and dry buttocks and peri-anal area without contaminating perineal area.</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>50628</p> <p>Based on record review and interview, the facility failed to ensure a Registered Nurse (RN) was scheduled in the facility for at least 8 consecutive hours a day, 7 days a week. This had the potential to affect all 99 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 2/27/25 at 8:15 AM, V1, administrator, provided copies of nursing staff schedules for dates February 1 to February 27, 2025. On 2/1/25, 2/2/25, 2/3/25, 2/4/25, 2/7/25, 2/10/25, 2/14/25, 2/15/25, 2/16/25, 2/17/25, 2/18/25, 2/19/25, 2/20/25, 2/21/25, 2/24/25, and 2/25/25 there was no RN coverage for 8 consecutive hours.</p> <p>On 2/27/25 at 12:10 PM, V1 stated that she was aware there should be eight hours of consecutive RN coverage per day. She stated that they should be calling in an RN when this coverage is not present. V1 stated there are times when V2, director of nurses (DON) will come in, if there is no RN coverage.</p> <p>On 2/27/25 at 1:40 PM V1 confirmed the facility did not have a policy specific to RN coverage.</p> <p>The facility's Long-term Care facility Application for Medicare and Medicaid, dated 2/26/25, documented that there were 99 residents residing in the facility.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>40701</p> <p>Based on interview and record review, the Facility failed to monitor/document episodes of behaviors for which psychotropic medications were prescribed, as well as follow up on pharmacy recommendations for 1 of 3 residents (R83) reviewed for unnecessary medications in the sample of 59.</p> <p>Findings include:</p> <p>1. R83's Behavior Tracking dated February 2025 documents it was initiated 10/17/2024 for Physical Aggression is completely blank.</p> <p>R83's Behavior Tracking dated February 2025 documents it was initiated 10/17/2024 for receiving psychotropic medications to decrease symptoms of anxiety is completely blank.</p> <p>The Facility's Psychotropic & Sedative/Hypnotic Utilization Form dated 12/1/2024-12/10/2024 documents R83 receives an Anxiolytic Lorazepam 0.5 milligrams (mg) ordered 11/5/2024. It documents it is given PRN (as needed) and a recommendation was sent.</p> <p>R83's Care Plan dated 10/17/2024 documents R83 receives psychotropic medications related to dementia and the goal is to remain free of drug related complications. It further documents, Consult pharmacy, MD (Medical Director) to consider dosage reduction when clinically appropriate as well as, Observe me every shift for effectiveness of medications. It continues, Resident is on a behavior management program with (specify: alternatives to prn medication use).</p> <p>R83's Care Plan dated 10/17/2024 documents R83 receives antianxiety medications related to dementia as to attempt interventions prior to administering PRN medication as well as complete behavior tracking.</p> <p>On 2/26/2025 at 10:52 AM, V10, Social Services Director (SSD) stated R83 does have physical aggression and had medications changes, but she is not sure why his February behavior tracking was incomplete.</p> <p>On 2/26/2025 at 2:10 PM, V2, Director of Nursing (DON) stated she was aware residents should not have ongoing PRN antipathetic medications.</p> <p>On 2/27/2025 at 10:30 AM, V2 stated she did not have the pharmacy recommendation that was requested on 2/26/2025. V2 stated she thinks hospice has it because they manage R83's medications.</p> <p>R83's Medication Administration Record (MAR) documents R83's Lorazepam PRN Lorazepam was ordered 2/3/2025 for agitation.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's Psychotherapeutic Drug Management Policy, undated, documents, PRN orders for psychotropic drugs are limited to 14 days. If the attending believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician evaluates the resident, in person, for the appropriateness of that medication.</p> <p>The Facility's Drug Regimen Review Policy, undated, documents, The Medical Director and DON will also review the pharmacist's report if any irregularities are identified. The DON is responsible for following up with the attending physician as indicated.</p> <p>The Facility's Behavior-Management Policy, undated, documents, The concept of behavior management is an interdisciplinary process. It further documents a key component of this process is ongoing assessment, monitoring and evaluation of the effectiveness of the behavior management program including the effectiveness of psychoactive drugs.