Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
					C 12/02/2024	
		IL6002729	B. WING			
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S IARY DRIVE	STATE, ZIP CODE		
EVERCA	RE AT EDWARDSVIL		SVILLE, IL	62025		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2449609/IL181442				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210a) 300.1210b)					
	Section 300.610 R	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 shal	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	facility, with the part the resident's guard applicable, must de comprehensive car includes measurabl meet the resident's and psychosocial n	sive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a e plan for each resident that le objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which				
	tment_of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE
	ically Signed					12/13/24
	N		6899 8	3QYK11	lf continu	ation sheet 1 o

	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		IL6002729	B. WING			02/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
EVERCA	ARE AT EDWARDSVIL		ARY DRIVE	2025		
(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) COMPLETE DATE
\$9999	allow the resident to practicable level of provide for discharger restrictive setting bar needs. The assess the active participater resident's guardian applicable. (Section b) The facility sector care and services to practicable physical well-being of the resident's com- plan. Adequate and care and personal of resident to meet the care needs of the resident to sample of 6. This factor several doses of pactor discomfort and experiment withdraw Findings include: On 11/26/2024 at 9 wishes to remain an "Sometimes (R1) ru (medication). I am ru the doctors fault. It re-order so we show	b attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with ion of the resident and the or representative, as a 3-202.2a of the Act) shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal esident. were not met as evidenced by: and record review, the Facility n medications were readily stration in order to prevent comfort for 1 (R1) of 3 for opioid medications, in the ailure caused R1 to miss in medication, resulting in eriencing symptoms of				

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AME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
VERCA	ARE AT EDWARDSVIL		IARY DRIVE DSVILLE, IL 6	2025			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
S9999	Continued From pa	ge 2	S9999				
	(Controlled substar out the other day (p It was 11/22 (2024) She claims her pair On 11/26/2024 at 1 Oxycodone becaus stated, "Every mon another script (pres calls. The doctor is else and the nurse script, but they put of rehab (rehabilitat heave, get hot then can't even make it f bathroom. I don't le completely. They de I'm going to run out with it. They go thro (medication card) at I mean come on! La back Monday. I wer Director of Nursing. Practical Nurse (LP messages but still f almost to the point accident' just so I c my medicine. Not s something." R1's Minimum Data documents R1 is co documents R1 had PRN (as needed) p non-medication inter	an't write those scripts ace prescriptions). (R1) was pain medication not available). and she was out a day or two in is 5-10 on the pain scale." 0:03 AM, R1 stated she takes e her "hip deteriorated". R1 th, it's no surprise- I need scription). They make phone either on vacation or whatever practitioner can't write the her in charge. I have a history tion) and withdraw. I dry cold. It's no fun to deal with. I from here (the bed) to the ave my room. I shut down on't give me a 'heads up' that t, but every month I'm dealing bugh a whole sheet and no one thinks to re-order it- ast week I was out. I just got it th 7 days without it. I told (V2, DON) and (V12, Licensed PN). They call and leave here I sit in agony. I was of causing myself 'an ould go to the hospital to get uicide or anything, just a fall or a Set (MDS) dated 9/11/2024 ognitively intact. It further not received scheduled or ain medications nor received erventions for pain. It further Assessment Interview should					

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		IL6002729	B. WING			C 02/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	REET ADDRESS, CITY, STATE, ZIP CODE				
	RE AT EDWARDSVIL	401 ST M	IARY DRIVE				
EVERCA		EDWARI	DSVILLE, IL 6	2025			
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S9999	Continued From pa	ige 3	S9999				
	documents, "Oxyco one tablet by mouth	odone 5 mg (milligrams)- take n twice daily."					
	has potential for pa Observe the effecti (every) shift. Review symptoms, dosing	ed 11/13/2024 documents R1 in/discomfort and "Approach: veness of pain interventions q w for compliance alleviating of schedules and resident sults, impact on functional on cognition."					
	"(R1) has complain to) right hip and rt (ed 11/27/2024 documents, ts of chronic pain r/t (related right) knee. Administer ons as ordered by pcp (primary	y				
	10/27/2024-11/26/2 receive Oxycodone 11/19/2024, 11/20/2 "Drug/item unavaila received Oxycodon rated her pain at 8 continues to docum	ministration History dated 2024 documents R1 did not 5 mg on 11/18/2024, 2024, and 11/21/2024 due to able". It further documents R1 te 5 mg on 11/17/2024 and on a 1-10 pain scale. It nent R1 received her n 11/22/2024 and rated her -10 pain scale.					
	10/1/2024-10/31/20 not administered: n 7 PM doses. It furth "10/12/2024-Drug/I script from M.D (Me	tem Unavailable. Awaiting edical Doctor)." It continues to 2024-Drug/Item Unavailable.					
		es dated 10/17/2024 document was made aware of the need prescription.	t				

