

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/16/2025
NAME OF PROVIDER OR SUPPLIER  Goldwater Care Danville		STREET ADDRESS, CITY, STATE, ZIP CODE  620 Warrington Avenue Danville, IL 61832	

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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>35380</p> <p>Based on interview and record review, the facility failed to complete pressure sore treatments for one resident (R2) of one resident reviewed for infection's in the sample list of six. This failure resulted in R2 developing an infection in R2's pressure wound.</p> <p>Findings include:</p> <p>R2's undated diagnosis list includes pressure ulcer left hip stage 4.</p> <p>R2's Wound Culture Left Hip final results dated 12/11/24, document Staphylococcus Aureus and many Gram positive cocci in pairs, chains, and clusters.</p> <p>R2's Medication Administration Record (MAR) dated 12/1/24 - 12/31/24, documents Probiotic Oral Capsule (Saccharomyces boulardii), give 1 capsule by mouth in the morning for wound infection for 14 Days, start date 12/14/2024 8:00 AM. This same MAR documents G (Sulfamethoxazole-Trimethoprim), give 1 tablet by mouth every morning and at bedtime for left hip wound infection for 10 days, start date 12/14/2024, 8:00 AM.</p> <p>R2's Physician Order Sheet (POS) dated 1/16/25, documents R2's treatment order as: wound care: left hip, cleanse with wound cleanser and gauze, apply collagen powder to wound cavity, pack wound with 3.4 inch bandage roll soaked with betadine solution, cover with (abdominal) pad, secure with retention tape three times a day (TID) and as needed (PRN).</p> <p>R2's Treatment Administration Record (TAR) dated November 2024, documents Treatment Administration Record (TAR) wound care left hip: twice (BID) a day and PRN, every day and evening shift for wound care, start date 11/14/24 7:00 AM, discontinue 12/4/24 10:00 AM. This same TAR documents treatments not being completed on: day shift - 11/15, 11/16, 11/17, 11/21, and 11/26/24; evening shift - 11/20/24.</p> <p>R2's TAR dated December 2024, documents a wound treatment for R2's left hip as TID and PRN every shift for Wound Care, start Date 12/11/2024 11:00 PM, discontinue date 01/16/2025 12:04 PM. This same TAR documents treatments not being completed on: day shift - 12/14, 12/15, 12/21, 12/24 - 12/29, and 12/31/24; evening shift - 12/18, 12/27, 12/30/24; night shift - 12/13, 12/14, 12/15, 12/17, 12/23, 12/27, 12/29/24.</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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/15/25 at 11:00 AM, R2 stated he had Covid back in December (2024) and staff wore Personal Protective Equipment (PPE) in his room, stated no problems with staffing on night shift, got needs met then, stated R2 never had any symptoms either. R2 stated R2 has a pressure ulcer on his left hip and treatments do not get done. R2 stated it was almost healed and then got infected, and this has been going on since October (2024). R2 stated the dressing change is not done for 24 hours sometimes and it should be done at the beginning of the shift.</p> <p>On 1/16/25 at 12:13 PM, V13 Nurse Practitioner (NP) stated R2's wound has been an issue since September (2024) going back and forth with it. V13 stated V13 sees treatments are not being done and the wound gets worse. V13 stated V13 has told the staff about it but the wound still remains and has gotten infected.</p> <p>The facility's Licensed Practical Nurse and Registered Nurse Job Descriptions dated 5/2/2017, both document the nurse is responsible for administering professional services such as applying and changing dressings and be knowledgeable of nursing practices and procedures.</p>		