

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/09/2026
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)		
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review the facility failed to employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition services. This failure has the potential to affect all 72 residents within the facility. The Long Term Care Facility Application for Medicare and Medicaid dated 6/7/26 documents 72 total residents within the facility. On 6/7/26 at 1:15PM, V1 Administrator, stated they do not currently have a dietary manager. V1 stated that a new dietary manager will start 6/8/26. V1 stated they do not have a full time in house dietician. The registered dietician visits once a month. On 6/8/26 at 9:15AM, V1 Administrator, stated that the hired dietary manager did not complete the on boarding paperwork so they can not start until that is completed. On 6/9/26 at 8:45AM V1 Administrator stated that the dietary manager is anticipated to start on 6/11/26. On 6/9/26 at 12:38 PM V12 cook stated they do not have a dietary manager and is unsure of how long. Corporate Human Resources oversees the kitchen. Facility Key Personnel dated 4/14/26 documents no dietary manager.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 145183	If continuation sheet Page 1 of 33

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 06/09/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to store food and equipment under sanitary conditions in accordance with professional standards for food service safety. This failure has the potential to affect all 72 residents in the facility. Findings include: On 6/9/26 between 12:38PM and 1:20PM, V12 (Cook) gave a tour of the kitchen and food storage areas. In the kitchen, in the freezer there were opened boxes of breaded fish, dinner rolls, and sausage patties that were not sealed. In the refrigerator, there was a container of cottage cheese in a maroon individual bowl with a plastic lid on it that was undated. On the refrigerator seals there was a thick slimy substance with food particles. V12 stated V12 does not have documentation of when the seals were last cleaned. In a kitchen drawer of serving spoons there was food debris in the back, right corner of the drawer. In the kitchen, under the food preparation station, there were cutting boards. The yellow and green cutting boards were wet and had multiple surface-level and deep scratches with small pieces of plastic sticking up from some of the scratches. Near the kitchen door, there was a meat slicer on the bottom shelf that was uncovered and had food debris on it. Under the preparation table, the containers of thickener and sweet and sour sauce had grease residue on them. Both were opened and did not have a date. There was also a box of salt and cream of wheat open with the tab to the container not sealed. In the area where dishes were cleaned and dried, there containers stacked on top of each other with water residue between each container on a rack. Clean dishes were taken from the dishwasher and placed next to a dirty container of bowls with gray water. In the storage area of the basement, two of the three freezers had frost in them. V12 stated V12 did not have documentation of when the freezers were cleaned and defrosted. In the dessert freezer there was an opened and unsealed box of cookies. In another freezer there was an opened and unsealed box of frozen vegetables. On 6/9/26 between 12:38PM and 1:20PM, during the tour, V12 confirmed that the fish, dinner rolls, sausage patties, cookies, frozen vegetables, salt, and cream of wheat should have been sealed. The cottage cheese, thickener, and sweet and sour sauce should have been dated. The drawer with the spoons and the seal around the refrigerator should be cleaned. The cutting boards were not used today, but the sanitization of these boards may be ineffective due to the scratches. The meat slicer should be cleaned and covered. The containers were used to hold condiments and they should be re-washed since they were not dried properly before stacking them on top of each other. V12 stated the dirty dishes have been through the dishwasher and need to be re-washed since they did not come all the way clean. V12 confirmed that dirty dishes should not be next to clean dishes. V12 reported the freezer was suppose to be defrosted and cleaned monthly. The Long Term Care Facility Application for Medicare and Medicaid dated 6/7/26 documents 72 total residents within the facility. The facility's Food Storage Policy, dated 2020, documents all food items will be labeled and freezers must be defrosted regularly.		

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 06/09/2026
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)		
F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Based on interview and record review the facility failed to hold quarterly Quality Assurance Performance Improvement (QAPI) meetings with all required members. This failure has the potential to affect all 72 residents in the facility. Findings include: The facility's QAPI plan dated 2026 documents The Quality Assessment and Assurance (QAA) Committee reports to the executive leadership and governing body and is responsible for meeting on a quarterly basis or more often if necessary to coordinate and evaluate QAPI program activities and develop and implement corrective actions for identified quality deficiencies. This plan documents V11 as the facility's Medical Director and part of the QAA Committee. The facility's QAPI Meeting sign in sheets dated 6/30/25, 7/24/25, 8/28/25, 9/23/25, 9/26/25, 10/27/25, 10/30/25, 12/26/25, 4/30/26 and 6/4/26 were provided by V1 Administrator on 6/8/26. There are no documented sign in sheets after 12/26/25 until 4/30/26. The 4/30/26 sign in sheet indicates December 2025-March 2026 were the months reviewed. The sign in sheets for 12/26/25, 10/30/25, 10/7/25, and 7/24/25 do not document V11 was in attendance for these meetings. On 06/08/2026 at 2:38 PM the facility's QAPI sign in sheets were reviewed and verified with V1. V1 confirmed the gap for meetings between 12/26/25 and 4/30/26. V1 confirmed V11 was not listed on the sign in sheets dated 12/26/25, 10/30/25, 10/7/25, and 7/24/25, which reviewed information for the months of June and August-November 2025. On 06/08/2026 at 3:36 PM V26 [NAME] President of Operations stated the facility has monthly QAPI meetings, but quarterly meetings are required. V26 stated there should have been a meeting in January 2026 but V26 was unable to find a sign in sheet for that meeting. The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 6/7/26 documents the facility's census as 72 residents.		

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 06/09/2026
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)		
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess for the ability to self-administer medications and failed to have physician orders to self-administer medications for three of three residents (R7, R21, R70) reviewed for self-administration of medications in the sample list of 40. Findings include: The facility's undated Self-Administration of Medications Procedure documents residents who wish to self-administer medications will be assessed to determine if the practice is safe based on the results of the Resident Assessment-Self Administration of Medications tool. This policy documents the assessment will be reviewed with the physician and orders will be obtained to self-administer medications. 1.) On 6/07/2026 at 8:53 AM there was a jar of Mentholatum nighttime rub and a bottle of Systane eye drops on R7's overbed table next to R7's bed. R7 stated R7's family provided these medications. R7 stated R7 applies the Mentholatum topically to her nostrils to help R7 breathe better and self-administers the eye drops. R7's electronic medical record does not contain orders for these medications or an assessment to determine R7's ability to self-administer these medications. On 6/7/26 at 12:30 PM V8 Registered Nurse entered R7's room and confirmed the jar of Mentholatum and Systane eye drops at R7's bedside. V8 stated there should be orders for these medications and for these medications to be kept at the bedside. On 6/08/2026 at 9:39 AM V20 Licensed Practical Nurse stated there should be a physician's order and an assessment for a resident to self-administer medications. V20 reviewed R7's orders and assessments and confirmed there were no orders for Mentholatum and Systane eye drops, and no assessment for the ability to self-administer medications. 2. On 6/7/26 at 9:20AM, R21 was lying in bed. 2 different bottles of Systane eye drops were on his bedside table. R21 reported the eye drops were from home and he uses them himself. There was miconazole powder on his bedside dresser. On 6/7/26 at 11:06AM, V2 (Registered Nurse) confirmed the eye drops and miconazole powder should not be in R21's room and R21 should not be self-administering the eye drops. V2 removed the eye drops from R21's room and explained R21 needs an assessment to self-administer his eye drops and that they could assess R21 when the doctor comes this week. On 6/8/26 at 11:09AM, V6 (Assistant Director of Nursing) confirmed R21's medication should not be left at the bedside or self-administered. On 6/9/26 at 9:14AM, V19 (Licensed Practical Nurse) confirmed R21 does not have an order to self-administer any medications or a self-administration assessment completed. R21's Minimum Data Set, dated [DATE], documents R21 is cognitively intact. (continued on next page)		

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 06/09/2026
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)		
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R21's Clinical Assessments from 5/18/22 through 6/7/26 do not show an assessment completed for self-administration of medications. R21's Physician Order for Systane Ophthalmic Solution 0.4-0.3%, with a start date of 5/14/26, documents to instill 1 drop in both eyes every 4 hours as needed for dry eye. R21's Physician Order for Miconazole External Powder 2%, with a start date f 5/18/26, documents to apply to affected area topically at bedtime for rash. R21's Care Plan, with an initiation date of 5/15/26, does not document that R21 can self-administer any medications. 3. On 06/07/2026 at 08:47 AM, R70 was sitting in her room. On the bedside table was a small blue jar with a green lid containing a thick, greasy ointment with camphor, eucalyptus, and menthol (topical product). No expiration date was noted on the container. R70 stated she uses the ointment under her nose or smells the container when she feels congested or stuffy. Also on the bedside table was a 4 ounce container of Vitamin E cream. R70 reported she self administers the cream to her face and arms when her skin feels dry. R70 stated she has been keeping and using both products independently and does so based on how she feels day to day. R70 denied receiving instructions from staff regarding safe use or storage of these products. On 6/7/26 at 8:50AM V8 Registered Nurse (RN) verified that the products found on R70's side table were present and confirmed there was no physician order authorizing the resident to self administer these items. R70's electronic medical record did not contain an assessment authorizing her to self administer medications or topical agents.		

