

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 Annual Licensure Survey		S0000			03/21/2026	
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.610a) 300.1210a) 300.1210b) 300.3240a) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or		S9999			03/21/2026	

Office of Primary Care and Health Systems Management

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 representative, as applicable. (Section 3-202.2a of the Act) 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to prevent abuse for 2 (R4, R10) of 6 residents reviewed for abuse in the sample of 38. This failure resulted in R4 being tearful and scared of staff. Findings include: R4's Face Sheet documents she was initially admitted on 2/25/2025. R4's Quarterly Minimal Data Set (MDS) dated 12/22/2025 documents R4 is alert and cognitively intact with diagnoses included: anxiety, depression, malnutrition, debility, cardiorespiratory conditions, chronic obstructive pulmonary disease (COPD) and anemia. R4's Care Plan did not address abuse. R10's Face Sheet documents she was initially admitted on 10/30/2024. R10's Quarterly MDS dated 2/4/2026 documents R10 is alert and cognitively intact with diagnoses included: anxiety, malnutrition, respiratory failure, debility, cardiorespiratory conditions, chronic obstructive pulmonary disease, cancer, anemia and renal insufficiency. Received scheduled and PRN pain medication regimen. Pain was present occasionally. Pain interference with day-to-day activities occasionally. Pain intensity 3 out of 10. R10's Nurse Progress Notes, dated 2/2026 no documentation of allegations of abuse staff to resident.			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 R10's Care Plan did not address abuse. On 3/18/2026 at 1:15 PM during resident council meeting residents were asked how staff treat them and if they have experienced abuse at the facility and R4 stated there was an agency nurse (V23, Licensed Practical Nurse, LPN) that cursed her and her roommate (R10) out and got in her face and flipped her the middle finger several times one day and then V23 had the nerve to return to work at the facility again a few days later and R4 stated, "Oh h*ll no she is not working here!" R4 stated her and V23 got into it because she wouldn't give her roommate (R10) her pain medication. R4 didn't know what day or shift this occurred on. On 3/19/2026 at 11:35 AM R4 stated she needed to clarify what occurred between her and V23. R4 stated V23 was mean and abusive to her and her roommate, (R10). R4 opened her notebook and read her notes regarding what occurred between her, V23 and R10. R4 stated it was a Saturday day shift, and she was upset with V23 because she wouldn't give her roommate, R10 her pain medications and she was hurting badly. R4 clarified what she meant by "mean and abusive" she stated V23 yelled and cursed at her and R10 and then got in her face and flipped her off using her middle finger in her room and then V23 stepped into the hallway and flipped her and R10 off again. R4 stated she was in shock when it occurred because no one has ever treated her like that before. R4 stated she dropped the ball because it was a weekend, and she didn't report what occurred until she saw V23 was passing medications on her hall that Monday and that infuriated her. R4 stated when she saw V23 working again that Monday she was on her way to the nurse's station and V23 said to her, "Hey you, you want your medications now?" and R4 stated V23 snickered as she said it. R4 stated she didn't answer V23, and she went to the nurse's station and told V26, LPN that that nurse shouldn't be here and that she needed to leave because she abused her and R10 a few days ago. R4 stated V26 went to V23, and she walked her to the front of the building and then walked her out of the building shortly after that. R4 stated she was very upset that V23 treated her that way and she felt it was abuse, R4 stated she was scared of V23 because she was a nurse and she was in charge of her and other residents lives. R4 stated she is not a crier but when she saw V23 was working at the facility again she was enraged and was very upset and she cried because she didn't want V23 to yell at, curse, or get in her and other residents faces or give other residents the			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 middle finger. R4 stated it was her fault V23 came to work again to the facility because she didn't report what occurred to anyone that shift because it was a weekend and no management was here so they wouldn't have been able to help her. On 3/19/2026 at 2:40 PM R10 was observed laying in bed. R10 stated she recalled the agency nurse (V23) who snapped on her and her roommate at the time, R4 sometime last month (date unknown) and stated V23 refused to administer her pain medication to her and her roommate R4 was standing up to V23 and telling her to administer the pain medication to me because I was hurting badly and V23 snapped on her and R4 cursing saying f*** you and go f*** yourselves to her and R4. R10 stated V23 