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</p> <p>Based on observation, interview, and record review, the facility failed to properly store medication, label insulins vials, and discard expired medication. This has the potential to affect all 99 residents living in the facility.</p> <p>Findings include:</p> <ol style="list-style-type: none"> On [DATE] at 9:50 AM the facility's Medication Storage Room was inspected and contained the following: <ol style="list-style-type: none"> 1 open bottle of Meclizine 12.5mg with expiration date [DATE]. 1 open bottle of Meclizine 12.5mg with expiration date ,d+[DATE]. 2 bottles of Meclizine 12.5mg with expiration date ,d+[DATE]. On [DATE] at 9:55 AM V6, Licensed Practical Nurse (LPN) stated that the Meclizine was open and in use. V6 confirmed that the medication was a stock medication and that it was expired and should be discarded. V6 stated that the medication can be used for anyone in the facility if they have an order. V6 stated that the insulin pen should have an open date. On [DATE] at 9:59 AM 400 hall Medication Cart was inspected. The medication cart contained the following: <ol style="list-style-type: none"> 1 open partially used bottle of Sodium Bicarb. The expiration date ,d+[DATE]. Open date [DATE]. R89's open and partially used multi dose Lispro vial. No open date on the multidose vial. The multidose vial is labeled discard after 28 days. Expiration Date: (blank) 1 open and partially used multidose Lispro vial. The multidose vial was not labeled with a name of resident and no open date on the multidose vial. 1 open and partially used Lispro pen. No open date and not labeled. <p>On [DATE] at 10:00 AM V4, LPN, stated that the insulins were open and in use. V4 stated that lispro Multidose vial and pen are stock medications and are used for anyone with an order.</p> <p>40650</p> <ol style="list-style-type: none"> On [DATE] at 3:10 pm, V6, LPN, retrieved R60's medication from the medication cart. Once the medication was retrieved V6 did not lock the medication cart and was not in her line of sight during medication administration due to pulling the privacy curtain. <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 11:15 AM, V2, Director of Nurses, stated that they do not use multi dose vials or injection pens and that every resident should have their own medication labeled and dated. V2 also stated that all vials opened should have the residents name and date opened so they know when to discard it.</p> <p>On [DATE] at 11:36 AM, V15, Registered Nurse, stated that when she gives medication she locks her medication cart.</p> <p>On [DATE] at 11:40 AM, V26, LPN, stated that when she passes medication, she locks the medication cart.</p> <p>The facility's policy, Medication Storage, undated, documented, 2. Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart locked medication room that is inaccessible by residents and visitors. It continues, 4. Facility should ensure that medication and biologicals that:(1.) have an expired date on the label; (2) have been retained longer than recommended by manufacturer or supplier guidelines; or (3) have been contaminated or deteriorated, are stored separate from other medications until destroyed or returned to the supplier. It continues, 5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medication. Facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened.</p> <p>The facility's policy, Medication Administration, undated, documented, II. No medication will be used for any resident other than the resident for whom it was prescribed.</p> <p>The Resident's Census and Conditions of Resident, CMS 671, dated [DATE], documents that the facility has 99 residents living in the facility.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>40650</p> <p>Based on observation and interview, the facility failed to label and store foods appropriately, failed to wear hair restraints, perform hand hygiene in between glove changes and keep personal open drink containers away from where food was being prepared. This has the potential to affect all 99 residents living in the facility.</p> <p>Findings includes:</p> <p>02/24/25 09:00 AM pork roast was thawing out on the bottom shelf in the refrigerator. Refrigerator door was slightly open and temperature was reading 43.4F. a tray of chocolate pudding cups were covered by not labeled and dated, V12, Dietary Manager was asked if it was pudding and she stated yes.