

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001952	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/12/2025
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE DANVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Investigation: 2563968/IL191645	S 000		
S9999	Final Observations Statement Of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1) 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 resident to meet the total nursing and personal care needs of the resident.	S9999		

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

TITLE

(X6) DATE

Electronically Signed

05/31/25

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S9999	<p>Continued From page 1</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to administer a medication according to manufacturer's directions and failed to utilize PRN (as needed) doses for one resident (R1) of three residents reviewed for medications in a sample list of four residents. This failure caused R1 to receive insufficient dose of medication which lead to increasing signs and symptoms of Parkinson's Disease which caused R1 to be fearful and suffer psychosocial harm.</p> <p>Findings Include:</p> <p>R1's Care Plan updated 4/17/25 includes the following diagnoses: Parkinson's Disease without Dyskinesia, Functional Quadraplegia, Chronic Obstructive Pulmonary Disease, Type II Diabetes Dysphagia, and Dysphasia with a gastrostomy tube.</p> <p>R1's Minimum Data Set (MDS) dated 4/17/25 documents R1 is cognitively intact and is dependent on staff to complete Activities of Daily Living (ADLs).</p> <p>R1's current physician's orders include an order for Apomorphine HCl (Apokyn)Solution Cartridge 30 MG/3ML Inject 0.6 ml subcutaneously every</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>two hours as needed for freezing or slowness/inability to speak related to Parkinson's Disease. Can be given up to two times two hours apart. Maximum of five times daily and Inject 0.6 ml subcutaneously before meals for freezing episodes related to Parkinson's Disease. Give one hour prior to meals.</p> <p>The manufacturer's directions for administering Apokyn state "IMPORTANT - Prior to each injection, it is important that the Apokyn Pen be properly primed.</p> <p>For a new Apokyn Cartridge (1 that has not been used before), repeat the priming procedure described on the next page (Steps 8-9) 3 or 4 times to make sure all the air has been removed from the needle and cartridge. For an Apokyn Cartridge you have used before (1 that has been previously primed), repeat the priming procedure described on the next page (Steps 8-9) 1 time to make sure all the air has been removed from the needle and cartridge. Step 8. You must prepare (prime) the Apokyn Pen for use before injecting the medicine. To prime the Apokyn Pen, set the dose by turning the dose knob to 0.1 ml. This is important so you can get rid of any air bubbles in the cartridge. Step 9. Remove the inner needle shield. Remember, do not let the needle touch anything. With the needle pointing up, firmly push the injection button in as far as it will go and hold for at least 5 seconds. A small stream of medicine must come out of the end of the needle. If it does not, reset the dose by repeating Step 8. Repeat these steps (Steps 8-9) until a small stream of medicine comes out the end of the needle. When medicine comes out of the end of the needle, the Apokyn Pen is primed for injection and ready to use."</p> <p>On 5/8/25 at 11:30AM V7, RN (Registered Nurse)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>administered R1's Apokyn. V7 did not prime the needle. When asked if the needle needed primed V7 stated "As far as I know we have never primed the needle." V7 verified she regularly works the day shift on the hall where R1 resides.</p> <p>On 5/8/25 at 11:35AM (R1) was seated in a high-backed reclining chair in her room. (R1) was able to speak softly and slowly at this time. (R1) stated "when I freeze up like that I am scared to death. I can't talk, but I know what is going on. All I can really do is roll my eyes up to the ceiling to let them know I am in here. I don't think all the staff know this is my only communication. If I get the shot I am able to move and talk a lot sooner."</p> <p>On 5/8/25 at 1:00PM V5, R1's family member stated (R1) "gets the Apokyn to help her avoid or shorten the time of episodes where her muscles freeze and (R1) is unable to move, swallow, or speak. This is very frightening to (R1). I have cameras in R1's room so I can see that (R1) is taken care of. (R1) is to get her shot an hour prior to meals and that doesn't happen always. (R1) is also able to get up to two additional doses for freezing episodes and that is often not given. This is causing more frequent and longer episodes. V5 stated according to her camera on 5/5/25 (R1) had an episode from 12:00PM until 3:48PM and again from 5:42PM until 12:00AM." R1's Medication Administration Record (MAR) does not document any PRN doses of Apokyn were given on 5/5/25.</p> <p>On 5/12/25 at 9:54AM V13 Registered Pharmacist for the facility's contracted provider stated "the manufacturer's direction should definitely be followed when administering any medication. If the needle isn't primed the resident</p>	S9999		

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S9999	Continued From page 4 is definitely not receiving the correct dose of the medication especially when the dose is a small amount. Not receiving the correct dose as ordered could potentially affect the efficacy of the medication." The facility's policy Subcutaneous Injection revised 2/2/18 fails to address the necessity of priming the needle when utilizing multidose cartridge pens. (A)	S9999			