

| | | | |
|--|--|---|--|
| 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 04/24/2024 |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34058</p> <p>Based on observation, interview, and record review, the facility failed to store and maintain caustic cleaning chemicals in a manner to prevent access by an ambulatory resident diagnosed with dementia. This failure has the potential to affect one resident (R1) out of five reviewed for safety on the sample of five.</p> <p>Findings include:</p> <p>R1's Census Detail documents R1 was admitted to the facility 9/1/22. This same Census Detail documents R1 was discharged to the hospital 4/21/24.</p> <p>R1's Nurses Notes dated 4/21/24 document R1 was sent to the hospital for unwitnessed possible ingestion of unknown substance.</p> <p>R1's Diagnoses List documents R1's medical diagnoses includes Anxiety, Major Depression, Dementia with Behavioral Disturbance, Gastro-Esophageal Reflux Disease, Disorder of Phosphorus Metabolism, Adrenocortical Insufficiency, Hyponatremia/ Hypo-Osmolality, and a history of Gastro-Intestinal Hemorrhage.</p> <p>R1's Minimum Data Set, dated dated [DATE] documents R1 could not provide any comprehensible answers during a Brief Interview for Mental Status being scored with a -0- out of a possible 15, rating R1 is severely cognitively impaired, and experiencing inattention, disorganized thinking with unclear or illogical flow of ideas. This same Minimum Data Set documents R1 could ambulate greater than 150 feet with supervision. This Minimum Data Set documents R1 displayed behaviors such as hitting or scratching self, throwing items, pacing, wandering, rummaging, and throwing food or bodily wastes.</p> <p>On 4/24/24 at 9:25 AM, V5, Housekeeper, stated, I worked this past Saturday (4/20/24) and a CNA (Certified Nursing Assistant) borrowed a spray bottle of (name brand) cleaner. CNAs borrow the cleaner from me regularly, they usually bring it back to me but this CNA never did. I didn't know her name because she worked for an agency. V5 concluded by stating, When I came in to work the following Sunday (4/21/24) I heard that (R1) had gotten a hold of the (name brand) cleaner.</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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| 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 04/24/2024 |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/24/24 at 9:25, V5 displayed a bottle of the name brand cleaner which was labeled as a diluted quaternary ammonia product with an Environmental Protection Agency List N disinfectant number 47371-129-675.</p> <p>The Material Safety Data Sheet for this name brand cleaner documents this product is caustic, corrosive to metals, skin irritant, and causes serious eye irritation.</p> <p>On 4/24/24 at 11:36 AM, V8, Licensed Practical Nurse, stated, I was busy with another resident (R6) who was fighting us and I had called the police and Emergency Medical Technicians (EMT's) for assistance to get (R6) to the hospital. After the police and EMT's got there, I had left the room to go print transfer documents for (R6) and I saw (R1) with the bottle of (name brand) cleaner in her hands and it was opened. V8 continued, When I took the bottle from (R1) she said something like 'I need to finish that' or 'do I need to finish that.' V8 further stated, (R1) wasn't able to tell me if she had drank any of the cleaner so I told the EMT's to take (R1) to the hospital as a precaution and I would call another ambulance for (R6). V8 concluded by stating, I smelled around (R1's) mouth and I couldn't smell any of the cleaner, and there were no red marks or burns around (R1's) mouth.</p> <p>On 4/24/24 at 12:02 PM, V10, Power of Attorney for R1, stated, I got a call about 3:00 AM Sunday morning and the nurse who called told me (R1) had gotten a hold of some (name brand) cleaner. Well, I am concerned that any resident in a nursing home could get a hold of something caustic like that. Things like that should be locked up. V10 continued, They told me she picked it up from behind the nurses station, so they know a lot of those residents wander around so why don't they put a door and a lock at the nurses station.</p> <p>On 4/24/24 at 2:26 PM, V9, Agency Certified Nursing Assistant, stated, I was working this past Saturday night into Sunday morning. There was a resident (R6) who was out in the common area coughing, then the nurse (V8) told me (R6) tested positive for covid and was going to the hospital. V9 continued, The nurse had taken (R6) back to the room and I thought I better do some cleaning around the area where (R6) was in the common areas, so I picked up the bottle of (name brand) cleaner from the nurses station and started wiping surfaces. Then I heard screaming so I thought I should go see what that was about and I put the bottle of cleaner back where I got it from behind the nurses station. V9 further stated, I can easily reach the back side of the nurses station from the front side, and they didn't have any place to lock the cleaner, I put it back right where I found it behind where the masks and gloves were sitting at the nurses station. V9 concluded by stating, I was in the room with the EMT's and police as they were asking me questions about (R6) and the nurse (V8) came and said 'I need the EMT's stat' (urgently), so I followed them out into the hallway and the nurse said she had seen (R1) with a bottle of cleaner and wanted (R1) sent out to the hospital because she couldn't determine if (R1) had drank any of it.</p> <p>On 4/24/24 at 2:35 PM, the nurses station on the facility's west residential hallway was constructed of a wooden base approximately 30 inches high, with a counter top approximately 20 inches wide from front to back. There was a raised portion on each end of the counter top to protect the computer screens from public view. There were medical masks and gloves sitting on one of these raised portions at one end of the station, and a large water keg at the other end. The back of the counter top was easily reachable from the front of the nurses station.</p> <p>R1's emergency room Report dated 4/21/24 was inconclusive as to whether R1 had ingested any cleaner, but did document the absence of any chemical burns around R1's mouth and throat.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| 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 04/24/2024 |
| 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 4/24/24 at 2:15 PM, V1, Administrator, stated, The chemicals should have been locked and we have done education for all staff to keep them locked, and we are doing monitoring rounds every day to make sure nothing like that is out in the open where residents can reach them.</p> |