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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145183 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>04/17/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Goldwater Care Danville |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>620 Warrington Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>37813</p> <p>Based on observation, Interview, and record review the facility failed to implement enhanced barrier precautions (EBP) for one resident (R2) of three residents reviewed for EBP in a sample list of three residents.</p> <p>Findings include:</p> <p>R2's current diagnoses list includes the following diagnoses: Dementia, Benign Prostatic Hypertrophy with Hyperplasia of the Lower Urinary Tract, Obstructive and Reflux Uropathy.</p> <p>R2's Physician's Orders for April 2025 include a physician's order for a Suprapubic Catheter.</p> <p>On 4/17/25 at 9:05AM V5, RN completed suprapubic catheter care for R2. V5 washed hands, donned gloves, removed the old dressing, cleaned the stoma and tubing with wound cleanser, rewashed hands, donned clean gloves, applied the stoma dressing as ordered, removed gloves, and washed hands per protocol. V5 did not wear a gown to complete this procedure. Isolation linen and trash containers were in R2's room and a cart with isolation supplies were outside R2's door. There was sign on R2's door indicating transmission-based precautions are in place.</p> <p>Per lab results dated 2/19/24 R2 had history of ESBL (Extended-spectrum beta-lactamase) in the urine. Per progress notes R2 had been on and is currently on antibiotics for recurrent Urinary Tract Infections (UTI).</p> <p>On 4/17/25 at 9:10AM V5 verified R2 is on Enhanced Barrier Precautions (EBP) for suprapubic catheter and history of UTIs from multidrug resistant Organisms. V5 stated I should have worn a gown for EBP.</p> <p>On 4/17/25 at 10:00AM V2, Director of Nursing stated (R2) is on EBP for the suprapubic catheter and history of ESBL.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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