</p> <p>On 02/25/2025 at 11:25 am, V14, Maintenance Director, with long dread locks, was not wearing a hair restraint of any kind, walked through the kitchen where food was being prepared on the stove top that was not covered and went through the break room door at the other end.</p> <p>On 02/25/2025 at 11:30 am there was an opened energy drink can and a tumbler, with a lid and straw sitting on the counter in the food preparation area. V12, Dietary manager the came past the counter, picked up the open energy drink container, drank from it and then threw the container away.</p> <p>On 02/25/2025 at 11:45 am V12, Dietary Manager started meal service, performed hand hygiene removed lids and foil off of top of food off of the steam table and then she donned her gloves.</p> <p>At 12:00pm, V12 with gloved hands, opened the cooler door, retrieved item out of cooler and shut the door. She then doffed her dirty gloves and donned a pair of clean gloves without benefit of hand hygiene.</p> <p>V13, Evening cook, entered kitchen without appropriate hair restraint on. V13 did not perform hand hygiene nor did he don gloves and brought plates to V12 for the lunch service. V13 entered the refrigerator, with a plate and took precooked hamburgers. V13 then warmed the hamburger in the microwave up to 110F. V13 still did not have a hair restraint on. V13 placed hamburgers on the plates with a gloved hand. V13 then opened the cooler and took a piece a sliced cheese out of a container that was not covered nor was it labeled. V13, did not perform hand hygiene nor did he change his gloves. At 12:30 pm, V13 was cooking grilled cheese and boiling noodles on the stove without a proper hair restraint on.</p> <p>On 02/25/2025 at 12:55 pm V12 opened the cooler door and covered the cheese slices and the lid was not dated.</p> <p>On 02/25/2025 at 1:00 pm V14, Maintenance Director, with long dread locks, was not wearing a hair restraint, walked through the kitchen where food was being prepared on the stove top that was not covered and went through the break room door at the other end.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 02/27/25 at 11:15 AM, V12, Dietary Manager, stated that all food should be covered, labeled and dated. She also stated that when they change gloves they should wash their hands in between glove changes. V12 continued to state that hair restraints need to be worn by all staff if they are in the kitchen. V12 also stated that no staff beverages, not even hers should be consumed in the food preparation area.</p> <p>The facility's policy, Food and Supplies: Storage, undated, documented, 4. Prepared foods stored in the refrigerator until service will be covered, labeled, and dated with and expiration date. It continues, 6. 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.</p> <p>The facility's policy, Staff Hygiene/Hair Nets, undated, documented, D. Hairnets or coverings shall be worn at all times in the Dietary Department and applied appropriately to keep hair from contacting exposed food, clean utensils and single-service/use items, if unwrapped. It continues, 3. Hygiene practices include the following in addition to those identified in Section I for all facility personnel: a. Employees shall eat, drink or use an form of tobacco only in designated areas outside the food preparation, storage or serving area. It continues, 4. Dietary employees will adhere to the facility hand hygiene policy and will perform hand hygiene as follows: a. Before preparing food or putting on gloves .</p> <p>The facility's Long-term Care facility Application for Medicare and Medicaid, dated 2/26/2025, documented that there was 99 residents residing in the facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40701</p> <p>Based on observation, interview and record review the Facility failed to follow their policy and prevent the potential spread of infection by not utilizing Personal Protective Equipment (PPE) while providing direct care, as well as complete hand hygiene between glove changes for 5 of 5 residents (R52, R8, R45, R27 and R60) reviewed for Transmission Based Precautions (TBP) in the sample of 59.</p> <p>Findings include:</p> <p>On 2/24/2024 at approximately 9 AM, the B hall of the Facility was toured. Upon observation, there were no rooms with signage of TBP nor were there any Personal Protective Equipment (PPE) present.</p> <p>1. The Facility's Matrix provided on 2/24/2025 documents R52 a pressure ulcer (open wound), catheter and a Gastroenteric tube (G tube- a tube in the stomach to deliver nourishment/medications).