

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Annual Licensure and Certification and Complaint 2641031/2725191, 2640500/2714812, 2640276/2710899						
S9999	Final Observations		S9999				
	1 of 2						
	STATEMENT OF LICENSURE VIOLATIONS:						
	300.610a)						
	300.1210b)						
	300.1210d)5						
	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						
	b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.						
	d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S9999	Continued from page 1 practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These Requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to assess, monitor and provide interventions to prevent pressures ulcers for 3 of 3 (R1, R7, R9) residents reviewed for skin breakdown in a sample of 47. This failure resulted in R7 who was admitted to facility without a pressure acquiring an avoidable stage III pressure ulcer/injury, R1 acquiring a pressure a pressure ulcer and R9 experiencing pain from pressure ulcer. 1. R7's Undated Face Sheet documents R7's initial admission date to the facility was on 2/4/2025 with diagnoses including paraplegia. R7's Nurse Admission Observation dated 2/4/2025 documents skin color: normal, warm, dry and skin turgor: normal. No alternations in skin. No documentation of skin ulcers and no skin comments documented. R7's Admission Braden Scale (prediction of pressure sore risk), dated 2/4/2025 moderate risk. Interventions: turning/repositioning program and application of nonsurgical dressings. Referrals that may be appropriate: occupational and physical therapy. R7's Annual Minimum Data Set, 2/13/2025 BIMS 6. R7 not at risk of developing pressure ulcers. No pressure ulcers. R7's Physician's Order Sheet (POS) dated 2/26/2025 documents weekly skin assessment. R7's Nurse Progress Note, 3/10/2025 at 5:45 PM area noted to left buttock, measures 3.0 x 3.0 Orders received for collagen and dry drsg (dressing) daily and PRN (as needed). No documentation of wound bed or what stage the wound was.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 2 R7's POS dated 3/11/2025 documents left buttock pressure ulcer apply medihoney and ca + alginate. R7's Care Plan, dated 3/11/2025 documents pressure ulcer to left buttock. Goal: pressure ulcer will show signs of healing and remain free from infection by/through review date. Interventions included: enhanced barrier precautions, follow facility protocols for the prevention/treatment of skin breakdown, assess/record/monitor wound healing. Measure length, width and depth where possible. Assess and document status of wound perimeter, wound bed and healing progress. Report improvements and declines to the MD (physician), administer treatments as ordered and monitor for effectiveness. No interventions documented in R7's medical record to prevent skin breakdown/pressure ulcers although is was assessed to be at moderate risk upon admission. R7's Nurse Progress Note, dated 3/19/2025 at 12:49 PM documents wound care preformed to left buttock with 100% granulation tissue, with measurements as follows: 2.8 cm x 2.5 cm x 0.2 cm with per-wound clean, dry intact with no s/s of infection noted and treatment remains the same. R7's Weekly Skin Checks dated, 3/21/2025 through 6/10/2025 no documentation of left buttock pressure ulcer measurements or wound bed assessment. The Facility's Wound Spreadsheet documented all residents with skin breakdown from 3/2025 through 7/2025 including R7's wound. The spreadsheet documents R7 had a wound on his left ischium, no documentation of what was the wound was classified as or what stage pressure ulcer it was. R7's Weekly Skin Check, dated 6/11/2025 documents 1 inch by 1 inch round wound on medial coccyx and migration to left buttock. Notes: this resident has pre-existing wound to medial coccyx area which is migrating to left buttocks. R7's Weekly Skin Checks dated, 6/21/2025 through 7/15/2025 no documentation of left buttock pressure ulcer measurements or wound bed assessment. R7's POS dated 7/8/2025 documents wound nurse practitioner to evaluate and treat. R7's Wound Nure Practitioner (NP) Progress Note, dated 7/9/2025 documents reason for not seeing patient today: patient scheduled to be seen today, but visit was unable to be completed due to pt (patient) up at		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 3 breakfast and decline to lay down. R7's Electronic Medical Record, dated 3/2025 through 7/15/2025 staff documented weekly skin checks for the left buttock pressure ulcer no documentation of weekly pressure ulcer measurements or wound bed assessment was documented. R7's Initial Wound NP Progress Note, dated 7/16/2025 evaluation of left buttock pressure ulcer which was noted on 3/12/2025 currently treating with silver alginate. Healing complicated incontinence of urine and feces. No recent labs available for review. Wound assessment: Stage III measured 2.0 cm x 2.0 cm x 0.3 cm 100% granulation, subcutaneous tissue exposed, wound edges attached, moderate sanguineous exudate. Interventions: off loading cushion for (reclining geriatric chair) and consult dietician. R7's Electronic Medical Record dated after 7/16/2025 no documentation of dietician consult until 10/14/2025. R7's Registered Dietitian (RD) Progress Note, dated 10/14/2025 documents