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 06/09/2026
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)		
F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide quarterly statements for trust fund accounts for three of three residents (R4, R6, R83) reviewed for personal funds in the sample list of 40. Findings include: The facility's Resident Funds policy dated 4/29/19 documents This facility manages the personal funds of residents when such request is made by the resident. The resident and/or resident representative is provided with a quarterly accounting report of his or her funds on deposit with the facility, and upon request. 1.) On 6/07/2026 at 10:55 AM V23 (Family Member) stated R6 has money in an account managed by the facility, V23 was unsure how much money was in the account as V23 has not received statements. R6's Minimum Data Set (MDS) dated [DATE] documents R6 has short and long-term memory impairment. R6's profile lists V23 as R6's Responsible Party and Guarantor. R6's Resident Statement Landscape dated 6/9/26 documents an accounting of R6's resident trust fund from March-June 2026, with a current balance of \$1,598.14. R6's Financial Note dated 10/2/2025 at 7:32 AM documents a resident funds quarterly statement was mailed. There are no additional notes after this documenting quarterly trust fund statements were provided to V23. 2.) On 6/7/26 at 10:26 AM V24, R4's Family, stated R4 has money in an account managed by the facility, V24 was unsure the balance of the account as the facility has not provided quarterly statements. R4's MDS dated [DATE] documents R4 has short/long-term memory impairment. R4's profile lists V24 as R4's Responsible Party. R4's Resident Statement Landscape dated 6/9/26 documents an accounting of R4's resident trust fund from March-June 2026, with a current balance of \$1,140.08. R4's Financial Note dated 10/2/25 at 7:30 AM documents a resident funds quarterly statement was mailed, There are no additional notes after this documenting quarterly trust fund statements were provided to V24. 3.) On 6/7/26 at 11:18 AM V25, R83's Family, stated R83 has a funds account managed by the facility and the facility has not provided quarterly statements. R83's MDS dated [DATE] documents R83 has short/long-term memory impairment. R83's profile lists V25 as R83's Responsible Party and Guarantor. R83's Resident Statement Landscape dated 6/9/26 documents an accounting of R83's resident trust fund from March-June 2026, with a current balance of \$100. There are no documented financial notes in R83's electronic medical record to indicate resident trust fund quarterly statements were provided between October 2025 and June 2026. On 6/9/26 at 11:12 AM V21 Regional Business Office Manager (BOM) stated resident funds statements are provided quarterly, the last statement would have went out at the end of March and will be due again at the end of June. V21 stated this is typically documented in a note under the administrative section of the resident's electronic medical record. V21 reviewed R4's, R6's, and R83's administrative financial notes. V21 stated the last note for R6 was in October 2025 and the statement would have been mailed to V23. V21 stated the last note for R4 was in October 2025 and the statement would have been mailed to V24. V21 stated R83 has no documented notes indicating statements were provided, and statements should be given to V25. V21 stated the facility has been without a BOM since April 2026 and V21 has been filling in. V21 stated V21 will mail these statements today.		

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 06/09/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide assistance with activities of daily living (ADLs) for four (R6, R7, R8, R30) of 18 residents reviewed for ADLs in the sample list of 40. Findings include: 1.) On 6/7/26 at 10:55 AM V23, R6's Family, stated V23 has concerns that staff don't always cut up R6's meat when they deliver R6's meal tray. R6's Minimum Data Set (MDS) dated [DATE] documents R6 has short/long-term memory impairment and requires supervision/touch assistance from staff for eating. R6's Care Plan with revised date 3/5/26 documents R6 has severely impaired vision and dementia, R6 requires feeding assistance due to vision loss, and R6 is at risk for aspiration (inhalation of food or fluids into the airway/lungs). On 6/7/26 at 12:56 PM V10 Certified Nursing Assistant (CNA) delivered R6's meal tray to R6's room. R6 did not unwrap R6's silverware or open R6's frozen nutritional supplement prior to leaving R6's room. R6 was in bed and R6's meal included pork loin, broccoli, mashed potatoes and pie. At 1:00 PM R6 was eating pie with R6's fingers and R6's silverware and frozen nutritional supplement were still unopen. At 1:05 PM V10 stated R6 only needs tray setup for meals and doesn't require assistance. V10 entered R6's room and confirmed R6's silverware and frozen nutritional supplement were unopen. R6 was still using R6's fingers to eat R6's pie. On 06/08/2026 at 3:16 PM V6 Assistant Director of Nursing stated R6 has a lot of behaviors but V23 has requested staff provide feeding assistance. V6 stated staff should set up R6's meal tray and confirmed this would include unwrapping silverware and opening containers. V6 stated R6's care planned aspiration risk is just a precaution related to dementia, R6 has not had any aspiration, and R6 does not require any staff to stay with R6 while R6 is eating. 2.) On 06/07/2026 at 8:37 AM R7 was lying in bed wearing Oxygen at 2.5 liters per minute per nasal cannula via an oxygen concentrator. There was no portable oxygen in R7's room. R7 stated R7 is able to walk by R7's self but can't go very far because R7 gets short of breath and requires Oxygen. R7 stated no staff assist with R7's Oxygen or offer to assist R7 out of R7's room. R7 stated R7 gets tired of being in R7's room all the time and would like to go out. R7 remained in R7's room at 12:00 PM and 12:30 PM. At 1:30 PM V9 CNA transported R7 in a wheelchair to the shower room at the end of the East hall. R7 did not have oxygen. On 6/8/26 at 8:58 AM, 10:34 AM and 12:25 PM R7 was in R7's room. There was no portable oxygen in R7's room, only an oxygen concentrator. R7's MDS dated [DATE] documents R7 as cognitively intact, R7 requires supervision/touch assistance from staff for transfers and setup/clean up assistance for walking 10 feet. This MDS documents R7 did not walk more than 10 feet during the review period. (continued on next page)		

