

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000949		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/04/2026	
NAME OF PROVIDER OR SUPPLIER EverVella of White Hall				STREET ADDRESS, CITY, STATE, ZIP CODE 620 WEST BRIDGEPORT , WHITE HALL, Illinois, 62092			
(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				
	First Probationary Licensure Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.696f)4)						
	Section 300.696 Infection Prevention and Control						
	f) Infectious Disease Surveillance Testing and Outbreak Response						
	4) Upon confirmation that a resident, staff member, volunteer, student, or student intern tests positive with an infectious disease, or displays symptoms consistent with an infectious disease, each facility shall take immediate steps to prevent the transmission by implementing practices that include but are not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment.						
	This requirement is not met as evidenced by:						
	Based on observation, record review and interview the facility failed to implement droplet/contact isolation for 1 of 1 resident (R14) reviewed for infection control in the sample of 23.						
	Findings include:						
	On 2/4/2026 at 7:28AM V14, Certified Nursing Assistant (CNA) walks down hall and reports to V12, Registered Nurse (RN) that R14 choked during breakfast but doing ok now. V14, CNA stated "I think it is because she has Covid." V12, RN confirmed to surveyor R14 has covid. R14 has no sign posted outside room of any type of isolation, with isolation supplies on door.						
	On 2/4/2026 at 7:57AM V12, RN observed in R14's room, door open. V12, RN did not have gloves, gown or mask in place. V12 exited R14's room with is room with Intravenous (IV) bag and tubing and disposed in trash						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 bag on medication cart. V12 stated was unhooking IV antibiotic. V12 stated he usually wears gown, gloves and mask but slipped his mind. R14's progress notes dated 2/2/2026 at 16:24 documents R14's daughter at the facility and stated concerned that R14 may have covid as R14 has been coughing. R14's daughter informed facility that family came to visit and was covid positive. Notes document R14 was tested for Covid and test was positive. R14's care plan dated 2/2/2026 documents R14 Covid positive. R14's care plan documents intervention dated 2/3/2026 isolation droplet precautions. On 2/4/2026 at 8:10AM V2, Director of Nursing (DON) stated she would expect staff to follow infection control and isolation sign to be posted The facility Infection Prevention and Control Program dated, reviewed 9/5/2025 documents the purpose to comply with a system for preventing, identifying, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement. The policy documents all facility personnel shall adhere to the infection control program in the performance of their daily assignments. The facility policy Infection Precaution dated, reviewed 10/1/25 documents it is the policy of the facility to, when necessary, prevent the transmission of infections within the facility through use of isolation precautions. The policy documents droplet precautions in addition to standard precautions for a resident known or suspected to be infected with microorganisms transmitted by droplets that can be generated by the resident sneezing, coughing. The policy documents contact precautions in addition to standard precautions use contact precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact, such as handling environmental surfaces or resident-care items. The facility sign that is to be posted outside room documents Stop Droplet/contact Precautions everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: Put on gloves before room entry. Discard gloves before room exit, put on gown before room entry and discard gown before room exit. (B)		S9999				