

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007496 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED R-C 04/30/2025 |
| NAME OF PROVIDER OR SUPPLIER EVERCARE OF COLLINSVILLE | | STREET ADDRESS, CITY, STATE, ZIP CODE 614 NORTH SUMMIT COLLINSVILLE, IL 62234 | | |
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| S 000 | Initial Comments First Complaint Certification Revisit to Survey date 3/21/25 Complaint Investigation: 2542316/IL188368 | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violation: 300.610a) 300.1210c) 300.1210d)1) 300.1630d) 300.1630e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the | S9999 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/09/25

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| S9999 | <p>Continued From page 1</p> <p>following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their plan of correction and ensure a resident with a seizure disorder received appropriate interventions to prevent seizures for 1 of 3 residents (R14) reviewed for seizure management in the sample of 3. This failure resulted in R14 missing 10 doses of his anti-seizure medications as ordered by the physician, in turn requiring evaluation and treatment at the emergency room (ER) following seizure activity.</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>Findings include:</p> <p>R14's facesheet dated 4/29/25 documents his diagnosis to include epilepsy, unspecified, intractable, without status epilepticus and localization-related (focal) (partial) symptomatic epilepsy, epileptic syndromes with complex partial seizures, intractable, without status epilepticus, and other seizures.</p> <p>R14's Minimum Data Set (MDS) dated 3/23/25 documents he is alert and oriented.</p> <p>R14's undated care plan documents he is at risk for seizure activity and interventions for this care plan include implementing seizure precautions per facility guidelines.</p> <p>R14's undated care plan also documents the problem (R14) has had an actual fall with no injury related to having a seizure, interventions for this care plan include continuing interventions on the at-risk plan and for no apparent acute injury, determine and address causative factors of the fall.</p> <p>R14's care plan dated 4/29/25 documents "The resident has a seizure disorder. Interventions for this care plan include give seizure medications as ordered by doctor. Monitor/document side effects and effectiveness."</p> <p>R14's progress note dated 3/31/25 at 10:32 AM documents (IDT) Interdisciplinary team met to review residents witnessed fall. Care plan reviewed and updated. Resident is at risk for fall related to: epilepsy, anemia, depression, anxiety, and anti-epileptic use. Current fall interventions include seizure precautions. Root cause of fall: breakthrough seizure. Intervention: Sent to ER</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>for evaluation and treatment.</p> <p>R14's medication administration record (MAR) dated 3/1/25-3/31/25 documents R14 did not receive his oxcarbazepine (anti-seizure medication) oral tablet 600 mg (milligrams) two tablets at 6:00 PM on 3/29/25 and at 8:00 AM on 3/30/25.</p> <p>R14's progress note dated 3/29/25 at 5:05 PM documents: orders-administration note "oxcarbazepine oral table 600 mg give 2 tablets by mouth two times a day for epilepsy-awaiting med". R14's progress note dated 3/30/25 at 8:47 AM documents his oxcarbazepine was not available and reordered, awaiting pharmacy.</p> <p>R14's MAR 3/30/35 at 8:39 AM documents R14's lacosamide oral tablet (anti-seizure medication) 100 mg give one tablet by mouth two times a day for epilepsy was not available, reordered awaiting pharmacy.</p> <p>R14's MAR dated 4/1/25-4/30/25 documents R14 did not receive his lacosamide on 4/3/25 (PM dose), 4/6/25 (PM dose), 4/7/25 (PM dose) and 4/8/25 (AM and PM dose).</p> <p>R14's Controlled Drug Receipt/Record/Disposition Form dated 3/22/25 documents he ran out of his lacosamide 100 mg tablets on 4/5/25 after PM dose. R14's Drug Receipt/Record/Disposition Form dated 4/9/25 documents he did not receive his next dose of lacosamide until 4/9/25 at 8:30 AM. There is no documentation on these count sheets of R14 receiving AM doses of lacosamide on 4/6/25 or 4/7/25 AM doses.</p> <p>R14's progress note dated 4/1/25 at 4:45 PM</p> | S9999 | | | |

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| S9999 | <p>Continued From page 4</p> <p>documents " Seizure activity noted in bed. Clonic episode lasting 2.5 minutes. Emesis noted. Resident placed in recovery position until seizure completion. EMS called. Post ictal phase noted with pupils dilated to 6. Walking around room without purpose and combative with staff. Unable to answer questions or respond appropriately. VS: 98.2, 88, 22, 131/74, and 95% on room air. No signs of pain or injury. Sent to (local hospital) for evaluation and treatment."</p> <p>On 4/29/25 at 12:50 PM V6 Nurse Practitioner stated she was first notified by staff to refill R14's lacosamide on 4/8/25. V6 stated she was reviewing R14's information from 4/6/25 and 4/7/25 and was not notified but would not know if staff reached out to another provider. V6 stated yes, it would be significant for R14 to receive anti-seizure medication since R14 has had seizures since the age of 9 and R14 is a difficult case, and he needs to take his anti-seizure medications as ordered.</p> <p>On 4/29/25 at 1:50 PM V7 Pharmacy Billing Lead stated pharmacy was notified by fax on 4/8/25 at 7:21 PM requesting refill on R14's lacosamide.</p> <p>On 4/29/25 at 1:55 PM V8 Pharmacist stated lacosamide has a half-life of 13 hours, and R14 would have been sub therapeutic after 24-30 hours. V8 stated lacosamide was filled by pharmacy on 4/8/25 and started on 4/9/25. V8 stated R14 was sub therapeutic on 4/8/25 and 4/9/25 and was therapeutic by 4/10/25. V8 stated R14 was not therapeutic for 1 day and would not recommend doing this again. V8 stated R14 dodged a bullet that R14 did not have a seizure during that time. V8 stated he would consider this a significant medication error. V8 stated it is never recommended that a resident with a history</p> | S9999 | | | |

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| S9999 | Continued From page 6 The undated facility policy for Seizure Precautions documents " Policy: The facility will provide preventative measures prior to and during seizures activity to prevent resident injury to the extent possible. Precautions are planned using information obtained from the resident's history. Procedure: II. Determine that appropriate seizure precautions based on: B. Whether the resident is aware of exacerbating factors: b. Missed doses of anticonvulsants." The facility policy revised 7/18/18 Emergency Pharmacy and Emergency Kits documents, " Emergency pharmacy service is available on a 24-hour basis. Emergency needs for medication are met by using the facility's approved Emergency Medication kit/box or by special order from MAC Rx. MAC Rx supplies emergency medications including emergency drugs, antibiotics, controlled substances, and products for infusion in limited quantities in compliance with applicable state and federal regulations to serve the immediate clinical needs of the resident." The undated facility policy for Receiving Controlled Substances documents "Procedures: H. Controlled substances are reordered when a four (4) day supply remains to allow for transmitted of the required written prescription to the pharmacist. (A) | S9999 | | |