

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  02/20/2025
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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>35380</p> <p>Based on interview and record review, the facility failed to provide pain medication and antifungal medication to one resident (R1) of three residents reviewed for significant medication errors in the sample list of eight. These failures resulted in R1 experiencing pain and continued symptoms of infection.</p> <p>Findings include:</p> <p>R1's undated diagnoses sheet, documents R1's diagnoses as: aftercare following Joint Replacement surgery, presence of Left Artificial Hip Joint, Candidiasis, unspecified, and unilateral Primary Osteoarthritis, left hip.</p> <p>R1's Physician Order Sheet (POS) dated January 2025, documents Hydrocodone/Acetaminophen Oral Tablet 5-325 milligrams (mg), give 5 mg by mouth one time only for pain related to following Joint Replacement surgery, for 1 day, give 2 tablets Hydrocodone/Acetaminophen 5/325 mg one time only dose; start date 1/30/2025, discontinue date 1/31/2025.</p> <p>R1's January 2025, Medication Administration Record (MAR) has no documentation that Hydrocodone/Acetaminophen Oral Tablet 5-325 milligrams (mg), medication was given on 1/30/25.</p> <p>R1's MAR dated January 2025, documents an order for Clotrimazole Vaginal Cream 2%, insert one applicator vaginally at bedtime for yeast infection, start date 1/30/2025.</p> <p>R1's Treatment Administration Record (TAR) dated January 30, 2025, has no documentation of Clotrimazole Vaginal Cream 2% being administered on 1/30/25 at bedtime. R1's TAR dated February 2025, has no documentation of Clotrimazole Vaginal Cream 2% being administered on 2/4/25, 2/7/25, 2/8/25, and 2/13/25.</p> <p>R1's Orthopedic Discharge Summary dated 1/22/25-1/30/25, documents an order for Lidocaine 4% one patch transdermal on 12 hours, off 12 hours.</p> <p>R1's MAR dated January 2025, documents Lidocaine External Patch 4% apply to left hip topically every morning and at bedtime for pain apply in AM, remove at night, start date 1/30/2025.</p> <p>R1's TAR dated February 2025, has no documentation of a Lidocaine patch being put on R1's left hip on 2/1/25.</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 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/14/25 at 10:26 AM, R1 stated when she first got here, they did not have her medications so she did not get her pain medications and she was in a lot of pain. R1 stated they have forgotten her lidocaine patch too. R1 stated she is not getting her vaginal cream at night and still has symptoms of an infection</p> <p>On 2/14/25 at 12:54 PM, V2 (Director of Nursing) DON stated when R1 was admitted the pharmacy did not get R1's orders in time so they did not have the medications. V2 stated the script that was sent to the facility first was for Oxycodone and the facility does not have that in the convenience box and had to get another order for something else that the facility does have which took a while so R1 did not get the pain medication until the middle of the night. V2 stated if a medication is not checked off as being given then it was not administered. V2 verified R1's Clotrimazole has not be given to R1 on several days according to the TAR. V2 verified R1 did not get the one time dose of Hydrocodone on 1/30/25 and that R1 did not get the Lidocaine patch on 2/1/25.</p> <p>On 2/20/25 at 11:35 AM, V6 Medical Doctor (MD) stated R1's hospital discharge orders should have been followed and R1 should have gotten pain medications that were ordered. V6 stated by not getting pain medications when ordered, it can lead to an increase in pain after a hip replacement and R1 should have received the Lidocaine patch as ordered. V6 also stated R1's orders for medication for a yeast infection should have been followed and given as ordered. V6 stated with a delay in treatment, the infection can continue to get worse.</p> <p>The facility's Medication Administration General Guidelines Policy, undated, documents medications are administered in accordance with written orders of the prescriber.</p>		