

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  Goldwater Care Bloomington		STREET ADDRESS, CITY, STATE, ZIP CODE  700 East Walnut Bloomington, IL 61701	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37813</b></p> <p>Based on interview and record review the facility failed to notify a resident and resident representative in writing of an involuntary facility-initiated discharge. This failure affects one of five residents (R1) reviewed for involuntary discharge in a sample list of five residents.</p> <p>Findings Include:</p> <p>The facility's policy Bed Hold and Return to the Facility reviewed 9/16/17 states: Medicaid-eligible residents who are on therapeutic leave or are hospitalized beyond the State's bed-hold policy must be readmitted to the first available bed even if the residents have outstanding Medicaid balances. Once readmitted, however, these residents may be transferred if the facility can demonstrate that non-payment of charges exists and documentation and notice requirements are followed.</p> <p>R1's Care Plan updated 3/7/24 includes the following diagnoses: Alcoholic Cirrhosis of the Liver, Chronic Atrial Fibrillation, Long Term Use of Anticoagulant, Anemia, Depression, Aseptic Necrosis of Bilateral Femurs, Dysphagia, [NAME] Matter Disease, and Amyotrophic Lateral Sclerosis.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively intact, but unable to complete Brief Inventory of Mental Status (BIMS).</p> <p>R1's Progress Notes dated 4/2/24 document R1 was admitted to the hospital from the facility on 4/2/24 with a diagnosis of perianal abscess.</p> <p>On 4/15/24 at 10:52AM V4, R1's Family member, stated R1 is ready to discharge back to the facility, however facility staff told V4 they would not take R1 back.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/15/24 at 10:00AM V3, Social Service Director stated (R1) was alert and oriented and able to make needs known, but because (R1) has Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis) and had trouble speaking because of muscle weakness the BIMS assessment could not be completed. V3 further stated The facility will not be readmitting (R1) from the hospital because (R1's) behavior was too difficult for the staff to manage. (R1) had trouble swallowing and required 1:1 assistance to eat and refused to come to the dining room to be fed. (R1) cursed at staff. (R1) did not want (R1's) bed to be put in lowest position and fall mats on the floor even though (R1) was at risk for falls. (R1) refused personal care at times. We have had several tags already because (R1) reported complaints to the state. V3 verified that (R1) nor his representative were notified of the facility's intent to involuntarily discharge (R1).</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37813</p> <p>Based on interview and record review the facility failed to allow a hospitalized resident to return to the facility. This failure affects one of five residents (R1) reviewed for involuntary discharge in a sample list of five.</p> <p>Findings Include:</p> <p>R1's Care Plan updated 3/7/24 includes the following diagnoses: Alcoholic Cirrhosis of the Liver, Chronic Atrial Fibrillation, Long Term Use of Anticoagulant, Anemia, Depression, Aseptic Necrosis of Bilateral Femurs, Dysphagia, [NAME] Matter Disease, and Amyotrophic Lateral Sclerosis.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively intact, but unable to complete Brief Inventory of Mental Status (BIMS).</p> <p>R1's Progress notes from 1/2/24 to 4/2/24 document R1 refused offers to go to the dining room to be fed at least 94 times. R1's Progress notes from 1/2/24 to 4/2/24 document R1 refused offers of fall mats and bed in lowest position at least 15 times. There is no documentation to support R1 experienced a fall during this period. There is no documentation to support alternative care options were discussed with R1 to address these refusals.</p> <p>R1's progress note dated 4/2/24 at 3:24PM documents R1 C/O (complained of) pain in the scrotum. Writer assessed resident and noted bloody discharge with yellow pus, wound nurse, DON (Director of Nursing) and MD (Medical Doctor) notified. (R1) requested to be sent to ER (emergency room ) for further evaluation. The Note documents R1's Vital Signs as Blood Pressure 119/84, Temperature 99.8 degrees Fahrenheit, Oxygen Saturation 93% on room air, and Heart Rate 108. The note documents 911 was called and R1 was transported to the emergency room at 3:00PM.</p> <p>R1's progress note dated 4/2/24 at 10:25PM documents admitted to (hospital) for perianal abscess.</p> <p>On 4/15/24 at 10:00AM V3, Social Service Director stated R1 was alert and oriented and able to make needs known, but because (R1) has Lou Gehrig's Disease (Amyotrophic Lateral Sclerosis) and had trouble speaking because of muscle weakness the BIMS assessment could not be completed. V3 further stated The facility will not be readmitting (R1) from the hospital because (R1's) behavior was too difficult for the staff to manage. (R1) had trouble swallowing and required 1:1 assistance to eat and refused to come to the dining room to be fed. (R1) cursed at staff. (R1) did not want (R1's) bed to be put in lowest position and fall mats on the floor even though (R1) was at risk for falls. (R1) refused personal care at times. We have had several tags already because (R1) reported complaints to the state.</p> <p>On 4/15/24 at 10:52AM V4, R1's Family member stated (The facility) will not take (R1) back. The hospital is ready to discharge (R1) and I called to tell (the facility) and was told they would not take (R1) back. (R1) was diagnosed with Lou Gehrig's Disease and I know (R1) takes a lot of care, but so do other residents. I really don't know where (R1) will go.</p> <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/15/24 at 1:43PM V5, Hospital Registered Nurse (RN) stated I am (R1's) Charge Nurse at (hospital). I have not observed any behavior such as cursing, refusing care, or other concerning behavior. There was no such behaviors reported or documented as far as I know since (R1) has been here.</p> <p>The facility's policy Bed Hold and Return to the Facility reviewed 9/16/17 states</p> <p>Conditions for Return to Facility:</p> <p>Residents whose hospitalization or therapeutic leave exceeds the bed-hold period may return to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident:</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services; and</p> <p>(C) The facility is able to meet the needs of the resident.</p> <p>The following are circumstances under which a resident may not be permitted to return to the facility following a hospitalization or therapeutic leave:</p> <p>The resident's clinical or psychiatric needs cannot be met in the facility;</p> <p>The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;</p> <p>The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;</p> <p>The health of individuals in the facility would otherwise be endangered;</p> <p>Medicaid-eligible residents who are on therapeutic leave or are hospitalized beyond the State's bed-hold policy must be readmitted to the first available bed even if the residents have outstanding Medicaid balances. Once readmitted , however, these residents may be transferred if the facility can demonstrate that non-payment of charges exists and documentation and notice requirements are followed.</p>		