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 06/09/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R7's Care Plan dated 4/21/26 documents R7 requires wheeled walker and supervision/touch assistance from staff for transfers, R7 has chronic respiratory failure and requires continuous oxygen. R7's May and June 2026 Medication Administration Record documents offer R7 to walk to activities or dining every day, document refusals, and notify R7's family with each refusal, scheduled for three times daily. There is no documentation that R7 has refused to walk or leave R7's room in May or June 2026. R7's Communication with Family Note dated 5/22/26 documents concern with increased depression, not coming out for activities, meals and restorative care. R7 needs assistance with ADLs, R7 has increased weakness with walking and is using a wheelchair. On 06/08/2026 at 11:52 AM V9 CNA stated V9 has been asking the nurses for a portable oxygen tank for R7 so that R7 is able to leave R7's room. V9 stated that is why R7 doesn't come out of R7's room, R7 needs assistance to walk to the dining room and needs continuous oxygen. V9 confirmed V9 did not assist or offer R7 to walk to meals or activities on 6/7/26 or 6/8/26. V9 stated recently V9 assisted R7 who enjoyed walking in the hallway to look out the window. On 06/08/2026 at 12:13 PM V13 Licensed Practical Nurse stated the facility has portable oxygen tanks available for use. V13 stated V13 can bring a portable oxygen tank to R7's room but that doesn't mean R7 will agree to walk or leave R7's room, R7 has dementia and refuses care at times. V13 stated V13 does not document if R7 refuses to walk or leave R7's room. 3.) On 6/7/26 at 10:00 AM R8's breakfast tray was untouched on the bedside table. R8's bed was in low position and the bedside table was out of reach of R8. On 6/7/26 at 1:15PM, R8's lunch tray was delivered by V10 Certified Nursing Assistant (CNA). R8's Apple pie was not unwrapped. R8 stated he could not open the pie so he could not eat it. R8's Care Plan, undated, documents R8 has a diagnosis of Rheumatoid Arthritis with limitations in bilateral hand control due to pain and disease, needs assistance with set up and clean up for meals, and is underweight due to malnutrition. R8's Minimum Data Sheet(MDS) dated [DATE] documents R8 is totally dependent on staff for bed mobility. 4.) On 6/7/26 at 1:13PM, R30's lunch tray was delivered by V10 Certified Nursing Assistant (CNA). The tray was placed on the bedside table over R30's bed. R30 was unable to reach the remote for bed control and was not positioned to reach the meal tray. R30 waited 10 minutes for assistance to eat the meal after the meal was placed in front of R30. R30's Care Plan, undated, documents R30 has diagnoses of Arthritis, Neuropathy, and Immobility and R8 is usually provided assistance with set up and clean up for all meals. R30's MDS dated [DATE] documents R30 requires set up and clean up assistance for eating and is (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 06/09/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	substantially dependent on staff for bed mobility. The Facility Week at a Glance dated week 3 documents the lunch meal as Italian Marinated Pork Loin, Stuffing, Roasted Broccoli, Apple Pie, and beverage. The Facility Dining Options for Meal Service dated 2020 documents dining services and other staff will assist residents who need help. The Facility Dignity Policy dated 11/28/12 documents the facility shall promote resident independence and dignity while dining, such as avoiding staff interacting or conversing with each other rather than resident while assisting with meals.		

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 06/09/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to maintain safe hot water temperatures for 11 of 18 residents (R4, R6, R7, R18, R28, R35, R49, R51, R58, R63, R68) reviewed for accident hazards in the sample list of 40. Findings include: The facility's Domestic Water Temperature Policy dated 6/14/17 documents Temperatures are to remain between designated safe temperatures in all areas that are occupied by residents. Resident area hot water outlets should be between 100 degrees F (Fahrenheit) and 110 degrees F. On 6/07/2026 at 9:48 AM R6's bathroom faucet hot water felt very hot to touch. R6's bathroom adjoins and is shared with R58. At 9:50 AM R18's bathroom faucet hot water felt very hot to touch. At 9:52 AM R4's/R7's bathroom faucet hot water felt very hot to touch. This bathroom adjoins and is shared with R83. On 6/07/2026 at 2:00 PM V4 Maintenance Director calibrated a National Sanitation Foundation certified pen style thermometer with ice water. On 6/7/26 from 2:02 PM until 2:20 PM hot water temperatures in resident bathrooms and shower rooms were checked and verified with V4 using the calibrated thermometer as follows:R6/R68/R58 120 degrees F. R49/R18 120.2 degrees F.R51 114.2 degrees F.R28/R35 118.9 degrees F. R4/R7/R63 114 degrees F.The shower room located at the end of the middle hall near the front entrance 115.3 degrees F. On 6/7/26 at 2:20 PM V4 stated the maintenance department usually checks the temperatures of the resident rooms twice weekly and safe hot water temperatures for residents should be between 100 and 110 degrees F. V4 stated V4 will need to adjust the temperature of the hot water. On 6/7/26 at 3:20 PM V10 Certified Nursing Assistant (CNA) confirmed R51, R4, R7, R28, R63 and R35 all use their bathrooms. At 3:23 PM V9 CNA confirmed R6, R18, R68, and R58 all use their bathrooms. V9 stated R49 doesn't use R49's bathroom but takes showers in the shower room located at the end of the middle hall (near the front entrance).		

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 06/09/2026
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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an oxygen concentrator was unobstructed and easily accessible, provide oxygen as ordered, and appropriately store, label and change oxygen tubing/humidification, nebulizer tubing, and Continuous Positive Airway Pressure equipment for four of four residents (R7, R9, R24, R47) reviewed for respiratory care in the sample list of 40. Findings include: The facility's Oxygen and Respiratory Equipment- Changing/Cleaning documents handheld nebulizer equipment will be stored in a clean plastic bag, and oxygen nasal cannulas and humidification bottles will be changed weekly and as needed. This policy documents oxygen concentrators will be unobstructed by equipment, curtains, etcetera. 1.) On 06/07/26 at 8:37 AM R7 was in bed and using Oxygen at 2.5 liter per minute (l/min) per nasal cannula. The oxygen tubing and humidification bottle were not dated. R7's nebulizer mask and tubing were on top of R7's dresser, uncovered, and had remaining droplets of solution in the chamber. R7 stated staff don't change the oxygen tubing often enough and R7 has been asking for new tubing since the nasal part is sticky. R7 stated R7 is able to walk by R7's self but gets short of breath and requires oxygen. R7 stated no one assists with R7's oxygen for R7 to be able to leave R7's room. R7 stated R7 gets tired of being in R7's room all the time and would like to go out. R7 stated R7 last received a nebulizer treatment last night. At 12:00 PM R7's nebulizer mask and tubing were still uncovered on the dresser and R7's oxygen tubing and humidification bottle were not dated. On 6/7/26 at 1:30 PM V9 Certified Nursing Assistant (CNA) transported R7 in a wheelchair down the East Hallway to the Shower Room and R7 did not have any oxygen. R7's Minimum Data Set, dated [DATE] documents R7 as cognitively intact. R7's Care Plan dated 4/21/26 documents R7 has Chronic Respiratory Failure with hypoxia requiring continuous oxygen. R7's Physician Order dated 2/6/26 documents Oxygen at 3 l/min per nasal cannula every shift. R7's May and June 2026 Treatment Administration Records (TARs) document to change Oxygen tubing and humidification weekly on night shift on Sundays, which was not signed out as administered during these months. These TARs document R7 receives scheduled nebulizer treatments at 8:00AM, 2:00 PM and 8:00 PM. On 6/7/26 at 12:11 PM V8 Registered Nurse stated V8 administered R7's nebulizer treatment at approximately 9:00 AM and the tubing and chamber should be rinsed and dried then placed in a bag for storage. V8 stated R7 did not have a bag to store the nebulizer equipment. V8 confirmed R7's oxygen tubing and humidification were undated. On 06/08/26 at 11:52 AM V9 CNA stated V9 has been asking the nurses for a portable oxygen tank for R7 so R7 can leave R7's room. V9 stated R7 needs assistance with walking and requires continuous oxygen. V9 confirmed R7 did not have oxygen during R7's shower yesterday. (continued on next page)		

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 06/09/2026
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)		
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 06/08/26 at 12:13 PM V13 Licensed Practical Nurse stated the facility has portable oxygen tanks available for R7's use. On 06/08/2026 at 3:16 PM V6 Assistant Director of Nursing stated oxygen tubing is changed weekly and documented on the TAR, and the tubing should be dated. V6 stated nebulizer mask/chamber should be stored in a bag when not in use after rinsed and dried. 2.) On 6/7/26 02:03 PM, R9's oxygen nasal cannula was in use with no date indicating when it had last been changed. The oxygen humidifier bottle attached to the oxygen delivery system also did not have a date indicating when it was last replaced or cleaned. The oxygen concentrator in R9's room was pushed up against the bed, and the privacy curtain was draped over the oxygen delivery device, obstructing access and airflow to the equipment. R9's Physician orders dated 3/31/25 directed staff to change the oxygen humidifier bottle, tubing, and respiratory bag every seven days, and to date and initial the equipment at the time of change. The facility's Oxygen & Respiratory Equipment policy dated 1/17/19 documents nasal cannulas and oxygen humidifiers are to be changed weekly, as needed, and dated. This policy also states equipment should be stored clean and unobstructed. On 6/7/26 at 8:50AM, V8 Licensed Practical Nurse was unavailable to state when the equipment had last been changed. V8 confirmed that equipment should be dated according to policy and orders. 3.) On 6/8/2026 at 11:00 AM R24 was in bed receiving oxygen via nasal cannula at 1 liter per minute. The oxygen tubing did not have a date. R24's Physician's Orders dated 5/30/2026 document an order to date, time, and initial the oxygen tubing and humidifier bottle every seven days. R24's Treatment Administration Record (TAR) from June 2026 documents the order to date and time the oxygen tubing was signed as completed on 6/7/2026. On 6/8/2026 at 11:22 a.m., the Director of Nursing (V6) verified that R24's oxygen tubing was not dated or timed and stated that oxygen tubing should be dated and timed when changed. 4.) On 6/8/26 at 10:09AM, R47's Continuous Positive Airway Pressure (CPAP) mask was hanging in the bathroom from the shower handle and the tubing was hanging over the shower rod. On 6/8/26 at 10:12AM, V15 (Registered Nurse) confirmed that the CPAP mask and tubing should not be stored there and should be bagged. On 6/8/26 at 11:09AM V6 (Assistant Director of Nursing) stated that CPAP masks and tubing should be stored in a bag when not in use.		