increased nutrient needs r/t (related to) impaired skin integrity and recent weight loss AEB (as evidenced by) current weight = 169# an 11# significant loss x 1 mo. (-6.1%), 18# significant weight loss x 3 mo. (-9.6%). BMI = 24.9 (w/i normal range). Stage III pressure wound to L (left) buttock. R7's Quarterly MDS, dated 11/13/2025 BIMS 3. Resident at risk of developing pressure ulcers. One Stage II unhealed pressured ulcers. Skin and Ulcer treatments: pressure reducing device for chair, pressure ulcer care, application of nonsurgical dressings and applications of ointments/medications. R7's Wound NP Progress Note, dated 12/17/2025 documents NP ordered a low air loss mattress for pt (patient) – ordered by nursing was documented. On 2/9/2026 at 10:35 V22, Facility Wound Nurse and V33, CNA entered R7's room to provide pressure ulcer treatment. V33 uncovered R7 and revealed there was no dressing on the pressure ulcer on R7's left buttock at that time. V33 stated she had just provided incontinence care, and the dressing was soiled so she removed it approximately 25 minutes ago and knew that V22 was going to do the treatment. V22 completed the left buttock pressure ulcer dressing treatment with no concerns noted. V22 measured the pressure ulcer on R7's left buttock at that time it measured 2.0 centimeters x 2.0 centimeters x 0.5 centimeters. V22 stated the wound bed had 70% granulation tissue and 30% dark (slough)			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 4 tissue. On 2/9/2026 at 9:30 AM R7 was observed sitting up in his reclining geriatric chair in his room. There was no low air loss mattress on his bed at that time and no cushion in his reclining geriatric chair. R7 stated he has a sore on his butt. On 2/9/2026 at 2:05 PM R7 lay in bed with his reclining geriatric chair next to his bed, there was no cushion in his reclining geriatric chair at that time. On 2/10/2026 at 8:05 AM R7 was observed laid back in his geriatric reclining chair in the dining room asleep there was no cushion in his geriatric reclining chair at that time. On 2/10/2026 at 8:20 AM V31, CNA stated R7 doesn't have a cushion in his geriatric reclining chair, and he never had one. V31 stated R7 requires activities of daily living (ADL) for all ADLs including incontinent of bowel and bladder, turning and repositioning and he doesn't communicate verbally. V31 stated there is an open area on R7's buttock that has been there for a while. On 2/9/2026 at 10:55 AM V22 stated this was her third day working at the facility as the wound nurse and she doesn't know all residents' interventions in place to promote wound healing, relief pressure and to offload the pressure ulcer. V22 stated she didn't know why R7 didn't have a low air loss mattress and didn't know if R7 had a cushion for his geriatric reclining chair. On 2/10/2026 at 8:55 AM, V22 stated she was the new wound nurse at the facility, and she doesn't know who was responsible for updating the resident's care plan when a new pressure ulcer is assessed and didn't know who reviews the wound nurse practitioner's documentation to order new ordered equipment like a geriatric reclining chair cushion and a low air loss mattress. On 2/10/2026 at 9:00 AM V15, MDS nurse stated the wound nurse is responsible for everything regarding wounds including pressure ulcers. The wound nurse is responsible for updating the resident's care plan when a new pressure ulcer is assessed, to review wound nurse practitioner weekly assessments, to order recommended supplies for residents that have a pressure ulcer and to assess and document pressure ulcers weekly when a resident isn't being assessed by the wound nurse practitioner weekly. The wound nurse is also responsible to provide pressure ulcer treatment daily		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 5 Monday through Friday. On 2/9/2026 at 2:18 PM V7, LPN stated she is the day shift nurse and assigned to R7 often. V7 stated R7 doesn't have a cushion in his geriatric reclining chair and doesn't have a low air loss mattress but that he probably should because he has a stage III pressure ulcer on his buttock. On 2/10/2026 at 10:30 AM V25, Former Facility Wound Nurse stated he worked at the facility Monday through Friday as the wound nurse from late June 2025 to January 2026 and he quit because he couldn't get administration to order supplies that the wound nurse practitioner ordered to promote pressure ulcer healing, offload and relieve pressure for pressure ulcers including for R7 to have a cushion in his geriatric reclining chair and a low air loss mattress on his bed. V25 stated he asked administration weekly for these items for R7 and his requests fell on deaf ears. V25 stated he doesn't know why the supplies were not ordered but he thinks it was due to the cost of the supplies. V25 stated he requested the wound nurse practitioner to assess R7's pressure ulcer shortly after he started working at the facility in late June 2025 because after reviewing his medical record and noted the pressure ulcer wasn't healing it needed to be assessed by the wound nurse practitioner. V25 stated he assessed and documented R7's pressure ulcer which was located on his left buttock not his ischium and he doesn't know the facility was documenting the pressure ulcer on R7's