Illinois D	epartment of Public	Health			FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		3) DATE SURVEY COMPLETED	
		IL6002711	B. WING		C 11/18/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•		
EVERCA	RE AT UNIVERSITY		/ERSITY DR				
		EDWARD	SVILLE, IL 6	2025			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Complaint investiga	ition					
	2449131/IL180553 2449251/IL180784 2449283/IL180830						
S9999	Final Observations		S9999				
	Statement of Licens 300.610a) 300.1210b) 300.1210d)3)	sure Violations:					
	Section 300.610 Re	esident Care Policies					
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed					
	Section 300.1210 G Nursing and Persor	General Requirements for nal Care					
	care and services to practicable physical well-being of the re- each resident's con	shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care properly supervised nursing					
	tment of Public Health / DIRECTOR'S OR PROVID ically Signed	ER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE 11/21/24	

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If continuation sheet 1 of 5

ublic Health S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		(X3) DATE SURVEY COMPLETED	
IL6002711	B. WING	C 11/18	8/2024
PLIER STREET A	ADDRESS, CITY, STATE, ZIP CODE		
ITY			
IENCY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTI TAG CROSS-REFERENCED TO T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
onal care shall be provided to each et the total nursing and personal the resident. ant to subsection (a), general hall include, at a minimum, the shall be practiced on a 24-hour, reek basis: bjective observations of changes i ndition, including mental and nges, as a means for analyzing an are required and the need for I evaluation and treatment shall be ng staff and recorded in the lical record. envation, record review, and facility failed to assess and provide pain management for 2 of 3 and R7) reviewed for pain in the his failure resulted in R4 being in eing unable to participate in de: 124 at 1:17 PM, R4 stated he did in medication for several days afte stated, "That was not good for me	r	Υ)	
	PLIER STREET A IDENTIFY IDENTIFY IDENTIFY RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION) IDENTIFYING INFORMATION IDENTIFYING INFORMATION IDENTIFY ING INFORMATION IDENTIFY INFORMATION IDENT	PLIER STREET ADDRESS, CITY, STATE, ZIP CODE STTY 1095 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025 RY STATEMENT OF DEFICIENCIES DENCY MUST BE PRECEDED BY FULL YOR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF O (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC) Im page 1 S9999 onal care shall be provided to each the the total nursing and personal the resident. S9999 onal care shall be provided to each the the total nursing and personal the resident. S9999 onal care shall be provided to each the the total nursing and personal the resident. S9999 bipective observations of changes in undition, including mental and nges, as a means for analyzing and are required and the need for al evaluation and treatment shall be ng staff and recorded in the dical record. Senter Add the add in the this failure resulted in R4 being in eing unable to participate in dec: 224 at 1:17 PM, R4 stated he did in medication for several days after - stated, "That was not good for me, is at an 8." R4 stated they were	PLER STREET ADDRESS, CITY, STATE, ZIP CODE SITY 1095 UNIVERSITY DRIVE EDWARDSVILLE, IL 62025 YSTATEMENT OF DEFICIENCIES TAG PREVENT BE PRECEDED BUT PULL OR LSC IDENTIFYING INFORMATION) TAG PREVENT BE PRECEDED DE BY FULL OR LSC IDENTIFYING INFORMATION) TAG PREVENT BE PRECEDED DE BY FULL PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG DEFICIENCY TAG DEFI