flipped her and R4 off with her middle finger multiple times. R10 stated she was upset about how V23 treated her and R4 and she felt it was abusive and after V23 left their room that day her and R4 barricaded their door with their shelves and were fearful V23 would come back in their room and hurt them. R10 stated her and R4 talked about what to do and they didn't know what to do and they didn't want to leave their room because they didn't know what V23 would do. R10 stated V23 never gave her pain medication that night and she laid in the fetal position all night because she was scared of V23 and didn't want to deal with V23 anymore. R10 stated no staff spoke to her about what occurred with her, R4 and V23. R10 stated she was surprised no one spoke to her and she felt this was all brushed under the rug as if it didn't even happen. R10 stated she was very grateful she didn't see V23 working at the facility again like R4 did because she would have lost it because she was very fearful of V23. V23's Written Statement, dated 2-23-2026 documents it was about the med that she wanted me to give R10. She was mad that the lady wasn't getting her medicine, she was still hurting, I asked if she needed anything. R4 started yelling at me that I had to give her her medicine. The next time I worked she walked up to nurse station and made the allegation that I put my finger in her face and then a lady walked me out. On 3/19/2026 on 1:02 PM V23, LPN stated she worked night shift (date unknown) and R4 was upset with her because she wouldn't give her roommate, R10 her pain medication but it wasn't time for them to be administered and she let both residents know she would administer the pain medication to R10 as soon as she could per the POS (physician order set) and R4 yelled because was upset because R10 was in pain. V23 denied flipping R4 or R10 off with her			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 middle finger and denied cursing at either resident. V23 stated she came to work the next day shift and was passing medications on R4's and R10's hall and she saw R4 on the hall and she asked her if she wanted her medications and R4 stated she didn't want anything from her and a few minutes later a nurse told her to write a statement and she did and staff walked her out. V23 stated she didn't know why she was told to leave the facility because she didn't do anything wrong. On 3/19/2026 at 11:20 AM V26, LPN stated she works day shift and gets to the facility to work at approximately 6:00 AM. V26 stated she recalled R4 came to the nurse's station really upset one morning (date unknown.) R4 was physically shaking, yelling and crying pointing to V23 and stated, "You get that nurse out of here right now! She shouldn't be here! Why is she here? Why is she here? I am not going back to my room until she (V23) leaves! She (V23) flipped me off over medications the other day and she cursed me and my roommate (R10) out." V26 stated she immediately went to V23 who was passing medications on R4's hall at that time and instructed her to lock her medication cart and to come with her to the front of the facility. V26 stated she called V1, Administrator and V1 told V26 to have V23 write a statement and then escort her out of the building. V26 stated after V23 was escorted out of the facility R4 was still shaking, crying and very upset and she sat at the nurse's station for 20 minutes telling her that a few days ago V23 cursed at her and R10 and got in her face and flipped her off several times and she was trying to intimidate her and R10. V26 stated she didn't interview any other residents including R10 regarding what occurred. On 3/19/2026 at 10:55 AM V3, Assistant Director of Nurses (ADON) stated she didn't know the exact date of the incident but she recalled V26 called her one morning and stated R4 was very upset because an agency nurse, V23 was working on R4's hall and she shouldn't be working here because V23 had recently cursed at R4 and her roommate R10 and also flipped them off with her middle finger. V3 stated she instructed V26 to pull V23 off the hall and have her write a statement. V3 stated she arrived to the facility about 10 minutes after V26 called her and she observed V23 writing a statement in the employee breakroom. V23 denied flipping residents off and denied flipping them off with her middle finger. V3 stated her and V26 walked V23 out of the facility a few minutes later. V3 stated she spoke to R4 and R4 told her V23 was in her face yelling, cursing and flipping her and R10 off regarding R10			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 getting her pain medication. V3 stated she didn't document the interview with R4, she didn't interview R10 and she didn't interview other staff or residents regarding what was told to her. On 3/19/2026 at 10:44 AM V2, Director of Nurses (DON) stated she wasn't at the facility (date unknown) when whatever occurred between the agency nurse V23, R4 and R10. V2 arrived to work on day (day unknown) and all heck broke loose with R4 because a nurse