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 06/09/2026
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to administer insulin as ordered resulting in repeated significant medication errors for one of two residents (R63) reviewed for insulin in the sample list of 40. Findings include: The facility's undated Medication Administration General Guidelines documents medications are to be administered in accordance with the written physician's order and if medications are not given then document the rational, physician notification and response. This guide documents if the resident refuses three doses of medication there should be documentation that the provider was notified. On 06/07/2026 at 9:05 AM R63 stated R63 is supposed to get scheduled short acting insulin but some nurses don't administer the insulin and say R63 doesn't need the insulin. R63 stated R63 also receives long-acting insulin and has to tell the nurses to administer the insulin as ordered since the nurses try to hold the long-acting insulin too. R63's Nursing Note dated 5/7/2026 at 10:54 AM documents R63 admitted to the facility from the hospital and R63 is alert and oriented to person, place, time and situation. R63's Care Plan dated 5/12/26 documents R63 has Diabetes Mellitus and to administer insulin as ordered. R63's May and June 2026 Medication Administration Records (MARs) document to give Novolog insulin 100 units per milliliters, give 30 units three times daily with meals 5/10/26-5/20/26, and on 5/20/26 additional directions include to reduce to 15 units if blood glucose between 70 and 100 milligrams per deciliter (mg/dL). These MARs document 14 doses of scheduled Novolog were withheld and R63 refused eight doses when R63's corresponding blood glucose was above 70 mg/dL. There is no documentation in R63's medical record that a provider was notified of the withheld and refused doses of Novolog. On 06/08/2026 at 2:42 PM V6 Assistant Director of Nursing confirmed physician notification would be documented in a progress note. V6 reviewed R63's MARs and verified Novolog orders and insulin withheld when blood glucose was over 70 mg/dL as well as R63's documented refusals. V6 stated the nurses should notify the physician of resident refusals of medications if more than three occasions.		

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 06/09/2026
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure medications were administered and stored in accordance with professional standards of practice for 3 residents (R22, R44, and R59) reviewed from a sample of 40 residents and during medication storage observations. On [DATE] at approximately 11:09 AM, V13, Licensed Practical Nurse (LPN), administered medications to R59. V13 placed a cup containing R59's prepared medications on R59's bedside table and exited the room prior to observing R59 consume the medications. On [DATE] at approximately 8:37 AM, V19, Licensed Practical Nurse (LPN), placed a cup containing Miralax on R44's bedside table and exited the room prior to observing R44 consume the medication. At approximately 9:02 AM, V19 stated she should have remained with R44 and observed the resident consume the medication. On [DATE] at 9:15 AM, observation of the medication refrigerator located in the Middle Nurse's Station medication room identified an unlocked storage container containing liquid Ativan (lorazepam) 2 mg/mL prescribed for R22. The unlocked container was located within an unlocked medication refrigerator behind one locked door. On [DATE] at 9:20 AM, V6, Assistant Director of Nursing (ADON), stated lockable refrigerator boxes containing narcotic medications should remain locked when controlled substances are stored within them. On [DATE] between 11:00 AM and 11:23 AM, medication storage inspections were conducted on the facility's West, Middle, and East hallway medication carts. Inspection of the [NAME] hallway medication cart identified loose, unlabeled pills stored within the medication cart. In addition, an expired bottle of Melatonin 1 mg, with an expiration date of 5/2026, was observed in the medication cart. On [DATE] at 9:30 AM, an inspection of the medication storage room refrigerator revealed an open, half empty yogurt container with a small, fuzzy black round tuft consistent with mold growth. The container did not have an open date indicated on the label. Two unopened cartons of 2% milk were also present with an expiration date of [DATE], indicating the product was past its expiration date. A review of the undated facility policy titled Medication Administration General Guidelines documented residents are to be observed following medication administration to ensure the dose is completely ingested.		

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 06/09/2026
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to ensure food was served at preferable temperature for four residents (R3, R6, R8, R30) reviewed for dining on a sample list of 40. On 6/7/26 at 11:50AM R3 stated the food is cold and does not taste good. The Facility Resident Council Minutes dated 3/30/26 document cold food was reviewed in old news and remained a current complaint with residents. The Facility posted meal times observed outside dining room entrance on 6/7/26 document breakfast at 7:00AM, Lunch at 12:00PM and dinner at 5:00PM. On 6/7/26 between the hours of 12:00PM and 1:30PM, room lunch trays were being delivered on an open rolling rack. Plates sat on a warming element and were covered. A dessert item was contained in a disposable bowl covered with clear wrap. On 6/7/26 between the hours of 12:00PM and 1:30PM, room delivered lunch tray items were tested using a NSF (National Sanitation Foundation) certified temperature measuring device. Observed plated food included shredded meat, broccoli, mashed potatoes with brown gravy, and slice of apple pie. On 6/7/26 at 1:00PM, R6's lunch tray was served. The temperature reading of the meat was 99.5 degrees Fahrenheit (F), the temperature reading of served vegetable was 98.8 degrees F; the temperature reading of plated carbohydrate was 97.6 degrees F. On 6/7/26 at 1:13PM, R30's lunch tray was served. The temperature reading of the meat was 99.7 degrees Fahrenheit (F), the temperature reading of the served vegetable was 97.9 degrees F; the temperature reading of the plated carbohydrate was 97.0 degrees F. On 6/7/26 at 1:15PM, R8's lunch tray was served. The temperature reading of the meat was 99.8 degrees Fahrenheit (F), the temperature reading of the served vegetable was 98.5 degrees F; the temperature reading of the plated carbohydrate was 98.0 degrees F. The Facility Week at a Glance dated week 3 documents the lunch meal as Italian Marinated Pork Loin, Stuffing, Roasted Broccoli, Apple Pie, and beverage. On 6/7/26 at 3:00PM V1 Administrator confirmed served temperatures were below appetizing temperatures and tray service was late. The Facility Dining Options for Meal Service dated 2020 documents meals will be served no more than 30 minutes after the scheduled meal times.		

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 06/09/2026
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to complete hand hygiene during medication administration, wear gloves for medication injections and blood glucose monitoring, change soiled gloves during wound treatment and clean a glucometer after use for four residents (R25, R31, R32, and R59) of four residents reviewed for infection control from a sample of 40 residents. The Facility policy, undated, titled Medication Administration General Guidelines documents that individuals administering medications are responsible for adhering to good hand hygiene practices, including washing hands thoroughly before preparing medications, before and after resident contact, and after contact with potentially contaminated surfaces or equipment. The Facility policy, undated, titled Cleaning and Disinfecting Your (trade name) Blood Glucose Meter documents that blood glucose meters are to be cleaned and disinfected after each use. The Facility policy titled Pressure Injury and Skin Condition Assessment, effective 11/28/2012 and revised 1/7/2018, documents that gloves are required treatment supplies and that nursing staff are to conduct hand washing in accordance with facility standard and universal precautions when performing skin and wound assessments. 1. On 6/8/2026 at 11:02 AM, V13, Licensed Practical Nurse (LPN), administered medications to R59. Prior to entering R59's room, V13 did not perform hand hygiene. After placing the medications on R59's bedside table and exiting the room, V13 did not perform hand hygiene before proceeding to provide care and medication-related services to another resident. On 6/8/2026 at 11:13 AM, V13 performed a blood glucose test for R31 without wearing gloves. Upon completion of the blood glucose test, the glucometer was returned to the medication cart without being cleaned or disinfected. On 6/8/2026 at approximately 11:20 AM, V13 utilized the same glucometer to perform a blood glucose test for R32. Prior to use of the glucometer for R32, V13 did not clean or disinfect the glucometer and did not perform hand hygiene between resident contacts. On 6/8/2026 at 11:28 AM, V13 administered three units of Insulin Aspart via subcutaneous injection to R32's right upper arm. Prior to administration, V13 did not perform hand hygiene and did not wear gloves. On 6/9/26 at 10:45AM, V6 Assistant Director of Nursing (ADON) stated that nurses should be wearing gloves during blood glucose checks and should absolutely be completing hand hygiene prior to medication pass, after blood sticks, and prior to medication preparation for another resident. Glucometers should be cleaned between residents as indicated. 2. On 6/7/26 at 8:57AM, R25 reported his wound treatment to his sacrum is not always completed when it is supposed to be completed. (continued on next page)		

