

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 09/11/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews the facility failed to maintain the resident hallways and resident common seating area carpet, in a clean, sanitary, odor free condition. This failure affects all 76 residents that reside in the facility. Findings include: Resident Council Minutes dated [DATE] and [DATE] old business ([DATE]) and new business, documents residents' grievance of unclean carpet. Resident Council minute grievance notes documented a resolution to spot clean the carpets. On [DATE] at 10:20 am, V6 (R5's Family Member) stated the carpet throughout the facility is 'filthy and smells like urine.' V6 also stated Them spot cleaning the halls is not enough. On [DATE] at 10:35 am, V3, Maintenance Director/Housekeeping/Laundry Supervisor toured the facility with this surveyor. V3 stated I figured it was probably the carpet when I heard state was in the building for environmental issues. I've been here four years. I have tried different ways over the years to tackle the problem. Resident council group continues to complain because it is still a big issue. Last Spring, I had a commercial, carpet cleaning extraction machine. It was old and died. I don't have a commercial extractor available. I have to use a residential carpet cleaner. Basically, it is used for spot cleaning. The carpets need deep cleaned. The residential carpet extractor is the same as what is used when cleaning carpets at home. On [DATE] at 10:40 am, V3 Maintenance Director/Housekeeper/ Laundry Supervisor began the tour of the facility. V4 Maintenance Assistant brought a small, residential, upright carpet cleaning extractor to the resident hallway, T- junction of the hallway. V4 stated the residential appliance is what the facility uses to clean the facility carpet. V4 confirmed the facility does not use a commercial extractor /cleaner in the facility. V4 then stated the strength of the cleaner is the same as what is used when cleaning carpets at home. R7's Minimum Data Set (MDS) dated [DATE] documents R7's Brief Interview of Mental Status (BIMS) score of 15 out of a possible 15, indicating no cognitive impairment. On [DATE] at 10:50 am, R7 stated he is blind in one eye and can barely see out of the other. He can't tell if the carpet is soiled. R7 stated I know something stinks in all the hallways. It may well be the carpet. On [DATE] at 11:00 am through 11:25 am, V3 Maintenance Director and this surveyor continued the tour of all common areas and resident lounges. All resident hallways and common areas, East Long Hall, East Short Hall, [NAME] Long Hall, [NAME] Short Hall, Center Hallway, in front of both East and [NAME] Dining rooms and around the nurses' stations all had light green, or light green with beige bordered carpet. All hallways had a faint urine odor. There were copious wide-spread black and brown stains Some of the stains measured approximately six to eight-foot size patches The stains extended the full length of 100 foot on East and [NAME] Long hallways. The stains also dominated the full forty-foot length of the East, West, and Center hallways of the facility. More of the carpet was stained than not, throughout the facility. There was also a foul feces-like odor on the [NAME] long hallway. Also on the [NAME] long hallway, there was an approximately five-foot section of black mold-like substance present that extended approximately six inches out from the baseboard. V3 stated the facility had a toilet overflow awhile back and had to have a plumber out to fix it. That caused this black stain. V3 also stated the facility has had a couple other toilets back up too. V3 stated I can't smell since I had Covid. I can't confirm the odor. Bottom line is the carpet is old and needs to be replaced. In my opinion, a tile surface would be much better and easier to keep clean. On [DATE] at 11:30 am, V8 Certified Nursing Assistant (CNA) stated No, the carpets are not clean comfortable or homelike. They haven't been, since I started working here three years ago. They are dirty and need cleaned. There are odors from the carpet. That is expected when you see all the stains. On [DATE] at 11:35 am, V9 CNA stated I don't smell anything, probably because I am busy and used to it. The condition of the carpet is not even close to being clean. I see housekeeping spot clean at times. That does not seem to make any difference. It needs to be replaced. The worst areas of the carpet are the areas at the nurse's station, (V9, points to the East Hall carpet around the nurse's station to confirm) where a couple of the residents eat. That is why the carpet is soiled with black stains. On [DATE], V10 Agency, Licensed Practical Nurse stated I work in a lot of facilities. I have worked here several times. What stands out to me is the horrible odors from the dirty carpet. I can give all the medication in the world to the residents, but the atmosphere is not conducive to healing. Absolutely, not clean, comfortable, or homelike. It is a shame. This is a very nice home. R2's MDS dated [DATE] documents R2's BIMS score as 15 out of a possible 15, indicating no cognitive impairment. On [DATE] at 11:50 am, R2 stated I have no problem with the care in the facility, they keep me clean and dry. They keep my room neat and tidy. The hallways are atrocious. The carpets are filthy, and they stink. The smell is not in my room.</p>		