</p> <p>R52's Face sheet dated 2/25/2025 documents R52 has a pressure ulcer and a G-tube.</p> <p>On 2/24/2025 at 10:19 AM, V16, Wound Nurse, was observed exiting R52's room and stated she had just completed R52's dressing changes to her wounds. V16 did not have any PPE on her person.</p> <p>On 2/26/2025 at 10:35 AM, V8, Certified Nursing Assistant (CNA) and V17, CNA were observed performing catheter care to R52. Neither V8 or V17 donned PPE prior to or during catheter care.</p> <p>On 2/26/2025 at 2:30 PM, V16 stated she was not familiar with EBP in relation to wounds.</p> <p>On 2/26/2025 at 2:35 PM, V17 stated she was not familiar with EBP, but she does have residents with G-tubes, wounds and catheters on her hall and under her care.</p> <p>2. The Facility's Matrix provided on 2/24/2025 documents R8 has a pressure ulcer, tube feeding and catheter.</p> <p>On 2/25/2025 at 9:30 AM, V8 was observed providing R8 incontinent care and in direct contact. V8 did not have a gown on.</p> <p>3. The Facility's Matrix provided on 2/24/2025 documents R45 has a pressure ulcer and catheter.</p> <p>On 2/24/2025 at approximately 9:00 AM, R45 was observed with a catheter bag draining clear yellow urine. R45 stated the Facility staff clean his catheter every day, but do not wear a gown while performing the procedure.</p> <p>4. The Facility's Matrix provided on 2/24/2025 documents R60 has a pressure ulcer (open wound) and a Gastroenteric tube (Gtube- a tube in the stomach to deliver nourishment/medications).</p> <p>(continued on next page)</p>		

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/25/2025 at 1:30 PM, V27, Certified Nursing Assistant (CNA) and V28, CNA were observed providing incontinence care. R60 was also receiving his feeding via G-tube. Neither V27 or V28 wore a gown during the procedure. V27 was observed using the same gloves after providing urine and bowel incontinent care, to apply a new clean adult brief and repositioning. V27 did not perform hand hygiene after providing incontinent care and removing gloves. V27 then performed oral care to R60 without gloves.</p> <p>On 2/26/2025 at 1:40 PM, V2, Director of Nursing/Infection Preventionist stated the Facility does not have any residents on EBP currently. At this time, V18, Regional Nurse Consultant, asked V2, We don't have anyone with G-tubes? V18 then continued to inform V2 that any resident with wounds, g-tubes and catheters require TBP. At this time, V2 stated she will provide a list of residents she will initiate EBP for.</p> <p>On 2/26/2024 at 3:10 PM, V2 provided a list of residents she is going to initiate EPB on and includes R8 due to her G-tube, R60 for his G-tube, R45 for his catheter and R52 for her catheter, G-tube and wounds.</p> <p>On 2/27/2025 at 1:22 PM, V2 stated she would expect hand hygiene to be performed in between clean and dirty surfaces and she was aware that V27 did not. V2 stated it was unacceptable.</p> <p>The Facility's Policy EBP policy, undated documents, Enhanced Barrier Precautions (EBP): recommendations now include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multidrug- resistant organism status. Personnel: Personnel providing direct care. Personal Protective Equipment: gown and gloves. Policy: EBP may be considered and implemented for: wounds and/or indwelling medical devices (central line, feeding tube, tracheotomy, drains, etc.). It continues to document, Sign will be posted to door to notify that on EBP to notify family and visitors.</p> <p>40650</p> <p>5. On 02/25/2025 3:10 PM V6, LPN retrieved medication for R60. V6 performed hand hygiene and donned gloves. V6, LPN, during medication administration, stopped and stated I have to change my gloves. V6 went to the medication cart, discarded gloves and donned a new pair of gloves without benefit of hand hygiene.</p> <p>On 02/27/2025 at 11:36 AM, V15, Registered Nurse, stated that when she changes gloves, during a medication pass, she will wash her hands in between glove changes.</p> <p>On 02/27/2025 at 11:40 AM, V26, Licensed Practical Nurse, stated that if she has to change her gloves during the medication pass, she will wash her hands before putting on new gloves.</p> <p>The facility's policy, Medication Administration, undated, documented, II. Wash hands before and after medication administration. III. Gloves will be worn to administer medication when contact with blood or potentially infectious body fluid is anticipated.