that she had an incident with a few days prior was working at the facility again and R4 was very upset about it. V2 stated she didn't know anything occurred between V23, R4 and R10 prior to that day (day unknown.) V2 stated R4 and R10 came to her office and both of them stated the agency nurse, V23 cursed at them over pain medications and got in R4's face yelling and cursing at her and flipped her middle finger off to both residents. V2 stated she didn't know what shift R23 worked when the incident occurred, and she didn't interview other residents or staff about the incident. At one-point R4 went to V26 and told her V23 shouldn't be working here because of how V23 treated her and R10 and V26 walked V23 out. V2 stated V1, Administrator is the abuse coordinator at the facility. On 3/19/2026 at 12:45 PM V1, Administrator stated she didn't know exactly what occurred between V23, R4 and R10 but it was reported to her one morning (date unknown) that R4 reported to staff that an agency nurse, V23 shouldn't be working here anymore and R4 was very upset. V1 stated V26 called her and reported that R4 was upset V23 was still working at the facility and staff immediately escorted V23 out of the building and she was not to return working here. V1 stated the situation was squashed immediately. On 3/19/2026 at 1:26 PM V24, Nurse Practitioner stated she wasn't aware of abuse or mistreatment of residents. V24 stated she expects the facility to follow abuse policy to prevent abuse from occurring. The Abuse Prevention and Prohibition Policy, with a review date of 12/2/25, documents, in part, the following: Each resident has the right to be free from mistreatment and abuse. Staff must not permit anyone to engage in verbal abuse or mistreatment. Staff must not permit anyone to engage in verbal, mental, sexual, or physical abuse, neglect, mistreatment, or misappropriation of resident property. The Administrator is responsible for coordinating and implementing the facility's abuse prevention policies, procedures, training programs,			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 and systems. NO VIOLATION 2 of 3 300.610a) 300.1210a) 300.1210b)5 300.1210d)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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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		S9999			03/21/2026	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 shall be provided to each resident to meet the total nursing and personal care needs of the resident. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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 interview and record review, the facility failed to use the required equipment (gait belt) during transfer and appropriately use the full mechanical lift to prevent falls in 2 of 3 residents (R3, R29) reviewed for accidents and hazards in the sample of 38. These failures resulted in R3 sustaining a left femur fracture and R29 sustaining a hematoma to her head and requiring emergency care. Findings include: 1. R3's Face Sheet documents R3 was admitted to the Facility on 10/13/21 with diagnoses including muscle weakness, lack of coordination, and abnormalities of gait and mobility. R3's Minimum Data Set (MDS) dated 11/14/25 documented R3 was moderately cognitively impaired and was dependent with transfers from chair to bed or bed to chair. R3's Care Plan initiated 8/30/25 documents R3 requires extensive assistance for transfers related to weakness and impaired mobility. R3's Progress Note by V34, Licensed Practical Nurse (LPN), dated 1/12/25 at 10:01 PM documents at approximately 6:55 PM, an unnamed Certified Nursing Assistant (CNA) reported R3 was on the floor. The CNA stated R3 became weak during transfer and shifted weight to her left side where she had an amputated leg. The CNA stated she fell with			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 R3, and R3 reported pain to left hip. R3's 1/12/26 Fall Report by V34 documents R3 became anxious during transfer from wheelchair to bed and placed all weight on left below the knee amputation, causing her to lose balance. The CNA lowered R3 to the floor, placing herself under R3 to break the fall. R3 was sent to the Emergency Room. R3's Hospital Record dated 1/13/26 documents R3 sustained a complete acute transverse fracture to left humeral neck after sustaining a fall at the nursing facility. On 3/20/26 at 10:40 AM, V33, CNA, stated she was putting R3 back into bed from her wheelchair on 1/12/26 when R3 fell. R3 stated she felt like her right side was weak, so she put some weight on the left side where she had an amputation. V33 tried to break R3's fall, but both V33 and R3 fell on the floor. V33 stated she was previously told by other CNA's that R3 liked staff to use a "bear hug" method when transferring her, so she was not using a gait belt on R3 at the time. On 3/20/26 at 12:45 PM, V1 stated she would expect staff to follow the Facility's transfer policy and use gait belts for transfers. 