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 06/09/2026
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)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/8/26 at 2:43 PM, R25's wound care treatment for his sacrum was completed by V7 (Infection Preventionist/Wound Nurse) as ordered. During the treatment, after the soiled dressing was removed, V7 did not change her gloves prior to cleaning the wound. On 6/8/26 at 2:55 PM, V7 confirmed she should have changed gloves prior to cleaning the wound.		

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 06/09/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to promote dignity during dining for two of 18 residents reviewed (R83, R15) for dignity in the sample list of 40. Findings include: On 6/7/26 at 1:01 PM V9 Certified Nursing Assistant was feeding R15 and R83 in the East dining room. There was a cellular telephone that was ringing on the dining room table, silenced by V9. V9 stated the telephone belonged to V9 and V9 usually keeps the telephone in V9's pocket while working. On 6/8/26 at 2:24 PM V6 Assistant Director of Nursing stated staff are not to have their cellular phones on them while working and during resident care, the phones should only be used when staff are out in their car when on break. R15's Minimum Data Set (MDS) dated [DATE] documents R15 is rarely/never understood and has short/long term memory impairment. This MDS documents R15 requires substantial/maximal assistance from staff with eating. R83's MDS dated [DATE] documents R83 has short/long term memory impairment, and R83 is dependent on staff assistance for eating. The facility's Dignity policy dated 4/23/18 documents The facility shall promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and includes staff interacting with residents while assisting with meals.		

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 06/09/2026
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review the facility failed to report low blood glucose levels to the provider for one of five residents (R4) reviewed for unnecessary medications in the sample list of 40. Findings include: The facility's Physician-Family Notification-Change in Condition policy dated 10/1/15 documents the facility will notify the resident's physician/nurse practitioner with significant changes in condition and when there is a need to alter treatment significantly. On 6/07/2026 at 10:26 AM V24, R4's Family, stated R4 receives insulin, R4's appetite isn't always great, and R4's blood glucose has dropped to 30's milligrams per deciliter (mg/dl). V24 stated V24 questions whether R4 needs the insulin scheduled in the evening. R4's Physician Order dated 2/20/26 documents to notify the physician of blood glucose less than 70 mg/dl. R4's Nursing Notes documents the following: On 5/18/2026 at 6:16 PM R4 was sweating and slow to respond. R4's blood glucose was 38 mg/dl, Glucagon was given and blood sugar recheck was 64 mg/dl. V24 was notified. On 5/18/26 at 7:29 PM documents poor dinner intake with episode of hypoglycemia, blood sugar now 149 mg/dl. R4's Electronic Medical Record does not contain documentation that R4's low blood glucose on 5/18/26 was reported to R4's physician/practitioner. On 6/08/2026 at 2:42 PM V6 Assistant Director of Nursing confirmed blood glucose should be reported to the physician based on the ordered parameters and this would be documented in the nursing notes. V6 stated V6 would not have any additional documentation to provide for physician notification of R4's low blood glucose.		

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 06/09/2026
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)		
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were free from unnecessary psychotropic medications by failing to ensure adequate indication for use of an antipsychotic and failing to attempt gradual dose reductions for two of five residents (R83, R52) reviewed for unnecessary medications in the sample list of 40. Findings include: The Facility's Psychotropic Medication Policy dated 11/28/12 documents it's purpose is to ensure residents are not given psychotropic drugs unless necessary to treat a specific or suspected condition as per current standards of practice. Residents on antipsychotic drug therapy will be monitored for side effects, and shall receive gradual dose reductions in an effort to discontinue or reduce the medication. 1. R52's Medication Administration Record (MAR) dated 5/1/26-5/31/26 documents R52 has been receiving Quetiapine Fumarate Oral Tablet 50 milligrams (MG) at bedtime for a diagnosis of Neurofibromatosis since 1/20/26. R52's Pharmacy Prescriber Recommendations dated 1/21/26 document a justification is needed for use of Quetiapine, an antipsychotic medication, without an appropriate diagnosis. The Recommendation also documents the provider's signature without any diagnosis chosen and marked that behavioral symptoms present a danger to the resident or others. R52's Behavior Tracking Records dated 5/10/26 to 6/7/26 document no behaviors. On 6/9/26 at 1:45PM V1, Administrator stated R52 has had no behaviors since admission to the facility on 1/20/26. R52's Care Plan, undated, documents R52 is on an antipsychotic medication related to a diagnosis of Neurofibromatosis. R52's Care Plan does not document any behaviors or psychiatric diagnosis. R52's Minimum Data Set (MDS) dated [DATE] documents no behaviors have been exhibited and no psychiatric diagnosis. 2. On 6/7/26 at 1:01 PM V9 Certified Nursing Assistant (CNA) was feeding R83. R83 had garbled speech/mumbling but no other behaviors noted. On 06/08/2026 during intermittent observations between 9:00 AM and 10:35 AM R83 was sitting in the common area near the East Hall nurse's station. At 10:37 AM V10 CNA transported R83 and returned R83 back to the common area at 10:52 AM. There were no staff interacting with R83 or provided activities for R83 and R83 did not have any behaviors during these observations. R83's Minimum Data Set, dated [DATE] documents R83 has short/long-term memory impairment and no recall ability. R83 did not have any behaviors during the review period. R83 receives antipsychotic medication with no gradual dose reduction attempted. R83's Care Plan dated 4/28/26 documents R83 receives antipsychotics for mood disorder, dementia (continued on next page)		

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 06/09/2026
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)		
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and depression but does not identify R83's behaviors to warrant the use of these medications or specific nonpharmacological interventions used to address behaviors. This Care Plan documents R83's diagnoses include Anxiety Disorder, Psychotic Disturbance, Mood Disturbance, Depression, Dementia, Insomnia and Frontotemporal Neurocognitive Disorder. R83's May and June 2026 Medication/Treatment Administration Records (MARs/TARs) document antipsychotic behavior tracking, document the number of behavioral issues, anxiety and aggression, document in a progress note, and attempt non-pharmacological interventions of activities throughout the day, television shows, and sit with R83 to provide social interaction. These MARs/TARs document as of 8/14/25 R83 receives Risperidone (antipsychotic) 0.25 milligrams (mg) by mouth twice daily for Frontotemporal Dementia and Quetiapine Fumarate (antipsychotic) 300 mg by mouth at bedtime since 3/13/26 for Dementia without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. There are no documented behaviors in R83's nursing notes between January and June 2026. R83's 30 day behavior tracking report for May/June 2026 does not document any behaviors occurred other than one occurrence of grabbing others. The Prescriber Recommendations dated 1/21/26 document the pharmacy recommended a reduction in R83's Risperidone, which was declined by the provider due to agitation. R83's Psychotropic Medication Observation dated 2/6/26 documents R83 receives Quetiapine 400 mg daily at bedtime for Depression and Risperidone 0.25 mg twice daily for Frontotemporal Dementia and does not identify R83's targeted behaviors to warrant the use of these medications. R83's Psychiatry Progress Note dated 5/14/2026 documents assessment of frontotemporal dementia, R83 is nonverbal at baseline with grunting vocalizations. This note documents R83 as calm and behaviorally stable. This note documents gradual dose reduction contraindicated for Risperidone on 2/6/26 and 8/11/25 due to increased risk of agitation. On 06/08/26 at 11:52 AM V9 and V10 CNAs stated R83 doesn't really have any behaviors, R83 becomes stiff during cares as if R83 is scared. V9 and V10 stated R83 enjoys stuffed animals and a fidget apron. On 06/08/26 at 3:16 PM V6 Assistant Director of Nursing stated R83 receives antipsychotics for dementia and babbling behaviors. V6 confirmed R83 has no other behavioral issues. V6 stated the facility has implemented gradual dose reductions for Quetiapine but not Risperidone.		