ischium because it was definitely on his left buttock. On 2/9/2026 at 12:25 PM V2, Director of Nurses (DON) stated when a resident has a new open area staff are expected to assess the area, document the measurements and assessment of the wound bed, classification of the wound, notify the provider of the wound and get a treatment order. The facility wound nurse is responsible for updating the residents care plan with interventions to prevent the pressure ulcer from getting worse. V2 stated the wound nurse practitioner comes to the facility weekly and assesses all wounds, including pressure ulcers. V2 stated all residents that have wounds including pressure ulcers are assessed by the wound nurse practitioner weekly. V2 stated she didn't know R7 had a new open area in March 2025 and wasn't assessed by the wound nurse practitioner until 7/16/2025. V2 stated she didn't know the specifics of R7's pressure ulcer and/or interventions that have been recommended by the wound nurse practitioner or what interventions were currently in place. V2 stated she wasn't at the facility at this time and she refused to		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 6 answer questions regarding resident care in 2025. On 2/9/2026 at 2:40 PM V12, Regional Vice President of Clinical Operations stated the facility assessed and documented R7's pressure ulcer. All measurements and wound bed assessments are documents on a spreadsheet that have other residents names on it. V12 stated she doesn't know if R7's weekly pressure ulcer assessments were documented in his electronic medical record. V12 stated R7 had a pressure ulcer located on his ischium but it merged with his left buttock. On 2/10/2025 at 9:00 AM V1, Administrator stated R7's left buttock pressure ulcer was documented assessed and documented on the facility's wound spreadsheet but it was labeled as R7's left ischium, not his left buttock and that it was a transcription error. On 2/10/2026 at 10:00 AM V22, R7's Wound Nurse Practitioner stated she recalled R7 and his pressure ulcer on his left buttock. V22 stated when she initially assessed R7's left buttock and classified as a Stage III pressure ulcer. V22 stated the facility had several different wound nurses over the last year and it makes it difficult to provide continuity of care. V22 recalled she ordered 2 items to offload, provide pressure relief and promote healing which was a cushion for R7's geriatric reclining chair and a low air loss mattress for his bed. V22 stated she asked V25, the Former Facility Wound Nurse multiple times for the geriatric reclining chair cushion and Low Air Loss mattress for R7 and V25 told her he let administration know she ordered it but they haven't ordered it yet. V22 stated administration called her 2/9/2026 and they told her R7's pressure ulcer was documented on his ischium and she told that she assessed it and it was actually located on his left buttock and not his ischium. V22 stated the left buttock and ischium are not the same areas and she expected the facility to document the correct anatomical location of resident's with pressure ulcers, including R7's. V22 stated when a resident is admitted to the facility and is documented as moderate risk for pressure ulcers she expects staff to address pressure ulcer risk on their care plan including interventions to prevent pressure ulcers. V22 stated R7 is dependent on staff for turning and repositioning, is incontinent of bowel and bladder and has a diagnosis of paraplegia which makes him at risk for skin breakdown. V22 stated she assesses R7's left buttock Stage III pressure ulcer every Wednesday and he is often incontinent of urine at that time which hinders the healing of the pressure ulcer. V22 stated when a resident is admitted to the facility with no pressure ulcers she expects staff to ensure			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 7 interventions are in place to prevent avoidable pressure ulcers and R7's left buttock pressure ulcer was avoidable due to staff not implementing interventions to prevent pressure ulcers. 2. R1's Care Plan, dated reviewed/revised 08/13/2025, documents that Problem: R1 was admitted with pressure ulcers to my sacrum, right ischium, left ischium, right distal leg, right middle toes, upper back, and right upper thigh. R1's co morbidities include: dementia, hx (history of) of CVA (stroke), Hx of bariatric surgery, anemia, cachexia, abnormality of albumin and functional quadriplegia. It also documents Approach: Follow facility protocols for the prevention/treatment of skin breakdown. R1's Minimum Data Set (MDS), dated 12/19/2025, documents that R1 has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device. This resident at risk of developing pressure ulcers/injuries. On 2/5/2026 at 11 AM observed V20, Wound Nurse, perform treatment to R1 multiple wounds. R1 lying in bed. Foam boots in place to bilateral feet. Observed a large amount of red and brown drainage to R1 left boot. V20 opened boot and observed an open linear red area with red and brown drainage to forth toe. Area was protruding from beneath nail. Observed the toenail over the tip of the toe and into the skin. Observed dried brown and red drainage to the left side of the 3rd toe. When toes separated observed a linear red open area with