

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015879	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2025
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE CLINTON		STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727		
(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 First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: ONE OF FIVE 300.650c)d) 300.650 Personnel Policies c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file. d) The facility shall check the Health Care Worker Registry for the work eligibility status of all applicants who are under the jurisdiction of the Healthcare Worker Background Check Act prior to hiring. This failure was not met as evidenced by: Based on interview and record review the facility failed to maintain copies of nurse licenses in personnel files for 3 of 3 (V3, V19, V20) reviewed and failed to verify eligibility status for 1 of 10 (V20) employees reviewed. These failures have the potential to affect all 89 residents in the facility. Findings include: On 5/9/25 V3's (Assistant Director of Nursing), V19's (RN), and V20's (LPN) personnel files were reviewed. These files did not contain copies of	S9999		

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

TITLE

(X6) DATE

Electronically Signed

05/19/25

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S9999	<p>Continued From page 1</p> <p>their nurse licenses. V20's file contained request form for fingerprints documenting eligibility unverified.</p> <p>On 5/9/25 at 12:00 PM V5 Human Resources reviewed these employee files and confirmed they did not contain copies of their nurse licenses. V1, Administrator, and V5 state they did not know that a copy of the nurse licenses must be kept in the personnel files. V5 states that nurse licenses are checked and verified on the IDFPR website and from now on a copy should be retained in the personnel file.</p> <p>5/9/25 at 12:05pm, V1 states she is unclear why V20 would not have completed fingerprinting and could not state to why the form was still in her file but that she was on FMLA right now. V1 states she did work in facility until end of April. V5 states she will run checks and put in files.</p> <p>On 5/10/25 at 12:00 PM V2 Director of Nursing stated nurses are placed on different assignments often, confirming nursing staff has access to all residents.</p> <p>The facility's Daily Census dated 5/9/2025 documents 89 residents in the facility.</p> <p>(C)</p> <p>TWO OF FIVE 300.661</p> <p>300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This failure was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to complete background checks for new employees prior to date of hire for 9 of 10 (V3, V13, V14, V15, V16, V17, V18, V19, V20) employees reviewed. These failures have the potential to affect all 89 residents in the facility.</p> <p>Findings include:</p> <p>On 5/9/25: 10 employee files reviewed for background checks, eligibility verification, and licensure verification.</p> <p>1 of 10 (V20) employees registry verification documents "yet to be determined".</p> <p>2 of 10 (V17, V20) employees have Live Scan requests open with no proof of completion,</p> <p>2 of 10 (V17, V20) employees have no OIG checks.</p> <p>2 of 10 (V17, V20) employees have no Department of Corrections checks.</p> <p>3 of 10 (V14, V17, V20) employees have no wanted fugitive checks.</p> <p>8 of 10 (V13, V15, V16, V17, V18, V19, V20) employees have no Illinois Sex Offender database checks completed.</p> <p>Zero out of nine employees had complete background checks prior to hire and start date.</p> <p>On 5/9/25 at 12:00 PM V5 Human Resources reviewed these employee files and confirmed they did not contain background checks. V5</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>states that eligibility verifications are checked and verified on the Health Care Worker Registry website and from now on copies of all checks completed should be retained in the personnel file.</p> <p>5/9/25 at 12:05pm, V1 confirms the background checks should have been completed prior to hire. V5 states she will run checks and put in files.</p> <p>On 5/10/25 at 12:00 PM V2 Director of Nursing stated certified nurse aides are placed on different assignments often, and all housekeeping and dietary staff come in contact with residents, confirming staff has access to all residents.</p> <p>The facility's Daily Census dated 5/9/2025 documents 89 residents in the facility.</p> <p>(C)</p> <p>THREE OF FIVE 300.696d2)</p> <p>Section 300.696 Infection Prevention and Control</p> <p>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on observation, interview, and record</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>review the facility failed to implement proper hand hygiene during medication administration for six of ten residents reviewed for medication administration on a sample list of ten. This failure has the potential to affect all residents that reside in the facility.