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 06/09/2026
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)		
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide the resident or resident representative with written notice of bed-hold rights upon transfer to the hospital for one (R14) out of two residents reviewed for hospitalization on a sample list of 40. Findings include: On 6/7/26 at 11:12AM, R14 reported he recently returned from the hospital last week. He recalled that it was explained to him why he was being sent to the hospital, but isn't sure if he was given a bed hold policy at that time. On 6/8/26 at 11:09AM, V6 (Assistant Director of Nursing) stated that nurses will send a bed hold with residents for trips to the emergency room and the Business Office Manager mails out the bed holds to the resident's Power of Attorney. On 6/9/26 at 11:42AM, V6 stated that the nurses should document that the bed hold was sent with the resident when the resident goes to the emergency room and that it could be found in the nursing notes. V6 confirmed there is no documentation of R14 being given the bed hold policy on 5/27/26 when he went to the hospital. On 6/9/26 at 11:20AM, V21 (Regional Business Office Manager) stated that nurses should give the resident a bed hold at the time they (the resident) go to the hospital. The facility does not send out bed holds to resident representatives. R14's Health Status Note, dated 5/27/26 at 4:30AM, documents that R14 was sent to the hospital. It does not document that a bed hold policy was provided to or sent with R14. R14's Minimum Data Set, dated [DATE], documents R14 is cognitively impaired.		

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 06/09/2026
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)		
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to submit a discharge due to death Minimum Data Set (MDS) for one (R55) resident of one resident reviewed for assessment on a sample list of 40.R55's Resident Census Sheet dated [DATE] documents R55 admitted to the facility on [DATE] and with a deceased date of [DATE]. R55's Minimum Data Set (MDS) admission Submission List dated [DATE] documents an MDS entry submission completed [DATE], and admission MDS completed [DATE] and a Medicare 5 day MDS completed on [DATE]. This list does not document an MDS submission completed for death in facility or discharge. On [DATE] at 1:58PM V26 [NAME] President of Operations confirmed an MDS should have been completed at the time of R55's death or discharge from the facility. The Facility Assessment of Resident Policy dated [DATE] documents assessments are to be completed within 14 days.		

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 06/09/2026
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)		
F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on observation, interview, and record review, the facility failed to assess for and offer adaptive communication devices or alternative communication methods for one of one resident reviewed (R3) for impaired communication and a weak voice in the sample size of 40. Findings include: On 6/7/2026 at 11:47 a.m., R3 stated he could not talk very well. On 6/7/2026 at 11:47 AM, 6/8/2026 at 9:45 AM and 12:00 PM, and 6/9/2026 at 8:45 AM R3 spoke very softly, requiring staff to be in close proximity to hear and understand him. R3's care plan dated 6/7/2026 identified impaired communication with expressive problems related to expressive aphasia and a weak or absent voice. Interventions included being conscious of R3's positioning during groups, activities, and dining to promote communication with others. On 6/8/2026 at 9:44 a.m., V18 (Social Services Director) stated R3 spoke very softly and could not write well, making the use of a whiteboard and marker ineffective. V18 stated R3 had not requested a communication device and acknowledged that alternative communication devices had not been offered or trialed with R3. On 6/8/2026 at 12:00 p.m., R3 stated he would be interested in trying a communication device, but staff had never offered one. R3 further stated he remained in his room and did not attend activities or dine in communal areas. On 6/8/2026 at 3:04 p.m., V16 (Certified Nursing Assistant) stated she frequently had to ask R3 to repeat himself and must get very close to hear what he was saying. On 6/8/2026 at 3:10 p.m., V17 (Certified Nursing Assistant) stated she must get very close to R3 to understand him because he spoke very slowly and quietly. On 6/9/2026 at 9:39 a.m., V1 (Administrator) stated the expectation was that staff, including Social Services, should offer alternative methods of communication when a resident experiences communication difficulties.		

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 06/09/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Failures at this level required more than one deficient practice statement. A. Based on observation, interview and record review, the facility failed to follow its bowel monitoring protocol and failed to assess, monitor, and report changes in condition to the physician for one resident (R49) reviewed for constipation in the sample list of 40. B. Based on observation, interview and record review, the facility failed to implement physician's orders for fluid restriction for one of 18 residents (R7) reviewed for physician's orders in the sample list of 40. Findings include: a.1.) On 06/07/2026 at 9:25 AM R49 was lying in bed, R49 was rubbing R49's stomach and had some facial grimacing. R49 stated R49 has abdominal pain and the nurses are aware. R49 described the pain as wrapping around and across R49's stomach. R49 stated R49 went two days without a bowel movement (BM) and was given medication yesterday for constipation which has helped some but R49 questioned whether R49 still had more inside that needs to come out. R49 stated R49 went to the emergency room recently, nothing was identified, and R49 went back to the facility the same day. At 11:40 AM R49 stated the pain is slowly improving, R49 questioned whether R49 is on bowel medications and thought that was something ordered by the hospital. R49 stated no staff has assessed R49's stomach or listened with a stethoscope. On 06/08/2026 at 9:48 AM R49 was in bed. R49 stated R49 is still having the same abdominal pain as yesterday, rated at an 8 or 9 on a 1-10 scale. R49 stated R49 last had a BM yesterday morning. R49 stated R49's stomach is quite hard if pressed. R49 demonstrated pushing on R49's stomach, which appeared firm. At this time V9 Certified Nursing Assistant (CNA) entered R49's room. V9 stated R49 goes two, three and sometimes four days without having a BM and then R49 will go a lot. V9 stated the CNAs record BMs in the resident's electronic medical record (EMR). V9 stated R49 had a large BM on 6/6/26 and a small yesterday. V9 stated R49 has been complaining of abdominal pain since Thursday when R49 had difficulty turning in bed due to the pain. V9 stated R49's appetite was good previously but has only been fair since the abdominal pain started. V9 stated V9 reported R49's abdominal pain to the nurses on Friday (6/5/26) and yesterday. V9 stated R49 went to the emergency room on 5/31/26. R49 stated 5/31/26 is when the pain started. R49's Minimum Data Set, dated [DATE] documents R49 as cognitively intact and R49 is dependent on staff assistance for toileting hygiene. R49's Care Plan dated 4/27/26 documents R49 receives diuretic medication and receives pain medication related to Multiple Sclerosis and Peripheral Neuropathy. This care plan includes monitoring, documenting, and reporting pain and side effects of medication including constipation. R49's May and June 2026 Medication Administration Records (MARs) document R49 receives Lyrica (pain medication) 100 milligrams (mg) by mouth three times daily since 5/16/26, Lasix (diuretic) 20 mg daily since 4/17/26, and Norco 5-325 mg every four hours as needed since 5/14/26. R49 has received six doses of Norco and R49 has no orders for bowel medications. R49's 30 day bowel monitoring documents R49 goes two to three days at times with no BM, including no BMS on 6/1/26-6/3/26 and three BMS as constipated/hard. R49's Nursing Note dated 6/4/2026 at 2:03 PM documents R49 had no BM since 5/31/26 and Miralax (laxative) was given. This medication is not listed on R49's MAR. R49's Hospital After Visit Summary dated 5/31/26 documents R49 was evaluated for abdominal and back pain, laboratory tests were completed but does not indicate any diagnostic scans were done. There are no documented assessments or monitoring of R49's abdominal pain, stomach, or bowel sounds after returning from the hospital on 5/31/26 and no physician notification documented in R49's EMR. On 06/08/2026 at 10:07 AM V13 Licensed Practical Nurse confirmed V13 documented R49's 6/4/26 nursing note. V13 stated the V6 Assistant Director of (continued on next page)		