brown drainage. Area to 3rd toe was linear in shape with red wound bed. Observed R1 facial grimacing when toes were manipulated by V20, Wound Nurse. On 2/5/2026 at 11:00 AM V20 stated that she was not aware of an open area to R1's toes. V20 stated that the areas area new. V20 stated that the toenail had grown over into the skin of the toe creating pressure causing the wound. V20 stated that it then pressed into the side of the other toe causing the pressure area. V20 stated that she was not aware of the pressure ulcer and verified that there was not treatment for it. On 2/5/2026 at 12:40 PM V19, Physician, stated that he was not aware of R1's toenails growing over and into her skin causing a wound to her left foot 4th toe. V19 stated that he was not aware of this. V19 stated that with this R1 would be experiencing pain. V19 stated		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S9999	Continued from page 8 that the toenail pain was the worst type of pain. V19 stated that the facility has a podiatrist and would expect R1 to have been seen by the podiatrist for R1's nails prior to injury. 3. R9's Care Plan, dated 1/26/26, documents that R9 require assist for my ADLs (activities of daily living) r/t (related to) comorbidities, require 1 assist with bed mobility. R9's Minimum Data Set (MDS), dated 1/23/26, documents that R9 is cognitively intact. R9's Norton Scale, dated 1/26/2026, documents that R9 is at risk for skin breakdown. R9's Progress Notes, dated 01/30/2026 at 6:06 PM, documents that upon skin assessment, area noted to right heel, 3x2xUTD (unable to determine) poa (power of attorney) and dr (doctor) notified. new orders for betadine and ca alginate and cover with silicone foam dressing. monitor for s/s (signs/symptoms) of infection and notify md if present. On 2/5/2026 at 9:46 AM Observed R9's skin. Observed large opened circular wound to the heal of the right foot. The wound bed was black in color. No dressing in place. Dressing removed from inside sock was dated 2/3/2026. On 2/5/2026 at 9:46 AM R9 stated that the nurses don't do her treatments. R9 stated that she has wound to her left foot and her right. R9 stated that the nurses perform the treatment to the left foot but forget about the right. R9 stated that they don't listen to her when she tells them. R9 stated that her legs have spasms and it difficult if not impossible at times to straighten her legs. R9 stated that sometimes they press into the mattress, and she can't move them. R9 stated that they put these things on her feet, but they don't stay in place. R9 stated that they come off. R9 stated that the wounds are painful. On 2/5/2026 at 9:50 AM R108 stated that it depends on which nurse is on the hall if the treatments will be completed.	S9999					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 9 R108's MDS, dated 12/28/2025 documents that R108 is cognitively intact. On 2/5/2026 at 1:25 PM V20 stated that the wound to R9's right heel is a pressure ulcer. The Facility's Wound Management Policy reviewed 9/5/2025, documents purpose: to provide a system for the treatment and management of residents with wounds including pressure ulcers. Policy: a resident who has a wound will receive necessary treatment and services to promote healing, prevent infection and prevent new pressure ulcers from developing. Procedure: a licensed nurse will perform a skin assessment weekly and as needed for each resident. Upon identification of a new wound the licensed nurse will: measure the wound (length, width, depth), initiate a wound monitoring record sheet, implement a wound treatment per physician's orders. An assessment of care needs for pressure ulcer and wound management will be made with emphasis on, but not limited to: identifying risk factors, treatment, mechanical offloading and pressure reducing devices, reducing skin friction, sheet and moisture, nutritional status and evaluation and modifying interventions for a resident with an existing PU (pressure ulcer.) Wound management: the attending physician will be notified to advise on appropriate treatment promptly, dietary contact will be made for nutritional assessment and rehabilitation services will be contacted for appropriate devices or pressure redistributing devices, a licensed nurse will develop a care plan for the resident based on recommendation from dietary, rehabilitation and the attending physician, per attending physician order, the nursing staff will initiate treatment and utilize interventions for pressure redistribution and wound management, the attending physician and interdisciplinary team (IDT) will be notified of new pressure ulcers, pressure ulcers that do not respond to treatment, pressure ulcers that worsen. Documentation: wound documentation will occur at a minimum of weekly until the wound is healed. Documentation will include: location of wound, length width and depth measurements recorded in centimeters, appearance of the wound base, drainage amount and characteristics including color, consistency and odor, appearance of wound edges, description of the peri-wound condition or evaluation of the skin adjacent to the wound, presence or absence of new epithelium at wound rim and presence of pain. IDT will document discussion and recommendations for pressure ulcers that do not respond