2. R29's Undated Face Sheet documents R29 was admitted to the facility on 7/17/2021 and has a medical diagnosis of Type 2 Diabetes Mellitus, Abnormalities of Gait and Mobility, Muscle Weakness, Altered Mental Status, Chronic Pain Syndrome, Osteoarthritis, Alzheimer's Disease, and Hypertension. R29's Minimum Data Set (MDS) dated 12/12/2025 documents R29 is moderately cognitively impaired, uses a wheelchair, and is dependent on staff for sitting to standing, toilet transfers, and chair/bed to chair transfers. R29's Care Plan Start Date 12/27/2025 documents Falls: R29 had a fall on 12/27/2025. Intervention Start Date 12/27/2025 documents "staff educated on the proper use of (full mechanical lift) to ensure that all sling attachments are secure before all transfers." R29's Care Plan Start Date 8/30/2025 documents ADLs (Activities of Daily Living) Functional Status/Rehabilitation Potential: R29 requires extensive assist for ADLs related to immobility, range of motion (rom) and pain. Intervention Start Date 8/30/2025 documents R29 needs total assist with transfers with the use of the (full mechanical			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 lift) and 2 staff. R29's Progress Note dated 12/27/2025 at 8:38 AM documents This nurse called to resident room resident found laying on floor beside (full mechanical lift) Certified Nursing Assistant (CNA) replies she was transferring resident and hook on (full mechanical lift) unhooked resident started to slide out CNA replies she assisted resident to floor. Staff educated to make sure (full mechanical lift) sling is properly secured before transfer. Resident has a small hematoma noted to back of head 1 centimeter (cm) skin intact no bleeding noted. Resident denies any discomfort besides she replies her head hurts a little. 911 placed to pick resident up and transport to Local hospital for evaluation. R29's Progress Note dated 12/27/2025 at 8:45 AM documents Date/time of incident: 12/27/25 0838. Details: res was being lifted with (full mechanical lift) pad to wheelchair by staff when (full mechanical lift) strap came off of (full mechanical lift). Staff member held strap up while resident was lowered to the floor. Assessed resident did sustain a small hematoma to back of head. Root cause: strap not securely in place. R29's Fall Investigation Worksheet dated 12/28/2025 documents date of fall: 12/27/2025, time of fall 8:38 AM. Fall witnessed, location of fall: resident room. Was resident using an assistive device: yes, (full mechanical lift). Was resident injured: hematoma and scratch. Root cause of fall: improper placement of hook. R29's Local Hospital Records Dated 12/27/2025 documents Emergency Department (ED) Adult Initial Assessment Triage Note "Patient (Pt) to the ED via Emergency Medical Service (EMS) for evaluation after a fall. Pt was in the (full mechanical lift) when a strap broke, causing the pt to fall 4 feet. Pt strided her head, and is complaining of neck pain." R29's Local Hospital Records Dated 12/27/2025 documents ED Triage Note "Arriving to ED from Nursing Home with complaint of being transferred from bed to wheelchair via (full mechanical lift) the hook of the (full mechanical lift) came undone or broke. Nursing Home staff states they lowered her to the floor but she struck the back of her head." On 3/19/2026 at 10:59 AM V20, Licensed Practical Nurse (LPN), stated the CNA came to her and stated she was transferring R29 using the (full mechanical lift) when the hook of the lift pad came unhooked from the (full mechanical lift) and R29 was assisted			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 to the ground. V20 stated she assessed R29 and R29 had a small hematoma to her head and was sent to the local hospital for evaluation. On 3/19/2026 V2, Director of Nursing (DON), stated during R29's transfer, the hook was not completely on the (full mechanical lift), and when R29 went up in the air the hook came off. V2 stated the staff member held R29 and R29 was lowered to the ground. V2 stated the staff member was transferring R29 by herself. On 3/19/2026 at 1:06 PM R29 stated she remembers being put into the (full mechanical lift) sling by staff and does not know how she slipped out of the sling. R29 stated she is unsure if she slipped out of the pad due to the fault of the CNA. R29 stated she slipped out of the (full mechanical lift) pad and hit the top of her head on the floor. R29 stated it was a bummer that she fell and hit her head because it hurt really bad. R29 stated she was sent to the hospital and had her head scanned and it did not show anything. On 3/19/2026 at 1:26 PM V24, Nurse Practitioner, V24 stated she was notified of R29's fall and is unsure of the particulars of the fall and transfer because she was not in the room at the time the incident occurred. V24 stated she assessed R29 on 12/30/2025 and R29 was alert and oriented and able to follow commands. V24 stated she does not recall if R29 had a hematoma to her head and was not told by staff if R29 had one. V24 stated she expects the facility to be following their fall and transfer policy. V24 stated she would