

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 02/27/2025
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 2521335/186533 Incident Report Investigation to Incident of 2/19/25-IL 186681. Incident Report Investigation to Incident of 2/14/25-IL 186920,	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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

03/26/25

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S9999	Continued From page 1 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. 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, facility staff failed to operate the facility van, with a resident aboard, in a safe manner to prevent an accident, for one of three residents (R1), reviewed for accidents. This failure resulted in R1 sustaining a nondisplaced fracture of the left patella, unspecified fracture. Findings include: The facility's Vehicle Safety Program policy, undated, documents that while driving will never be a risk-free activity, the goal of a vehicle safety program is to promote a heightened level of safety awareness and responsible driving behaviors to protect employees, customers, and the general public from unsafe vehicle operations. For organizations that employ workers to operate a company vehicle or their personal vehicle while performing company-related duties, establishing	S9999			

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S9999	Continued From page 2 a comprehensive vehicle safety policy will emphasize the organization 's commitment to safe vehicle operations. On 2/25/25 at 9:30am, R1 stated that he was going to an appointment in the facility van, there was an accident. R1 stated that V4, Dietary Manager, was driving the van, not the regular driver. R1 stated that entering the parking garage and the top of the van hit the ceiling or something of the parking garage. R1 stated that he was jerked forward and hit the seat in front of him. R1 stated that he was having a lot of pain in his left knee area. R1 stated that the fire department and ambulance got him to a gurney and took him to the emergency room. R1 stated that he was told he had a fracture in his knee but has to go for further testing to determine the extent of the injury. V9, Registered Nurse, applied R1's left knee brace. R1's left knee was swollen, and slight bruising was observed. R1 complained of increase pain with movement. (B)	S9999			