

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 04/10/2025
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49492</p> <p>Based on interview and record review the facility failed to employ a registered nurse, eight hours a day, seven days a week. This failure has the potential to affect all 88 residents who reside in the facility.</p> <p>Findings include:</p> <p>The facility provided census dated 4/9/25 documents 88 residents reside in the facility.</p> <p>The facility provided staffing sheets dated February 3, 7, 17, 21, 27, 28, March 3, 21, 22, 23, 31, and April 4, 2025</p> <p>document that there was not eight hours per day of registered nursing care provided on those dates.</p> <p>On 4/10/25 at 9:39AM, V5 Scheduler confirmed that on February 3, 7, 17, 21, 27, 28, March 3, 21, 22, 23, 31 and April 4, 2025 there was not eight hours per day of registered nursing care provided on those dates.</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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