

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/05/2025
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE MARSEILLES			STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341		
(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 Investigation #2521698/IL187317	S 000			
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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			

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

03/26/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/05/2025
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE MARSEILLES		STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341		
(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 resident to meet the total nursing and personal care needs of the resident. 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: 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. THESE REQUIREMENTS WERE NOT MET EVIDENCED BY: Based on observation, interview, and record review, the facility failed to supervise a resident (R5) with a metastatic brain neoplasm and prevent an injury for one (R2) of two residents reviewed for accidents in a sample of five. This deficiency resulted in R2 going to the hospital, sustaining a fracture to his right knee, and ongoing pain requiring pain medication. Findings include. Facility's Residents' Rights for People in Long Term Care Facilities, Ombudsman Program revised 11/2018, documents: "Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health, at their highest practical levels." Facility "Abuse Investigation Report," dated 2/12/25, documents "(R5) went into (R2's) room and threw a chair at (R2) while (R2) was in bed."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/05/2025
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE MARSEILLES			STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341		
(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 (R2) complained of right knee pain and sent to the hospital for assessment. Pain medication was administered to (R2)." R2's Medication Administration Record/MAR, dated 2/1-2/12/25, documents R2 was taking "Tylenol 650mg/milligrams four times a day for pain." R2's MAR, dated 2/12-2/28/25 and 3/1-3/4/25, documents R2 was ordered "Norco 5-325mg take one tablet every 24 hours taken 2/18/25 for pain 5/10 and 2/19/25 for pain 7/10. Norco 5-325mg 1 tablet every eight hours as needed for right knee pain taken 2/12 for pain 4/10; 2/13 for pain 6/10; 2/17 for pain 7/10; 2/20-2/22 for pain 8/10; 2/24 for pain 6/10; 2/28 for pain 7/10; 3/1 for pain 7/10; and 3/3 for pain 8/10." R2's medical record documents the following: (R2's) progress note by (V9 APRN/Advanced Practice Registered Nurse), dated 2/12/25, documents "Patient seen today for follow up on uncontrolled right lower extremity pain. pain in right knee new onset status post injury where he was hit with a chair." R2's after visit summary from the hospital (2/13-2/17/25) progress note by V10 MD/Medical Doctor, dated 2/13/25, documents "(R2) states he is having pain in his knee." R2's cat scan from the hospital, dated 2/14/25, documents "Acute mildly displaced and mildly impacted fracture of the lateral femoral condyle posterior aspect with possible extension into the intercondylar notch. Prepatellar soft tissue swelling." (R2's prior x-ray from 2/11/25 documents R2 has no fracture.)	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/05/2025
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE MARSEILLES			STREET ADDRESS, CITY, STATE, ZIP CODE 578 WEST COMMERCIAL STREET MARSEILLES, IL 61341		
(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 R2's orthopedic consultation note by V11 MD, dated 2/15/25, documents "Orthopedic consultation for a right distal femur fracture. (R2) was attacked by a roommate and began reporting knee pain. Recommendations: Non-operative management and pain control." R2's medical record documents the following: (R2's) progress note by V9 APRN, dated 2/19/25, documents "Patient seen today in the facility and then again via telehealth this evening around 10:30PM for RLE/right lower extremity pain. Patient rates pain to RLE an 8/10. He is requesting a Norco; however, Norco is currently ordered q24 hours prn/as needed. Previous order was every 8 hours prn. Patient has new LE/lower extremity femur fx/fracture. Mild distress. Upset with inability to receive additional pain medication due to uncontrolled pain. I ordered Norco every eight hours as needed. Pain in right knee is a new onset s/p (status post) injury where he was hit with a chair. X-ray in ER/emergency room was negative, repeat x-ray negative, and then Femur fracture diagnosed in the hospital." On 3/4/25 at 11:30AM, R2 stated "I have to rest my right knee due to (R5) throwing a chair at me. My knee is fractured, and I take pain medication for it, I can't do physical therapy or wear my prosthesis. I had an X-ray here (nursing home,) the hospital, and then another hospital." On 3/4/25 at 1:50PM, V2 DON/Director of Nursing stated "(R5) threw a chair at (R2), and (R2) went to the hospital." On 3/4/25 at 2:15PM, V1 Administrator stated, "I heard (R2) had a fracture." (A)	S9999			

**578 WEST COMMERCIAL STREET
MARSEILLES, IL 61341**

If continuation sheet 5 of 5