STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146075	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Evercare of Granite City	3500 Century Drive Granite City, IL 62040

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 0744 Level of Harm - Actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0744 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 care for a dementia resident in a safe manner for 1 of 2 resident (R2) reviewed for abuse in the sample of 10. This failure resulted in R2 sustaining a left humerus fracture. Findings include:Based on interview and record review, the facility failed to care for a dementia resident in a safe manner for 1 of 2 resident (R2) reviewed for abuse in the sample of 10. This failure resulted in R2 sustaining a left humerus fracture. Findings include:R2's admission Record, print date of 12/1/25, documents R2 was admitted on [DATE] with diagnoses of Osteoarthritis and Dementia. R2's Minimum Data Set, dated [DATE], documents R2 is severely cognitively impaired, is dependent on staff for toileting, lower body dressing, chair to bed transfer, is incontinent of bowel and bladder, and has no behaviors. R2's Care Plan, Date Initiated: 05/27/2025, documents, Resident has some memory loss and impaired decision making ability. Dx (diagnosis) dementia. Resident can be resistive to cares, verbally abusive to staff d/t (due to) confusion/dementia. Interventions: dated 5/27/25 revision on 11/4/25. Staff to approach at later time if being combative as able. Inform resident what task you are helping with prior to performing. Staff may need to provide care in pairs if resident is overly stimulated. Refer to psych (psychiatry) as needed. R2's Nursing Note, dated 11/22/2025 2:54 PM, documents, Made aware by CNA (Certified Nurse Aide) staff that he heard a POP while turning and repositioning resident from wheelchair to bed. This nurse assessed resident. Resident noted to be lying in bed on back, holding left arm. resident alert and oriented per usual, verbal, c/o (complaint of) pain to L (left) elbow. No bruising noted to arm; resident stated that the CNA hurt her arm . Limited ROM (range of motion) noted to L arm. Resident noted to have acute pain to L mid-humerus and elbow area. Mild deformity observed to L mid humerus area. Resident rates the pain a 10/10, worsening when area is touched or lifted. Denies numbness or tingling. Distal pulse present, cap (capillary) refill <3 seconds and skin warm. Sensation noted to finger, and able to slowly wiggle fingers, but not able to form a fist at time of incident. Call placed to MD (Medical Doctor) to make aware of incident. New order received to send resident to ER (Emergency Room) for eval/treat (evaluation and treatment). Call placed to 911 for transport. Resident transported to (Regional Hospital). On 11/27/25 at 12:18 PM, V1, Administrator, stated, (R2) did break her arm last Sunday. She was combative with care. I did do an investigation on it and sent in the final report last night. (V4) did not mean to hurt (R2). He has since received training. On 11/27/25 at 1:12 PM, V3, Certified Nurse Aide (CNA), stated, (R2) can become combative. You have to just walk away and left her calm down and then you go back to her. You never make any resident do something they don't want to do. On 11/27/25 at 2:20 PM, V4, CNA, stated, I transferred (R2) to bed using the full mechanical lift by myself. She transferred just fine. I had her on her left side doing peri care. She was being combative. She began to lean over to the edge of the bed. I was trying to get her back into the middle of the bed. She was fighting me. As I was trying to get her back in bed, I heard a pop from her arm. She called out. I ran out of the room and got the nurse. The nurse (V7) examined (R2) and sent her to the hospital. On 12/1/25 at 2:00 PM, V7, Licensed Practical Nurse, stated, (V4) came and got me and told me while he was transferring (R2) he heard her arm pop. When I got into the room, she was in bed. I asked again what happened and (V4) said it happened while he was putting her pants on. I was confusing as to what happened. I assessed her arm, and it was deformed looking. I called 911 and sent her out to the hospital. I have had to tell (V4) before that he is working with older people, and he needs to think about things that he is doing with them like don't push their wheelchair so fast or don't sneak up on them from behind. I don't think he would intentionally hurt anyone. If any resident begins to get combative or refuse care you just leave them be, re-approach them later, or you can see if another staff member can work with them. You never just keep working with them. On 12/2/25 at 2:00 PM, V2, Director of Nurses, stated if a resident is agitated or combative the staff should back away, leave the resident alone, and leave and go get some help. On 12/4/25 at 10:06 AM, V13, Medical Director, stated he expects the residents to be safe. R2's Nursing Note, dated 11/23/2025 11:32 AM, documents, Admitting dx (diagnosis) from (Regional Hospital) is Left distal humerus displaced fx (fractured). R2's Nurses Notes, dated 11/27/2025 09:40 AM, documents, Resident returned from (Regional) Hospital at 7:58 am. R2's Hospital Notes, admission date of 12/22/25, documents, XR (Xray) Elbow Left 3 or more views result date of 11/22/25. Left shoulder / humerus; acute spiral fracture of the left proximal humerus with lateral displacement of approximately one shaft with. No additional fractures noted. The glenohumeral joint remains intact with moderate glenohumeral osteoarthritis