

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003560	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/23/2024
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NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE GIBSON CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 620 EAST FIRST STREET GIBSON CITY, IL 60936
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(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
S 000	Initial Comments	S 000		
S9999	<p>Facility Reported Incident of 9/24/24/IL179535</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

11/07/24

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S9999	<p>Continued From page 1</p> <p>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)</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide supervision to prevent a fall for one resident (R1) of three residents reviewed for falls in a sample list of three residents. This failure resulted in R1 falling and sustaining a laceration to R1's head requiring sutures.</p> <p>Finding Include:</p> <p>R1's Care Plan reviewed 9/25/24 includes the following diagnoses: Urinary Incontinence, Anxiety, Right Sided Hemiplegia, Osteoarthritis, Parkinson's Disease, and Dysphagia. This Care Plan also documents R1 is "at risk for falls related to Gait and Balance Deficit, Incontinence, Poor Communication and Comprehension, Diagnosis of Parkinson's and History of Cerebral Vascular Accident with Right Sided Hemiparesis." This care plan also documents R1 has a physician's order for a Regular, Pureed Diet with Nectar Thick liquids.</p> <p>R1's Minimum Data Set (MDS) dated 10/1/24 documents R1 is severely cognitively impaired, has decreased range of motion for lower and upper extremities of one side, and requires supervision or touching assistance for eating.</p> <p>R1's After Visit Summary from the Emergency Room dated 9/24/24 documents (R1) "came to the emergency room after (R1) had a fall and hit (R1's) forehead and had a laceration that was bleeding. (hospital staff) repaired the the laceration with sutures. These sutures need to come out in one week. This can be done through your primary care provider, at a convenient care location or at the emergency room."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 10/25/24 at 12:14 PM, R1 was observed sitting in the dining room at the table for lunch. R1 had a divided plate with pureed foods and nectar thickened liquids. R1 was receiving hands on assistance with feeding. R1 was not talking and was weak to the right side. R1 did not respond meaningfully to verbal stimuli.</p> <p>On 10/22/24 at 2:00 PM, V3 (Certified Nurse's Aide) CNA stated "I was passing trays on the hall (on 9/24/24), and I heard another resident scream out (R1) was 'on the floor.' (R1) had her tray. I think probably someone from dietary gave it to her. (R1) was on the floor and her head was bleeding. It looked like R1 was reaching either for the call light or to turn on the light. The light wasn't on. I immediately called the nurse and (R1) was sent to the hospital (R1) should not have been left in her room alone with her tray."</p> <p>On 10/23/24 at 9:30 AM, V5 (Certified Nurse's Aide) CNA stated "I would not have left (R1) alone for a meal in her room. (R1) is on thickened liquids and is very confused and often tries to get up unassisted. (R1) is pretty much total care. I regularly care for (R1) and she needs supervision and some help during meals."</p> <p>On 10/24/24 at 11:00 AM, V1 Administrator and V2 Director of Nursing verified that (R1) should not have been left in her room alone with her food tray and that the fall and sutures might have been prevented if (R1) had been taken to the dining room for her meal.</p> <p>(B)</p>	S9999		