expect staff to be trained on how to properly use the facility's mechanical lift. On 3/19/2026 at 1:38 PM V25, CNA, stated on 12/27/2025 the facility was extremely short staffed, and she asked multiple staff members to help her use the (full mechanical lift) on R29 and no one would help her. V25 stated she used the (full mechanical lift) by herself to get R29 up to her chair from the bed. V25 stated the (full mechanical lift) sling hook had broken when she was lifting R29 and V25 caught R29 using her leg and lowered R29 to the ground. V25 stated she screamed for staff to come help her when the (full mechanical lift) sling strap broke and no one came into the room. V25 stated the facility allows staff to use the (full mechanical lift) with one person. The Facility's Transfers-Manual Gait Belt and Mechanical Lifts Policy Date Reviewed 6/1/2025 documents "Mechanical lifting devices shall be used for any resident needing a two person assist, or who			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 cannot be transferred comfortably and/or safely by normal transfer techniques." The transferring needs of resident will be assessed on an ongoing basis and designated into one of the following categories: 0=independent, 1=1 person transfer (25% or less assistance from the caregiver) with gait belt, 2= 2 person transfer with gait belt (ONLY when use of mechanical lift is not possible), SS=sit to stand lift with 1 caregivers, H=mechanical lift (Hoyer) with 2 caregivers." "Use of gait belt for all physical assist transfers is mandatory." The Facility's Fall Evaluation and Prevention Policy Date Reviewed 6/1/2025 documents "Purpose: to ensure that the resident's environment remains as free of accident hazards as is possible, and that each resident receives adequate supervision and assistance to prevent accidents." (A) 3 of 3 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement was not met as evidence by: Based on interview and record review, the facility failed to conduct pre-employment screening and obtain results of fingerprint checks to determine if employees had a prior criminal history which would disqualify them for employment. This had the potential to affect all the 91 residents living in the facility. Findings include: The Facility's Abuse Prevention and Prohibition Policy Date Reviewed 12/2/2025 documents "The facility does not knowingly employ anyone who has had disciplinary action against his/her professional license, or a finding entered into the state nurse aide registry related to abuse, neglect, mistreatment or misappropriation or has been convicted of abusing, neglecting, or mistreating other people. On 3/18/2025 ten employee files were reviewed for pre-employment screening. The following was documented:			S9999			03/21/2026

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 V6, Certified Nursing Assistant (CNA), began employment on 10/24/2025. V6's background check was not initiated until 3/17/2026. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V7, CNA, began employment on 1/29/2026. V7's background check was not initiated until 2/3/2026. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V17, Dietary Aide, began employment on 10/21/2003. V17's background check was not initiated until 11/24/2020. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V18, CNA, began employment on 9/15/2025. V18's background check was not initiated until 9/18/2025. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V27, CNA, began employment on 2/16/2026. V27's background check was not initiated until 3/13/2026. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V28, CNA, began employment on 11/14/2024. V28's background check was not initiated until 8/29/2025. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V29, CNA, began employment on 2/10/2026. V29's background check was not initiated until 3/9/2026. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V30, Licensed Practical Nurse, began employment on 2/19/2026. V30's background check was not initiated until 2/24/2026. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents. V31, Registered Nurse, began employment on 2/11/2025. V31's background check was not initiated until 3/17/2026. The facility failed to ensure a criminal background check was completed prior to employee providing care to residents.	S9999				03/21/2026	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058776		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/20/2026	
NAME OF PROVIDER OR SUPPLIER EVERCARE AT EDWARDSVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY 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 3/18/2026 at 9:29 AM V32, Human Resources Director, stated she initiates full background checks on all employees prior to the employee's hire. V32 stated when she re-runs a background check she does not keep the original background check that was performed. The Resident Census and Conditions of Residents, CMS 671, 3/17/2026 documents that the facility has 91 residents living in the facility. (C)			S9999			03/21/2026