

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003560</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 05/08/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE GIBSON CITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>620 EAST FIRST STREET GIBSON CITY, IL 60936</b>		
(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#2563880/IL191510	S 000		
S9999	Final Observations  Statement of licensure violations:  300.610a) 300.1210b) Section 300.3210t)  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. Section 300.3210 General	S9999		

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

Electronically Signed

TITLE

(X6) DATE

05/29/25

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S9999	<p>Continued From page 1</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to protect the residents right to be free from physical and verbal abuse by another resident. This failure affects two (R1 and R2) of 12 residents reviewed for abuse in the sample list of 13. This failure resulted in R1 abusing R2 causing R2 to experience psychosocial harm as evidenced by crying.</p> <p>Findings include:</p> <p>The facility's Abuse Prevention and Reporting Policy (revised 10/24/22) documents the following: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents.</p> <p>R1's Face Sheet dated 5/8/25 documents the following diagnoses: Dementia with agitation and behaviors and Alzheimer's Disease.</p> <p>R1's Minimum Data Set (MDS) dated 5/8/25 documents R1 is severely cognitively impaired.</p> <p>R1's Care Plan (current) documents R1 has a behavior problem and screams/curses at staff.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This same record documents R1 is frequently verbally aggressive towards others and can have aggressive behaviors.</p> <p>A Progress Note dated 5/7/25 documents R1 still wearing the same clothing as the day before and R1 resistive to cares and very aggressive physically and verbally.</p> <p>R2's Face Sheet dated 5/8/25 documents the following diagnoses: Alzheimer's Disease.</p> <p>R2's MDS dated 2/13/25 documents R2 is severely cognitively impaired.</p> <p>A typed, undated incident narrative documents a physical and verbal altercation between R1 and R2. This same record documents R1 was witnessed by V4 Certified Nursing Assistant (CNA) hitting R2 in the back and yelling at R2 stating R2 "needed a good smacking."</p> <p>On 5/7/25 at 12:38pm, V9 Registered Nurse stated R1 can be aggressive towards other residents. V9 stated R1 does not like other residents to be around R1.</p> <p>On 5/7/25 at 1:21pm, V4 CNA stated on 4/26/25, R1 was in the lobby sitting area near the table by the front window and R2 was near the front door yelling "I want to go home." V4 stated this is not unusual for R2. V4 stated V4 was sitting at the nurses station charting when V4 heard R1 yelling at R2, "I'm tired of listening to you. Why don't you shut up." V4 stated V4 then heard what sounded like R1 smacking R2 in the back and R2 posturing like R2 had been hit in the back.</p> <p>On 5/8/25 at 10:45am, R8 stated R1 cusses residents out.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 5/8/25 at 12:21pm, V16 CNA stated the last weekend V16 worked, either Saturday or Sunday (4/26/25 or 4/27/25), V16 was told by V4 CNA that R1 hit R2. V16 stated V16 came upon R1 and R2 shortly after the incident. V16 stated R2 was crying and rubbing R2's arm and R2 said R1 hit R2.</p> <p>(B)</p>	S9999		