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 06/09/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nursing passed on that R49 had not had a BM since 5/31/26 so V13 administered Miralax which was obtained from standing orders. V13 provided the facility's Physician Standing Orders, which were unsigned and listed bowel medications, but did not include Miralax. This was confirmed with V13. V13 stated R49 was complaining of abdominal pain at that time and thought R49 had a BM the next day. V13 stated V13 would have documented physician notification in a nursing note. V13 stated abdominal assessments would be documented in a nursing note. V13 stated We (nurses) definitely need to listen to bowel sounds and assess (R49's) abdomen. V13 stated usually Miralax is ordered daily when a resident is on scheduled pain medication. On 06/08/2026 at 10:15 AM V6 stated R49 was complaining of abdominal pain and sent to the emergency room on 5/31/26. V6 stated abdominal pain would be considered new for R49 and the facility has a bowel protocol to follow. V6 stated Miralax, Milk of Magnesia, and other bowel medications can be given depending on what day the resident is without a BM, beginning on day 3. V6 stated the nurses should do an electronic interact form under the assessments section of the resident's EMR to document changes and physician notification, which would prompt for R49 to be added to the 24-hour report for ongoing monitoring/assessment. V6 verified there are no electronic interact forms in R49's medical record after 5/4/26. The facility's Bowel Elimination Protocol dated 5/31/19 documents the CNAs are responsible for recording BMs and residents with no BM for 48 hours will be observed for signs/symptoms of constipation which may include bowel sounds, abdominal distention, watery stool, nausea/vomiting, etcetera and review of the resident's record. This protocol documents prune juice, natural laxatives, and increased fluids can be offered if there are signs/symptoms of constipation. The facility's Assessment of Resident policy dated 4/18/22 documents to conduct a head-to-toe assessment when there are significant changes in the resident's condition including palpation and percussion of abdomen to identify masses or distention and assess for bowel sounds. This policy documents to document resident complaints and assessment findings in the nursing/progress notes and report findings to the physician. b.1.) On 6/8/26 at 8:58 AM and 10:34 AM R7 was in bed and there was a water pitcher at R7's bedside. R7's Care Plan dated 4/21/26 documents R7 has acute diastolic congestive heart failure and includes interventions to maintain fluid restriction as ordered and monitor and record fluid intake and output. R7's Physician Order dated 2/6/26 documents a daily fluid restriction of 1500 milliliters (ml). R7's fluid intake monitoring recorded by the CNAs does not identify this fluid restriction. R7's May and June 2026 Medication/Treatment Administration Records (MARs/TARs) do not identify a breakdown of specific fluid amounts allowed or given for each shift. R7's EMR does not document R7 is noncompliant with the ordered fluid restriction. On 06/08/2026 at 12:13 PM V13 Licensed Practical Nurse stated R7 is on a 1500 ml daily fluid restriction, activity staff pass the ice water so that staff would not know if R7 was on a fluid restriction. V13 stated V13 didn't think R7 should have a water pitcher in R7's room. V13 confirmed there is no breakdown of the amount of fluids to be given by nursing or dietary departments. On 6/8/26 at 11:52 AM V9 and V10 CNAs stated R7 is not on a fluid restriction and R7 drinks multiple cups of coffee each day. V9 and V10 stated if a resident is on a fluid restriction this would be noted on the fluid intake recorded in the resident's EMR by the CNAs. At 12:25 PM V9 and V10 CNAs were passing hall trays. R7's tray included an 8 ounce glass of water, 4 ounce nutritional supplement, and V9 added an 8 ounce cup of coffee. V9 stated fluid restriction would be indicated on the resident's meal ticket and confirmed R7's meal ticket did not identify a fluid restriction. V13 instructed the CNAs at this time to remove R7's water pitcher from R7's room and instructed V9 and V10 that R7 is on a fluid restriction. On 06/08/2026 at 12:30 PM V12 [NAME] stated nursing notifies the dietary department of fluid restriction orders. V12 stated dietary was not aware that R7 had fluid restriction orders and residents with fluid restrictions have designated fluid (continued on next page)		

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 06/09/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	amounts that nursing and dietary are responsible for giving and this would be reflected on the resident's meal ticket. The facility's Fluid Restrictions policy dated 2022 documents fluid restrictions are typically ordered in total ml per day which is divided between nursing, dietary, and activity departments. This policy documents the amount allowed at meals is usually indicated on the resident's meal ticket and nursing is recommended to include the allocated amount with medication administration on the MAR or flow sheet.		

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 06/09/2026
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)		
F 0691 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate colostomy, urostomy, or ileostomy care/services for a resident who requires such services. Based on interview and record review, the facility failed to follow colostomy orders for one resident (R25) out of one reviewed for colostomy care on a sample list of 40. Findings include: On 6/8/26 at 8:25AM, R25 reported that his colostomy bag was not changed on 5/5/26 when it should have been. R25 stated that he asked V2 (Registered Nurse) to change it yesterday because it hadn't been changed and was very full and V2 told him she would before she left at 3:30PM. R25 reports V2 never came back. The colostomy bag was changed by the night nurse around 5:30AM this morning. On 6/8/26 at 3:36PM, V2 stated that R25 told her his colostomy was full yesterday but did not ask her to change it. V2 confirmed that she did not change or empty his colostomy. V2 does not know if V2's colostomy was emptied or changed. On 6/9/26 at 8:41AM, V20 (Licensed Practical Nurse) confirmed she did not change R25's colostomy bag on 06/05/2026 due to R25 being at an appointment and is unsure if she told the next shift that it would need to be changed. R25's Social Service Brief Interview for Mental Status dated 10/10/25, documents R25 is cognitively intact. R25's Physician Order, dated 10/14/25, documents R25's colostomy appliance should be changed every week on Tuesdays and Fridays. R25's Health Status Note, dated 6/5/26 at 1:38PM, documents R25 returned from his appointment. R25's Administration record for June of 2026 documents on 6/5/26 (Friday) R25's colostomy bag was not changed due to R25 being out of the building. The facility's undated Colostomy Care Policy documents that colostomy site care will be provided as ordered by the physician and as needed.		

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 06/09/2026
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)		
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review the facility failed to ensure a resident received tube feeding formula and water flushes as ordered by the physician and dietitian for one of one resident (R3) reviewed for enteral feeding in the sample list of 40. Findings include: On 6/8/2026 at 11:50 a.m., V15 (Registered Nurse) entered R3's room to administer a scheduled tube feeding. An opened bottle of Glucerna 1.5, dated 6/8/2026 at 4:10 a.m., was observed in the resident's room. V15 stated the physician's order was for Glucerna 1.2 and acknowledged the formula present had been left by the night shift. V15 further stated R3's 8:00 a.m. tube feeding had not been administered at the scheduled time because the resident was eating breakfast. V15 obtained the correct formula before administering the feeding. V15 flushed R3's gastrostomy tube with 40 milliliters (mL) of water before the feeding and 40 mL of water after the feeding. Following completion of the feeding, V15 verified that 40 mL had been administered before and after the feeding. R3's Physician Orders dated 5/27/2026 document an order for Glucerna 1.2 cal, 200 mL via gastrostomy tube every four hours, with 80 mL of water before and 80 mL of water after each feeding. The facility policy titled Gastrostomy Tube - Feeding and Care, reviewed 8/3/2020, states the purpose of tube feeding is to provide nutrients, fluids, and medications as prescribed by the physician. The policy further states the licensed nurse will review the physician's order for the type and concentration of formula to be administered. On 6/9/2026 at 10:22 a.m., V6 (Assistant Director of Nursing) verified the physician's order for Glucerna 1.2 cal, 200 mL via gastrostomy tube every four hours with 80 mL water flushes before and after each feeding. V6 stated staff should be following the physician's orders for both the tube feeding formula and water flushes.		