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		IL6002729	B. WING			02/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VERCA	RE AT EDWARDSVIL			2005		
			DSVILLE, IL 62			(1.1-)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	documents V3 spol	es dated 10/18/2024 ke with the pharmacy for R1's oxycodone				
	On 11/26/2024 at 2:36 PM, V3, Assistant Director of Nursing (ADON) stated, "All I'm going to say is I can't make someone do something. I notified the doctor we needed a script. That's all I can tell you. She (R1) told me she had been without her medicine. I reached out again and finally got her meds (medication) in."					
	aware R1 was out of "(V3) reached out to how many doses sh Practitioner (NP) bu (Drug Enforcement	:41 PM, V2, stated he was of her medicine. V2 stated, o the doctor. I am not sure ne missed. (V13) is our Nurse ut she does not have her DEA Agency) number (required to ostance medications). "				
	know (R1) missed of me when I was off f missed some too. I We kept calling pha send the script to p They have to have could get it from the kit). It's a script thin it. (V3) checks but s	:49 AM, V12, LPN, stated, "I one dose for me, but they told for a couple days she had got the script from (V14, NP). armacy. If the doctor doesn't harmacy-they won't send it. the script re-newed or else we be Ekit (Emergency medicine g. (R1) gets very upset about sometimes it happens. She ht if she didn't get her				
	R1's Quarterly Pain is incomplete.	Assessment dated 6/5/2024				
		:55 PM, V2 stated, "(R1) a diagnosis for the pain.				

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002729		CONSTRUCTION	- (X3) DATE SURVEY COMPLETED - C - 12/02/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	IATE, ZIP CODE	•	<u></u>	
EVERCA	RE AT EDWARDSVIL		ARY DRIVE	2025			
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\$9999	but they don't show quarterly pain asser- complete and she s again in September her to pain manage On 11/27/2024 at 2 has been on oxycor and chronic pain sy as she is not going cover the pain. The an Opioid pain kille relief." V14 stated s getting opioid medit there is a special pr sometimes the pha V14 stated the Faci she will tell them to stated the pharmace doctor. V14 stated s by and the patients medication. V14 stated by and the patients medication. V14 stated by and the patients medication. V14 stated Dy and the patients medication. V14 stated by and the patients medication. V14 stated Dy and the patients medicati	e X-rays of her knee and hip much. She had her last ssment in June. It is not should have had one done r. We should probably refer ment. 26 PM, V14, NP, stated R1 done long term for neuropathy indrome. V14 stated. "As long through withdraw, Tylenol can relief won't be like receiving r, but can provide short term she was aware of issues with cations refilled. V14 stated					

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S9999	Continued From pa	ge 6	S9999			
	documents, "Purpo assessment and ma pain. Policy: A licen residents for pain o indicated by the res status. Facility staff resident attain or m well-being while wo the resident's pain.' IDT (Interdisciplinar pain assessment for resident identified b pain and at least qu nurse will reassess and eventfully. Pain nurse will administe and document med Medication Administ further documents, timely interventions severity of pain. The the care plan for pain change in treatmen The Facility's Contr Policy dated 10/25// controlled drug can must be in receipt of signed written prese authorized to presc equivalent to a press Therefore, the press must also provide th prescription. The w faxed to the pharma residents." It contin nurse are contacted	Management Policy undated, se: To ensure accurate anagement of the resident's sed nurse will assess n admission and routinely as ident's health and functional is responsible for helping the aintain their highest level of rking to prevent or manage ' It further documents, "The ry Team) committee review the r each newly admitted y the licensed nurse to have larterly thereafter. A licensed the resident for pain quarterly Management: The licensed er pain medication as ordered, ication administered on the tration Record (MAR)." It "Nursing staff will implement to reduce the increase in e licensed nurse will update in management with any t and/or medication." olled Substance Prescription 2024 documents, "Before a be dispensed, the pharmacy of a clear, complete, and cription from a person lawfully ribe. A chart order is not cription for controlled drugs. criber issuing the chart order ne pharmacist with a valid ritten prescription may be acy for long-term care facility ues, "The prescriber and/or d for direction when delivery of e delayed or the medication is				

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ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
EVERCA	RE AT EDWARDSVIL	IF	IARY DRIVE DSVILLE, IL 62	2025		
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\$9999	one refill remains (quantity remains (simultaneously disp contact the facility t medication is neces proactively seek ou from the prescriber is not obtained by t medication would b notified. In this situa	vailable." It continues, "If only C111-Vs?) or only a partial fill C111 the pharmacy will bense the remaining refill, to verify the continuation of the ssary and if necessary at a new, complete prescription for future use. If a prescription for future use. If a prescription be pharmacy before the be 'due again', the facility is ation, the facility may be asked criber for a new prescription	ו			

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