

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6023903	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER THE LODGE AT EVENGLOW		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 EVENGLOW LN CAYUGA, IL 61764		
(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) COMPLETE DATE
A 000	Initial Comment Annual Licensure Survey	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. Violation Based on interview and record review, the establishment failed to obtain yearly comprehensive physician assessments for three of five residents, (R1, R2 and R3) reviewed for physician assessments in a sample of five. Findings include: R1's census sheet documents she moved into the establishment on 10-31-23. R1's undated Physician Certification form is marked "Prior to Admission" documents R1 needs assistance dressing and bathing. No other Physician Certification found in R1's record. R2's census sheet documents she moved into the establishment on 10-11-23. R2's 10-11-23 Physician Certification form documents she needs assistance with eating and evacuation. No other Physician Certification found in R2's record. R3's census sheet documents she moved into	A4000		

Illinois Department of Public Health

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

TITLE

(X6) DATE

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A4000	Continued From page 1 the establishment 10-13-23. R3's undated Physician Certification form is marked "prior to Admission" documents R3 needs assistance with dressing and bathing. No other Physician Certification was found in R3's record. On 4-17-25 at 1:00 pm, E2 (Wellness Director) stated they only obtain Physician Certifications upon move in for their residents. E2 verified R1, R2 and R3's Physician Certifications were not completed yearly after move in. E2 stated they were not aware and would get them completed.	A4000		