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. On 02/25/2025 at 8:50 am, V5, CNA, performed incontinent care on R27. V5 did not dry washed areas nor did she cleanse the R27's bilateral thighs. V5 then rolled R27 on to her right side, tucked the dirty bedding underneath R27. V5 changed gloves without benefit of hand hygiene, V5 donned gloves, took a care wipe out of the package, laid it down on R27's mattress to fold it and then picked it up and cleansed R27, rectal area from front to back. V5 repeated this pattern 2 more times. V5 then rolled R27 onto her her right side, again, took and care wipe, laid it on the bare mattress and folded it over, then picked it up and cleansed R27's rectal area again.</p> <p>R27's MDS dated [DATE], documented that her cognition was intact and that she was always incontinent of her bowels and bladder.</p> <p>R27's Care Plan, dated 6/22/2021, documented an intervention, Provide incontinence care per facility protocol.</p> <p>R27's Physician's order sheet, dated 2/2025, documented diagnoses of Retention of Urine and Parkinsonism.</p> <p>On 02/27/2025 at 11:15 AM, V26, Certified Nurse Assistant, (CNA) stated that she would wash her hands in between changing gloves when performing incontinent care.</p> <p>On 02/27/2025 at 11:20 AM, V7, CNA, stated that he would wash his hands in between changing gloves when performing incontinent care.</p> <p>On 02/27/2025 at 11:20 AM, V20, CNA, stated that she would wash her hands in between changing gloves when performing incontinent care.</p> <p>The facility's policy, Perineal Care, undated, documented, XII. Remove gloves. Wash hands or use alcohol-based hand sanitizer. XIII. Put on clean gloves.</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>40701</p> <p>Based on interview and record review, the Facility failed to ensure preventative health vaccines such as Respiratory Syncytial Virus (RSV) and Pneumonia (PNU) were administered to those who gave consent and wished to receive them for 2 of 5 residents (R8 and R78), reviewed for immunizations, in the sample of 59.</p> <p>Findings include:</p> <p>1. R8's RSV Vaccine Consent Form and Pneumococcal Vaccine Consent Form documents, I give consent and was signed by R8's Power of Attorney (POA) on 10/22/2024. The second pages of the Forms are not completed/blank.</p> <p>R8's Face sheet dated 2/25/2025 documents R8 has a diagnosis of Chronic Obstructive Pulmonary Disease (COPD).</p> <p>2. On 2/25/2025 at 9:30 AM, R78 stated she was admitted to the Facility in October 2024. R78 stated she was asked about receiving the PNU vaccination, she wanted and agreed to receive it, but has not heard anything else about it.</p> <p>R78's Pneumococcal Vaccine Consent Form documents, I give consent and was signed by R78 on 10/23/2024. The second page of the Forms are not completed/blank.</p> <p>On 2/25/2025 at 10:15 AM, V3, Assistant Director of Nursing (ADON) stated R8 has a signed consent for the PNU/RSV vaccination but has not received either of them yet. V3 stated there was a RSV/PNU clinic held in January 2025. V3 stated if a resident receives the vaccination, the second page of the consent will be filled out have a stamp (a label with the lot number and manufacturer). V3 stated the PNU vaccine was the only one R78 consented to receiving.</p> <p>On 2/27/2025 at 9:06 AM, V2, Director of Nursing (DON) stated the Facility had a RSV/PNU clinic on 1/9/2025 and came back on 1/28/2025. V2 stated she believe R78 was sick at the time of the clinic and that is why she did not receive it. V2 stated she is unsure why R8 did not get the PNU/RSV vaccine at the January clinic, but would find out.</p> <p>The Facility's Influenza/Pneumococcal/RSV Immunizations Policy, undated, documents, Purpose: To minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza and pneumococcal pneumonia. It continues to document the residents medical record includes documentation that indicates, at a minimum, that the resident either received or did not receive the immunizations due to medical contraindications or refusal.</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have policies on smoking.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40650</p> <p>Based on observation, interview and record review, the facility failed to provide storage that locks for residents smoking materials, including vapes, lighters and tobacco and failed to provide supervision during smoking times for 8 of 8 (R32, R38, R68, R69, R76, R82, R148 and R149) residents reviewed for smoking.