STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145910	A. Building B. Wing	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evercare of Calhoun	#1 Myrtle Lane Hardin, IL 62047

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain resident safety for 1 of 4 residents (R2) reviewed for resident safety in the sample of 4. This failure resulted in R2 being left unattended, suffering a fall, and sustaining a hematoma to the left side of R2's head and severe pain to left hip. R2 required a transfer to the local hospital and found to have sustained a subcapital femoral neck fracture with at least 2.2 CM (centimeter) superior and 1.5 CM lateral displacement of the fracture. After family and medical considerations, R2 was then transferred to the Regional Hospital Trauma Service for evaluation of surgery where R2 underwent a Left Hip Hemiarthroplasty. Findings include:R2's admission Record, dated 10/15/25, documents R2 was admitted to the facility on [DATE] with diagnosis of Alzheimer's disease, Dementia, Chronic Obstructive Pulmonary Disease (COPD), Hypertension (HTN), Congested Heart Failure (CHF), Anxiety disorder, Major depressive disorder, Convulsions, Lymphedema, Anemia, Trigeminal Neuralgia, and Peripheral Vascular Disease.R2's Care Plan, dated 9/24/25, documents R2 is high risk for falls related to Confusion, Psychoactive drug use, and history of falls. Interventions: Anticipate and meet the resident's needs, be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance, follow facility fall protocol, 10/14/25: Resident has short term memory issues and is not to be left in the restroom unattended for any reason, review information on past falls and attempt to determine cause of falls. Record possible root causes. Alter remove any potential causes if possible. Educate resident/family/caregivers Interdisciplinary Team (IDT) as to causes. It continues R2 has an Activities of Daily Living (ADL) self-care performance deficit related to Alzheimer's, Confusion, Dementia, Impaired balance, Limited Mobility, Limited Range of Motion (ROM). Interventions: Toilet Use: The resident requires (staff assistance, walker & gait belt) by (1) staff for toileting, Transfer per screen. It continues R2 has had an actual fall with (no injury) Poor Balance, Psychoactive drug use, Unsteady gait. Interventions: Alarms in place for poor safety awareness: TSA (touch sensitive alarm) to bed and wheelchair, bed placed against wall for increased safety, bilateral assist bars to bed, continue interventions on the at-risk plan, keep items frequently used within my reach and keep area free of clutter and safety hazards, anti-roll back device placed to resident's wheelchair, TSA to wheelchair, wireless TSA to bed.R2's Minimum Data Set (MDS), dated [DATE], documents R2 has a severe cognitive impairment and requires partial/moderate assistance for toileting and supervision/touching assistance for transfers. R2's Fall Risk Assessment, dated 9/29/25, documents R2 is a High Fall Risk.R2's Fall Risk Assessment, dated 10/8/25, documents R2 is a High Fall Risk.R2's Nurses Note, dated 10/7/25 at 10:46 PM, documents Resident was using the toilet staff stepped away to get supplies and resident tried standing and fell. Resident assessed and noted to have a hematoma to left side of head about 2 inches above ear and complaining of severe pain to left hip. Swelling noted to front of left hip area. Resident not allowing much ROM to be done. Resident assisted to bed by staff. Neuros WNL (within normal limit) at this time. VS (vital signs) -132/69, 94, 24, 97.8, pulse ox 93%. Daughter notified. Doctor on call notified.R2's Fall Investigation (Final), dated 10/7/25, documents in part On Tuesday, October 7, 2025, around 8:30 PM, (R2) was assisted to the toilet by staff. (R2) was unattended on the toilet when staff heard (R2) fall on the bathroom floor. Resident was assessed and noted to have a hematoma to left side of head about 2 inches above the ear and was complaining of pain to left hip. Swelling was noted to front of left hip area. (R2) was assisted to bed by staff. MD (medical doctor) and POA (power of attorney) notified of incident. Orders from MD received to send (R2) to ER (emergency room) for evaluation and treatment. (R2) was transferred to (local community hospital) where x-rays were taken and revealed a subcaptial femoral neck fracture. (R2) was then transferred on to (regional hospital) for further treatment including surgical repair of fracture. It continues Upon completion of investigation, (R2) was standing up from the toilet and had lost balance and fell on the floor resulting in the fracture and injury to left side of head. At this time, (R2) has not returned to the facility. Upon readmission, facility will follow all orders regarding treatment of fracture and will be reassessed to ensure proper care is received. V2, Director of Nursing (DON's) Investigation of R2's Fall, dated 10/7/25, documents in part Resident was placed on the toilet in room [ROOM NUMBER] due to resident's roommate being on the toilet in their room. Staff left resident to go and get supplies. Resident attempted to stand up unassisted and fell to the floor landing on her left side. Nurse was a couple of rooms up the hall. Nurse (V4, Registered Nurse/RN) stepped out in the hallway and heard a thud. Quickly (V4) and (V3, Certified Nursing