(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		IL6002729	B. WING		02/2	1/2025	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
EVERCA	EVERCARE AT EDWARDSVILLE 401 ST MARY DRIVE EDWARDSVILLE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	Survey					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations					
	300.650c) 300.661						
	Section 300.650 Pe	ersonnel Policies					
	that requires a State contact the Illinois I Professional Regula individual's license	ng any individual in a position e license, the facility shall Department of Financial and ation to verify that the is active. A copy of the license the individual's personnel file.					
	Section 300.661 H Background Check						
	Worker Background	oly with the Health Care d Check Act and the Health ground Check Code.					
	This Requirement is	s NOT MET as evidence by:					
	failed to obtain cond screening, including Registry, the Illinois (IDOC) Sex Offend Search, or the IDOC check to determine criminal history which	and record review, the facility duct pre-employment g the Illinois Sex Offender Department of Corrections er Registry, the IDOC Inmate C Wanted Fugitive Search if employees had a prior ch would disqualify them for has the potential to affect all 94 he facility.					

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

03/14/25 **Electronically Signed**

TITLE

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	
i		IL6002729	B. WING		02/	21/2025	
	PROVIDER OR SUPPLIER	401 ST M	DDRESS, CITY, S' ARY DRIVE DSVILLE, IL 6	,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	Findings include: V11, Activity Director on Illinois Sex Offer Corrections (DOC) Search, or the DOC to her start date. V15, Business Office 2/6/25 with no Illino Offender, DOC Inm Wanted Fugitive chew V16, Certified Nurson 2/13/25 with no Sex Offender, DOC Wanted Fugitive chew V17, CNA, was hire Sex Offender, DOC Search, or the DOC to her start date. V18, CNA, was hire Sex Offender, DOC Search, or the DOC to her start date. V19, CNA, was hire Sex Offender, DOC Search, or the DOC to her start date. V19, CNA, was hire Sex Offender, DOC Search, or the DOC to her start date. V20, CNA, was hire Sex Offender, DOC Search, or the DOC to her start date. V21, Licensed Prace	or, was hired on 1/13/25 with order, Department of Sex Offender, DOC Inmate Wanted Fugitive check prior or see Manager, was hired on is Sex Offender, DOC Sex or the DOC seck prior to her start date. Sing Assistant (CNA), was hired Illinois Sex Offender, DOC Control or the DOC seck prior to her start date. Sed on 12/17/24 with no Illinois Commander Search, DOC Inmate Commander Comma	S9999				

Illinois Department of Public Health

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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	
		IL6002729	B. WING		02/	21/2025	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE			
EVERCA	ARE AT EDWARDSVIL	l F	ARY DRIVE SVILLE, IL 62	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 ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	V22, LPN, was hire her Nursing Licenso	d on 12/30/24 with no copy of e on file.					
	V23, LPN, was hire her Nursing License	d on 12/31/24 with no copy of e on file.					
	"We have never do background checks checks. What is the	PM, V1, Administrator, stated ne the Sex Offender s, or the DOC background e purpose of doing the DOC ving in a facility like this."					
	Resources, stated employee's backgroor the DOC checks was supposed to be	PM, Katie Craig, V25, Human "I have never checked an ound check for Sex Offender . No one has ever told me I e doing that. I even worked at r to this one and did not do					
	3/1/20, documents of the residents, util CMS STRIIPP abus stages include: S, straining new and ex of incidents, investite to the result of the investigation; I, investigations; P, proteinvestigations; and procedures. 4. The employ individuals individuals who have neglect, exploitation property or mistrea.	se and Neglect Policy", dated "This facility, for the protection lizes the seven stages of the se prohibition protocol. These screening potential hires; T, kisting employees; R, reporting gations, and facility response nvestigations; I, identification s or allegations which need estigation of incidents and ection of residents during P, prevention policies and facility will not knowingly or otherwise engage re been found guilty of abuse, n, and misappropriation of tment by a court of law. This s who have findings entered					

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Illinois Department of Public Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6002729	B. WING		02/2	1/2025
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
EVERCA	EVERCARE AT EDWARDSVILLE 401 ST MARY DRIVE EDWARDSVILLE, 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
\$9999	into the State Nurse have had disciplina or her professional body as a result of exploitation, mistreamisappropriation of The Resident Cens Residents, CMS 67	e Aide registry or those who ry action in effect against his license by a state licensure a finding of abuse, neglect, atment of residents or	\$9999			

Illinois Department of Public Health

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