</p> <p>Findings include:</p> <p>1. On 02/25/2025 at 10:00 am, R32 was outside of the facility, smoking. No staff was outside at this time.</p> <p>On 02/26/2025 at 1:40 PM, R32 was coming inside the facility from having a cigarette. R32 was asked where he stores his cigarettes and lighter when he is not smoking, he stated, In my pocket. We don't lock up our cigarettes and lighters. We don't have anywhere to lock them up so other residents can't get to them.</p> <p>R32's Smoking assessment, dated 10/17/2024, documented that he was independent with smoking.</p> <p>R32's MDS, dated [DATE], documented that his cognition was intact.</p> <p>R32's Physicians order sheet, dated 2/2025, documented diagnoses of Peripheral Vascular Disease and Hypertension.</p> <p>R32's Care plan, dated 2/5/2025 does not document interventions for safe smoking.</p> <p>2. On 2/26/2025 at 12:45PM, R38 went outside of the facility, in his wheelchair down the ramp and at the end of the ramp, removed his nasal cannula, put it on top of his head, and covered it with a towel. R38 then took a lighter and cigarette, out of his pocket and lit his cigarette. R38 was asked where he kept his lighter and cigarettes when he isn't smoking, he stated that he keeps them in his pocket and at night on his table. R38 stated, No, when asked if he has been provided a lock box or a locked cabinet to store his cigarettes and lighter in when he wasn't smoking. There were no staff members outside during this time.</p> <p>R38's Smoking Assessment, dated 9/15/2024, documented that he was independent for smoking but the assessment did not document any questions about if a resident was on oxygen.</p> <p>R38's MDS, dated [DATE], documented that his cognition was intact.</p> <p>R38's Physician's orders, dated 2/2025, documented diagnoses of Acute Respiratory Failure with Hypoxia and Type 2 Diabetes.</p> <p>R38's Care plan, dated 9/6/2024, did not document interventions for safe smoking.</p> <p>(continued on next page)</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 2/26/2025 at 1:45 PM, R68 stated that he keeps his cigarette and lighter in his room or in his pocket when he goes out and stated that they do not have a locked box or locked cabinet in their room to store their cigarettes and lighters.</p> <p>R68's Smoking Assessment, dated 3/12/2024, documented that he was independent for smoking.</p> <p>R68's MDS, dated [DATE], documented that his cognition was intact.</p> <p>R68's Physicians order sheet, dated 2/2025, documented diagnoses of Emphysema, COPD and Bipolar Disorder</p> <p>R68's Care plan, dated 2/20/2025 did not document interventions for safe smoking.</p> <p>4. On 02/24/2025 at 01:55 PM, R69 and her roommate, who was also a smoker were outside smoking. There was not a staff member outside at this time.</p> <p>On 2/25/2025 at 1:40 PM, R69 stated that she don't smoke, and that she needs to keep herself clean.</p> <p>R69's MDS dated [DATE] documented that her cognition was intact.</p> <p>R69's Smoking Assessment, dated 12/4/2024 documented that she was independent for smoking.</p> <p>R69's Physicians Order, dated 2/2025, documented diagnoses of Bipolar Disorder and Depressing.</p> <p>R69's Care Plan, dated 12/13/2024 does not document interventions for safe smoking.</p> <p>5. On 2/26/2025 at 1:30 PM R76 was lying in bed asleep with a electronic cigarette on a string hanging around his neck.</p> <p>On 2/26/2025 at 2:00 PM R76 was awake lying in bed with the electronic cigarette, on a string, hanging around his neck. R76 does not have fingers on any of his hands. R76 stated that he does not keep his vape (electronic cigarette) locked up in his room because it stays around his neck and he also stated that he does not use it in his room. Also stated that he does not have a lock box or a locked cabinet in his room.</p> <p>R76's Minimum Data Set, dated dated [DATE] documented that his cognition was intact.</p> <p>R76's Smoking Assessment, dated 7/11/2024, documented that he was independent with smoking.</p> <p>R76's Physician's orders, dated 2/2025, documented diagnoses of Type 2 Diabetes, Bipolar Disorder and Anxiety Disorder.</p> <p>R76's Care plan, undated, did not have smoking interventions in place.</p> <p>6. On 02/25/25 at 10:10 AM R82 was outside of the facility, smoking. There were no staff outside at this time.