

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Edwardsville Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 751 Blake Street Edwardsville, KS 66111	
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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility identified a census of 93 residents. The sample included three residents. Based on observation, record review, and interview, the facility failed to ensure Resident (R) 2 remained free from verbal abuse. On 01/19/26 at approximately 03:20 PM, Dietary Staff (DS) BB verbally abused R2, and Certified Medication Aide (CMA) R had to step between DS BB and R2 in order to assist R2 out of the situation. Per the interview with Administrative Staff A and CMA R, DS BB called R2 an [expletive] during the incident. The facility's failure to ensure staff did not verbally abuse residents placed R2 in immediate jeopardy. Findings Included:- R2's Electronic Medical Record (EMR) documented diagnoses of paranoid schizophrenia (chronic mental health condition characterized by intense, irrational suspicions, persecutory delusions, and auditory hallucinations), anxiety disorder (mental health condition characterized by persistent, excessive fear or worry that is out of proportion to actual danger and interferes with daily life), shortness of breath, and malignant neoplasm of the breast (breast cancer). The Quarterly Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. The MDS documented R2 was independent for Activities of Daily Living (ADL). The Cognitive Loss/Dementia Care Area Assessment (CAA) dated 07/11/25 documented R2 had periods of inattention and disorganized thinking. R2 had diagnoses of paranoid schizophrenia and anxiety. The CAA documented R2 had been psychotic (loss of contact with reality, characterized by symptoms like hallucinations and delusions) and voiced delusions. R2 could stay focused during the beginning of the conversation, but as the conversation went on, R2 became more delusional. The CAA documented R2 continued to be at risk for fluctuations in cognition. R2's 01/07/17 Care Plan documented R2 had a diagnosis of paranoid schizophrenia. The Care Plan documented the following interventions: 06/05/21 - Staff were to allow R2 to voice needs and concerns, redirect or offer distraction as needed. 01/07/17 - Staff were to avoid colliding with hallucinations, delusions, or attempts to argue, the resident of delusions. 09/28/17 - Staff would know if R2 was escalating, staff were to attempt to redirect R2 to a quiet area where R2 could calm down. Staff would also consider giving R2 as needed medication to help R2 feel better. Staff were directed to recognize that it may be difficult to redirect R2 when she was delusional. Staff needed to be patient with the resident and offer quiet reassurance. 01/12/17 - Staff were to encourage R2 to express her feelings or concerns and will address them as appropriate. This may include encouraging R2 away from the triggering situation to prevent further escalation and assist with de-escalation. 01/12/17 - Staff were to interact with R2 in naturally occurring situations to build rapport and monitor for possible precursors to socially inappropriate behaviors. An IDT Note: General dated 01/19/26 documented R2 was at 03:00 PM snack pass. R2 was yelling and screaming with another staff member. The note documented that both the staff and R2 were separated. The facility's investigation CP2721160 documented it was reported to Administrative Staff A that DS BB was shouting in the dining room at R2. DS BB was sent home</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 175245
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