</p> <p>Findings include:</p> <p>Medication Administration General Guideline Policy dated November 2021 (page 99) documents the following: the person administering medications should adhere to good hand hygiene, which includes washing hands thoroughly: before beginning a medication pass, prior to handling any medication (gloves are to be worn if direct contact), after coming into direct contact with a resident, before and after administration of ophthalmic, topical, vaginal, rectal, and parenteral preparations, and before and after administration of medications via enteral tubes. Hand sanitization is done with an approved sanitizer between hand washings, when returning to the medication cart or preparation area (assuming hands have not touched a resident or potentially contaminated surface) and at regular intervals during the medication pass such as after each room, again assuming handwashing is not indicated. On page 103 of this policy, it documents that hands are washed before putting on examination gloves and upon removal for administration of topical, ophthalmic, injectable, enteral, rectal, and vaginal medications.</p> <p>On 5/9/25 between 11:10 AM AND 11:20 AM, V7 Licensed Practical Nurse was administering medications to two residents and did not perform hand hygiene before preparing medications, between residents or after administering</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>medications.</p> <p>On 5/10/25 between 8:19 AM AND 9:15 AM, V7 was administering medications to four residents and did not perform hand hygiene before preparing medications, between residents or after administering eye drops.</p> <p>On 5/10/25 at 10:29, V2 Director of Nursing stated that staff should be completing hand hygiene between each resident, after handling high risk medications, and before and after administering eye drops.</p> <p>(B)</p> <p>FOUR OF FIVE 300.1060b)d)</p> <p>Section 300.1060 Vaccinations</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act).</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act).</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on interview and record review the facility failed to document in the resident's medical record that an annual vaccination against influenza and pneumonia was administered, arranged, refused or medically contraindicated for</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>three (R1, R2, and R3) out of five residents reviewed for immunizations on a sample list of nine.</p> <p>The facility's Influenza and Pneumococcal Immunization's Policy dated 11/28/12 (with a revision on 4/21/22) documents that the resident's medical record includes documentation that indicates, at a minimum, the following: that the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunizations; and that the resident either received or did not receive the influenza and/or pneumococcal immunization due to medical contraindications or refusal.</p> <p>R1's electronic medical record does not provide documentation that the influenza vaccine was administered, arranged, refused or medically contraindicated.</p> <p>R2's and R3's electronic medical record does not provide documentation that the pneumonia vaccine was administered, arranged, refused or medically contraindicated.</p> <p>On 5/10/25 at 2:12 PM, V6 Social Services Director stated that the nurse that admitted R1, R2, and R3 should have provided these residents or the resident's representative with education and consents for the influenza, pneumonia, and COVID vaccines.</p> <p>(B)</p> <p>FIVE OF FIVE 300.1630f)</p> <p>Section 300.1630 Administration of Medication</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>f) Nurses' stations shall be equipped as per Sections 300.2860 or 300.3060 and shall have all necessary items readily available for the proper administration of medications.</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to have two medications readily available for administration for two (R8 and R9) of ten residents reviewed for medication administration on a sample list of ten.</p> <p>Findings include:</p> <p>Medication Administration General Guideline Policy dated November 2021 (page 102) documents the following: 11.) if a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room, and facility (e.g., other units) are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted, or medication removed from the night box/emergency kit.</p> <p>1.) R8's May 2025 Physician Order Sheet (POS) documents an order for Vitamin E 400 unit capsules, give 2 capsules (800 units) every morning. When V7, License Practical Nurse (LPN) administered R8's medication on 5/10/25 at 8:28 AM she did not administer R8's Vitamin E. V7, LPN confirmed on 5/10/25 at 8:30 AM, R8 has the order for Vitamin E but the medication was not available in the medication cart to give. On 5/10/25 at 11:30 AM, V2 Director of Nursing (DON) stated that this is a stock medication, and the nurse should have got the Vitamin E from the stock cabinet.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>2.) R9's POS dated May 2025 documents an order for Olopatadine drop 0.1%, instill 1 drop in each eye two times a day. When V7, LPN administered R9's medication on 5/10/25 at 8:50 AM, she did not administer R9's Olopatadine eye drops. V7, LPN confirmed on 5/10/25 at 9:20 AM, R9 has an order for Olopatadine but the eye drops were not available in the medication cart to give. On 5/10/25 at 11:30 AM, V2 stated that the Olopatadine drops come from the pharmacy and that the nurses should have communicated to the pharmacy prior to running out that R9's Olopatadine drops 0.1% needed refilled.</p> <p>(C)</p>	S9999		