</p> <p>(continued on next page)</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/26/2025 at 1:40 PM, R82 was coming in from outside of the facility, he stated that he just got done smoking. R82 stated that he keeps his cigarettes and lighters on him and that he doesn't have anyway of locking them up.</p> <p>R82's Smoking assessment, dated 10/4/2024, documented that he was independent for smoking.</p> <p>R82's MDS, dated [DATE], documented that his cognition was moderately impaired.</p> <p>R82's Physicians order sheet, dated 2/2025, documented diagnoses of Metabolic Encephalopathy, Anxiety Disorder and altered mental Status.</p> <p>R82's Care Plan, dated 10/0/2024 did not document interventions for safe smoking.</p> <p>7. 02/27/25 08:26 AM 02/24/25 01:55 PM R44 and her roommate, who was also a smoke were outside smoking. There were no staff members outside during this time.</p> <p>02/25/25 09:09 AM R44 stated that she smokes and that she keeps her lighter and cigarettes in her coat pocket in her room. R44 stated that she can go outside at anytime and smoke when she wants to and no one has to be outside with her.</p> <p>MDS dated [DATE] documented that her cognition was intact</p> <p>R44's care plan dated 2/4/2025 did not document interventions for smoking.</p> <p>R44's Smoking assessment dated [DATE] documented that she was independent for smoking.</p> <p>R44's Physician order sheet dated 2/2025, documented diagnoses of Paranoid Schizophrenia and Type 2 Diabetes.</p> <p>8. On 2/24/2025 at 8:20 AM, R149 was outside of the facility smoking a cigarette. There were no staff members outside during this time.</p> <p>On 02/25/25 at 1:35 PM R149 stated, I keep my cigarettes and lighter in my pocket. R149 was asked when he is asleep at night where does he put his cigarettes and lighter, R149 stated on my table. R149 was asked if he has a lock box or a lock for a cabinet in his room, he stated, No.</p> <p>R149's Smoking assessment, dated 1/28/2025, documented that he was independent.</p> <p>R149's Minimum Data Set, dated [DATE], documented that his cognition was intact.</p> <p>R149's Physician's order sheet, dated 2/2025, documented diagnoses of Cardiomyopathy and Acute Kidney failure.</p> <p>R149's Care Plan, 2/5/2025, does not document interventions for safe smoking.</p> <p>On 2/26/2025 at 12:10 PM, V10, Social Services Director, stated that she does the smoking assessments and they are not scanned into the computer system and that she keeps them in her office.</p> <p>(continued on next page)</p>		

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<p>F 0926</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/26/2025 at 2:20 PM, V10, Social Services Director, stated that none of them are smoking in their rooms and that the CNA's when they do their rounds they check on it. She continued to stated that all these guys go out and smoke together and it is at their leisure. State agency surveyor then asked her about what if they have any residents who wonders in and out of the rooms that may take items out of residents rooms. She stated, No one wonders and if they were that bad and demented we would send them to their other facility that is a locked facility. she was then again asked her when she fills out this safety assessment how does she determine how the residents will store their cigarettes, lighters and vapes in their room and she said, Well they are all cognitive enough and we trust them.</p> <p>On 02/27/2025 at 11:15 AM, V26, Certified Nursing Assistant, (CNA), stated that when they do rounds they check on the smokers and make sure they aren't smoking in their rooms.</p> <p>On 02/27/2025 at 11:20 AM, V7, CNA, stated that when they do rounds they check on the smokers and make sure they aren't smoking in their rooms.</p> <p>On 02/27/2025 at 11:25 AM, V20, CNA, stated that when they do rounds they check on the smokers and make sure they aren't smoking in their rooms.</p> <p>The facility's policy,Smoking by Residents, undated, documented, X. All smoking materials will be stored in a secure area to ensure they are kept safe. Based on the individual resident smoking safety assessment, Facility Staff shall determine the most appropriate method of secure storage. A. Examples of secure areas include but are not necessarily limited to: i. Locked drawers or cupboards in the resident's room. ii. locked box in a resident's room. iii. Labeled box in a locked medication room and clearly identified with the resident' name and room number. It continues, XII. All smoking sessions will be supervised by facility staff members.</p>		