to treatment and pressure ulcers that		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 10 worsen. Licensed nurses will document effectiveness of current treatment in the resident's medical record on a weekly basis; document notifications following a change in the resident's skin condition and update the resident's care plan as necessary. B) 2 of 2 STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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. b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 11 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to perform timely incontinent care for 1 of 3 (R9) residents reviewed for incontinent care in a sample of 47. This failure resulted in R9 feeling embarrassed, ashamed, and miserable. This failure also resulted in R9 obtaining opening areas to her right buttock and experiencing pain as a result. R9's Care Plan, dated 10/27/2025, documents that Resident experiences bladder incontinence. It continues Provide incontinence care after each incontinent episode. It also documents that Apply moisture barrier to skin. R9's Minimum Data Set, dated 1/23/2026, documents that R9 is cognitively intact and dependent on staff for toileting. On 2/2/26 at 8:25 AM observed V5, Certified Nurse Assistance (CNA), provide incontinent care for R9. Upon entering room, a strong, foul urine odor in room. R9 was incontinent of bowel and bladder. V5 removed cover from top of R9 revealing heavily soiled and saturated incontinent brief. The incontinent pad that R9 was lying on top of was wet with dark brown rings. V5 opened the incontinent brief and pulled from between R9's legs and inside of incontinent brief was saturated and brown. V5 cleansed R9's peri area and then assisted R9 onto her right-side revealing stool on R9's buttocks. V5 then rolled the brief and incontinent pad beneath V5 revealing a urine soiled and dried brown rings on sheet. V5 removed heavily soiled linen from bed. On 2/2/26 at approximately 8:28 AM R9 stated that she		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 12 had not been cleansed at all on the night shift. R9 stated that she does not get any care. R9 stated that she lays in filth all night. R9 stated that they don't take care of her because she is not quiet. R9 stated that she is truthful and can be rough but that doesn't mean she should have to lay in her own waste. R9 stated that she waits so long that she falls asleep in her own filth and when she wakes up she is still dirty. R9 stated that she has never lived like that and feels embarrassed and ashamed because she "stinks" and is miserable. R9 stated that "How would you feel if you were left to rot in your own s**t." R9 stated that she gets changed on the day shift. V5 and V6, CNA, provide good care to her and get her cleaned up. V5 stated that she shouldn't have to wait until they come in to be cleaned. On 2/2/26 at approximately 8:30 AM R108 stated that the staff on the midnight shift is horrible. R108 stated that sometimes they get care and sometimes they don't. R108 stated that they don't come in the room until about 4 AM. R108 stated that the weekend was horrible and they "suffered." On 2/2/26 at 8:32 AM V5 stated that this is the first time he is changing R9. V5 stated that R9 is incontinent of both urine and bowel and dependent on staff for care. On 2/5/2026 approximately 9:46 AM observed V5 perform incontinent care. R9 was incontinent of urine. V5 opened the heavily soiled incontinent brief. V5 then cleansed R9's peri area. V5 then turned R9 onto her right side and cleansed R9's left buttocks, V5 then turned R9 onto the left side. Observed multiple open areas in various shapes and sizes to R9 right buttocks. On 2/5/2026 at 9:46 AM R9 stated that the areas to her buttocks burn. R9 stated that she told the CNA she was wet on nights. R9 stated that she was incontinent of stool around midnight. R9 stated that she told the CNA and the CNA informed R9 that she would be back. R9 stated that she was changed around 3:30 AM. R9 stated that shortly after that she went again. R9 stated that she then informed the CNA that she went again, the CNA informed R9 that she would be back and never came back. On 2/5/2026 at 9:50 AM V5 stated that the area to R9's right hip is new.		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0054908		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/11/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT UNIVERSITY				STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE , EDWARDSVILLE, Illinois, 62025			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S9999	Continued from page 13 On 2/6/2026 at 12:50 PM V1, Administrator, stated that she would expect her staff to perform rounds at least every 2 hours. V1 stated that she was not aware of residents not receiving care from 10:00 PM to 4 AM. V1 stated that the night shift is a shift that she has found to have some care problems. V1 stated that she is currently coming in unannounced to assure care is being completed. The facility's Incontinence Care policy, revised date 12/28/25, Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity. Guidelines: Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or approximately every two hours and provided perineal and genital care after each episode. B)		S9999				