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 11/18/2024		
		IL6002711			11/	18/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S			
EVERCA	RE AT UNIVERSITY		VERSITY DRI' SVILLE, IL 62			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	E APPROPRIATE	COMPLET
S9999	Continued From page 2		S9999			
	 5-325 Milligram (mg) administer 1 tablet every 8 hours as needed (prn). R4's MAR history documents start date 11/1/2024. R4's MAR history does not document R4 receiving pain medication until 11/8/2024. R4's Face sheet dated 10/29/2024 documents a diagnosis in part of low back pain, and pressure ulcer of sacral region stage 4. R4's progress notes dated 10/29/2024 at 10:51 AM document R4 arrived at the facility per ambulance. R4's progress notes dated 10/30/2024 at 1:53 PM documents a call placed to the hospital regarding the hard script required for the Norco order that was sent with R4 upon discharge. R4's progress notes document the hospitalist that discharged R4 on 10/29/2024 is not available. R4's progress notes document order will be entered once a hard script is provided or hospital escribes. R4's progress notes dated 11/1/2024 at 1:10 PM document a 					
	2. On 11/13/2024 at the dining room in a stated being in pair a scale of 1-10. R7 belly. R7 said he ge while. On 11/13/2024 at 2 into the therapy roo 2:54 PM, V9, COTA Therapy Aid) has a the therapy room. S cramping stated the before I brought him in pain. On 11/13/20	espital about the Norco script. t 2:21 PM, R7 was sitting in a wheelchair, moaning. R4 a. R4 described pain at a 7 on indicated his pain was in his ets pain medication once in a 2:50 PM, R7 was being pushed in a wheelchair, moaning. A (Certified Occupational heat pack on his abdomen in Stated trying to relieve ey gave him pain medication in down. R7 continues to moan 024 at 2:55 PM, V9 pushed boom to his room R7,				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C		
		IL6002711	B. WING		11/	18/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
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		EDWARD	SVILLE, IL 62	2025		
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	continually moaning in pain. On 11/13/2024 at 2:58 PM, V9 reported to the nurse R7 reported pain 7 out of 10. the nurse enters the room and asks if in pain R7 says belly. And asks if R7 needs to go to the Bathroom or wants a drink. No type of abdominal assessment was performed when the surveyor asked if the nurse had done any assessment and stated that I had been in there a couple of times. I gave him Tylenol 30 minutes ago. 3:03 PM remains up in wheelchair in room moaning in pain. The nurse then goes to the nurses' station where (V16), the Medical Director, is across from the station. nurse is V11, LPN. 3:12 PM placed in bed by mechanical lift by V12, Certified Nursing Assistant (CNA), V13 CNA, V12, and V14 CNA. V13, CNA stated, "He is yelling for no apparent reason."					
	has the potential for polyneuropathy, intervenous insufficience Disease (GERD), F (PVD), old meniscu unspecified lateral r injury, and chronic. the following interver pain medications as Assess for pain ever observe and report usual routine, sleep functional abilities, or resistance to care, r signs/symptoms of breathing (noisy, de vocalizations (grunt silence); mood/beh restless, aggressive	d 1/26/2023, documents R7 r pain related to diagnosis of erstitial pulmonary disease, y, Gastroesophageal Reflux Pulmonary Vascular Disease s bucket tear, derangement of meniscus due to an old tear or R7's Care plan documents entions 10/27/2024 administer s per orders 10/27/2024 ery shift and document results, to the nurse changes in the patterns, decrease in decrease ROM, withdrawal or record/report to nurse any non-verbal pain. Changes in eep/shallow, labored, fast/slow; ing, moans, yelling out, avior changes(more irritable, eness, squirmy, constant sician for adjustment in pain				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COM	E SURVEY PLETED
	IL6002711		B. WING			18/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
EVERCA	RE AT UNIVERSITY		VERSITY DRIN SVILLE, IL 62			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	hydrocodone0aceta twice daily, starting list fails to documer R7's prescription or mouth twice a day s 11/13/2024 with not On 11/13/2024 at 2 (R7's) pain medicat script had not been On 11/13/2024 at 1 Nursing (DON), sta have pain medication The facility policy for policy documents th accurate assessme resident's pain. The staff is responsible or maintain their hig working to prevent of The policy documents administer pain medication Medication Adminis policy documents th pain or if the pain has nurse will notify the medication. The policy the	or pain management undated ne purpose of ensuring ent and management of the e policy documents that facility for helping the resident attain ghest level of well-being while or manage the resident's pain. Ints the licensed nurse will dication as ordered, and tion administered on the stration Record (MAR). The nat if there is a new onset of as changed, the licensed physician to review the licy documents that nursing timely interventions to reduce				