STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001952	A. BUILDING: _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDWATER CARE DANVILLE	620 WARRINGTON AVENUE DANVILLE, IL 61832

(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 Complaint Investigaion 24610573/IL183353 - F686	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001952	A. BUILDING: _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDWATER CARE DANVILLE	620 WARRINGTON AVENUE DANVILLE, IL 61832

(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
S9999	Continued From page 1	S9999		

resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

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:

2) All treatments and procedures shall be administered as ordered by the physician.

These regulations were not met as evidenced by:

Based on interview and record review, the facility failed to complete pressure sore treatments for one resident (R2) of one resident reviewed for infection's in the sample list of six. This failure resulted in R2 developing an infection in R2's pressure wound.

Findings include:

R2's undated diagnosis list includes pressure ulcer left hip stage 4.

R2's Wound Culture Left Hip final results dated 12/11/24, document Staphylococcus Aureus and many Gram positive cocci in pairs, chains, and clusters.

R2's Medication Administration Record (MAR) dated 12/1/24 - 12/31/24, documents Probiotic Oral Capsule (Saccharomyces boulardii), give 1 capsule by mouth in the morning for wound infection for 14 Days, start date 12/14/2024 8:00 AM. This same MAR documents G (Sulfamethoxazole-Trimethoprim), give 1 tablet by mouth every morning and at bedtime for left

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001952	A. BUILDING: _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDWATER CARE DANVILLE	620 WARRINGTON AVENUE DANVILLE, IL 61832

(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
S9999	Continued From page 2	S9999		

hip wound infection for 10 days, start date 12/14/2024, 8:00 AM.

R2's Physician Order Sheet (POS) dated 1/16/25, documents R2's treatment order as: wound care: left hip, cleanse with wound cleanser and gauze, apply collagen powder to wound cavity, pack wound with 3.4 inch bandage roll soaked with betadine solution, cover with (abdominal) pad, secure with retention tape three times a day (TID) and as needed (PRN).

R2's Treatment Administration Record (TAR) dated November 2024, documents Treatment Administration Record (TAR) wound care left hip: twice (BID) a day and PRN, every day and evening shift for wound care, start date 11/14/24 7:00 AM, discontinue 12/4/24 10:00 AM. This same TAR documents treatments not being completed on: day shift - 11/15, 11/16, 11/17, 11/21, and 11/26/24; evening shift - 1120/24.

R2's TAR dated December 2024, documents a wound treatment for R2's left hip as TID and PRN every shift for Wound Care, start Date 12/11/2024 11:00 PM, discontinue date 01/16/2025 12:04 PM. This same TAR documents treatments not being completed on: day shift - 12/14, 12/15, 12/21, 12/24 - 12/29, and 12/31/24; evening shift - 12/18, 12/27, 12/30/24; night shift - 12/13, 12/14, 12/15, 12/17, 12/23, 12/27, 12/29/24.

On 1/15/25 at 11:00 AM, R2 stated he had Covid back in December (2024) and staff wore Personal Protective Equipment (PPE) in his room, stated no problems with staffing on night shift, got needs met then, stated R2 never had any symptoms either. R2 stated R2 has a pressure ulcer on his left hip and treatments do not get done. R2 stated it was almost healed and then got infected, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001952	A. BUILDING: _____ B. WING _____	C 01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDWATER CARE DANVILLE	620 WARRINGTON AVENUE DANVILLE, IL 61832

(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
S9999	Continued From page 3 this has been going on since October (2024). R2 stated the dressing change is not done for 24 hours sometimes and it should be done at the beginning of the shift. On 1/16/25 at 12:13 PM, V13 Nurse Practitioner (NP) stated R2's wound has been an issue since September (2024) going back and forth with it. V13 stated V13 sees treatments are not being done and the wound gets worse. V13 stated V13 has told the staff about it but the wound still remains and has gotten infected. The facility's Licensed Practical Nurse and Registered Nurse Job Descriptions dated 5/2/2017, both document the nurse is responsible for administering professional services such as applying and changing dressings and be knowledgeable of nursing practices and procedures. (B)	S9999		