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 06/09/2026
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)		
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to enter an order for fluid restrictions for one (R53) out of one residents reviewed for dialysis on a sample list of 40. Findings include: On 6/8/26 at 12:38PM, R53 stated she has a fluid restriction. Her dietary lunch card documents her diet is consistent carbohydrates (CCHO), no added salt (NAS), double protein, and a fluid restriction with sixteen ounces per meal. On 6/8/26 at 12:47PM, V15 (Registered Nurse) reviewed R53 orders and confirmed there is no order for a fluid restriction. On 6/8/26 at 12:50 PM V6 (Assistant Director of Nursing) stated if someone is on a fluid restriction it should be in the diet order. V6 stated R53 went to hospital and returned, so the order may have fallen off. V6 stated R53 should have an order for her fluid restriction. R53's Minimum Data Set, dated [DATE], documents R53 is cognitively intact. R53's Diet Order, dated 5/20/26, documents R53 is on a Low Concentrated Sweets (LCS) diet. R53's Care Plan, revised 2/17/26, documents R53 is on a LCS, NAS, double protein diet with a fluid restriction of 1500 milliliters (ml) per day. The Care Plan also documents R53 has diagnoses including, but not limited to, Type 2 Diabetes Mellitus, End Stage Renal Disease, and Dependence on Renal Dialysis. R53's Nutrition/Dietary Note, dated 5/12/26 at 2:40PM, documents R53's renal dialysis diet prescription is LCS/NAS with double protein at all meals and a 1500ml fluid restriction.		

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 06/09/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to ensure medications were available as ordered, update pharmacy interchanges and accurately record medication administration for two of 18 residents (R63, R25) reviewed for physician's orders in the sample list of 40. Findings include: The facility's undated Medication Administration General Guidelines documents medications are to be administered in accordance with the written physician's order and if medications are not given then document the rational, physician notification and response. 1.) On 06/07/2026 at 9:05 AM R63 stated R63 is supposed to be on Spiriva, which was ordered by R63's pulmonologist and another inhaler was ordered but pharmacy said it is held up by R63's insurance. R63's Nursing Note dated 5/7/2026 at 10:54 AM documents R63 admitted to the facility from the hospital and R63 is alert and oriented to person, place, time and situation. R63's Care Plan revised 5/18/26 documents R63's diagnoses include Hypertension, Asthma, and Uncomplicated Morbid Obesity, R63 has difficulty breathing, and interventions include administering medications as ordered. The Phone Order dated 5/16/26 documents R63's Incruse inhaler is no longer covered by insurance and will be subbed (substituted) to Spiriva Respimat 2.5 mcg/act two puffs daily. R63's Nursing Note dated 6/7/2026 at 8:02 AM documents Incruse Ellipta 62.5 mcg/ACT (microgram per actuation) inhaler was ordered. R63's Nursing Note dated 6/7/2026 at 1:08 PM documents Gabapentin 100 milligrams scheduled three times daily for neuropathy, medication was unavailable and ordered. R63's May and June 2026 Medication Administration Records document Incruse Ellipta inhaler was administered daily 5/9/26-6/6/26, and this medication was not given on 6/7/26. Gabapentin was not given on 6/7/26 at 2:00 PM as scheduled. These MARs do not accurately reflect the pharmacy interchange as noted above. These MARs also include Verapamil Hydrochloride Extended Release 360 milligrams given daily 5/9/26-6/7/26 for hypertension. No missed doses of this medication are documented. R63's medical record does not document any physician notification regarding missed doses of medications. On 06/07/26 at 12:30 PM V8 Registered Nurse stated there were some medications that were unavailable to administer to R63 today and this is indicated on R63's MAR. V8 stated V8 has ordered the medications from the pharmacy. On 06/08/2026 at 2:45 PM V13 Licensed Practical Nurse stated the nurses should be re-ordering medications timely, so the resident does not run out of medications. V13 stated if the medication doesn't arrive in a few days, then the nurse should contact the pharmacy and if a resident misses a dose, then the pharmacy and physician should be notified, this would be documented in a nursing (continued on next page)		

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 06/09/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	note. V13 stated nurses can also check the backup medication supply, but V13 does not have a login to access that system. V13 stated the MAR should indicate when medications are unavailable or not given. V13 confirmed the medication should not be signed off as administered when not given or unavailable. R63's medications in the medication cart were reviewed with V13, which included Spiriva inhaler with dispensed date 5/16/26, Wixela inhaler with dispense date 5/7/26, and Advair Diskus inhaler with dispense date 6/2/26. There was a card with 40 capsules remaining out of 42 of Gabapentin 100 milligrams with dispensed date 6/3/26. V13 stated the two capsules removed from the card were administered today. The medication cart did not contain R63's Incruse Ellipta inhaler, verified with V13. V13 stated V13 did not have this inhaler to administer this morning and R63 also recently ran out of Verapamil missing one dose. V13 confirmed these medications were documented as administered on R63's MAR. On 06/08/2026 at 3:03 PM V6 Assistant Director of Nursing stated the nurses should check the facility's back up medication supply to see if the medication is available, if not available then the nurse needs to contact the pharmacy or backup pharmacy, the resident's family and physician. V6 stated there should be a progress note documenting this. V6 stated the medications should be documented on the MAR as not administered. On 6/9/26 at 11:40 AM V6 stated V6 is currently working with the pharmacy to follow up on R63's inhalers and orders and believes there were pharmacy interchanges due to R63's insurance coverage. V6 stated V6 has followed up with the nurses that they need to update the interchange orders to document administration. On 6/9/26 at 11:12 AM V22 Pharmacist stated there were interchange requests made due to R63's insurance coverage. V22 stated on 5/7/26 the pharmacy sent a seven day supply of Incruse which was then changed to Spiriva on 5/16/26 as Incruse was no longer covered by insurance, and a 30 day supply of Spiriva was dispensed on 5/16/26. V22 stated as far as Symbicort, R63's active profile indicates Advair was subbed for Wixela on 5/7/26. V22 stated as of 6/2/26 R63's insurance changed this to Wixela which is the current active order. 2. On 6/7/26 at 8:57AM, R25 stated he is not being given all of his medications. R25 reported he knows how many pills he takes and that there are times when the number of pills he is receiving is not correct. R25 cannot recall what specific medication he is missing at times. R25's Administration Record for May of 2026 documents R25 has an order for amlodipine five milligrams everyday at bedtime that was not given on 5/26/26 because the medication was not available. For all other dates in May of 2026 it is documented that it was given. The Administration Record also documents R25 has an order for Fosfomycin Tromethamine Oral Packet 3 grams and to give one packet every seven days. It was marked given every week with the exception of 5/3/2026 due to the medication needing to be re-ordered. R25's Administration Record for June of 2026 documents R25 was given a dose of Fosfomycin on 6/7/26. R25's Pharmacy Delivery Log, dated 3/27/26 through 6/5/26, documents that R25's amlodipine was delivered on 4/8/26, 4/24/26, and on 6/1/26. Each delivery was for 14 pills. R25's Fosfomycin was delivered on 4/13/26, which contained 2 packets, and 5/4/26, which contained 4 packets. (continued on next page)		

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 06/09/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/9/26 at 11:23AM, V22 (Pharmacist) stated R25's amlodipine was sent to the facility on 3/5/26, 3/26/26, 4/6/26, 4/23/26, and 5/31/26. Each time the amlodipine was sent it contained 14 pills. No amlodipine was taken from the emergency backup medication supply for R25. R25's Fosfomycin was sent to the facility on 3/8/26 (2 packets), 3/22/26 (2 packets), 4/12/26 (2 packets), 5/3/26 (4 packets), and 6/7/26 (4 packets). No Fosfomycin was available in the emergency backup medication supply for R25. On 06/08/2026 at 4:07 PM V15 (Registered Nurse) reviewed all of R25's medications and confirmed that all were available in the medication cart except for his Fosfomycin. On 6/8/26 at 11:09AM, V6 (Assistant Director of Nursing) stated that if a medication is unavailable the nurse should see if the medication is available in the facility's emergency backup medication supply. Agency nurses do not have access to the emergency backup medication supply, but staff nurses have access and will pull the medications for the agency nurse. If the medication is not in the emergency backup medication supply the nurse should contact the physician, the pharmacy, and the Power of Attorney. On 6/9/26 at 11:42AM V6 (Assistant Director of Nursing) stated that staff should not document that a medication is given if the medication is not available and not given. V6 confirmed that R25's amlodipine and Fosfomycin both show gaps in the delivery dates that would suggest R25 was out of his amlodipine for approximately 2 weeks and out of his Fosomycin for one week. V6 confirmed that staff are marking R25 was receiving his amlodipine and Fosfomycin, but it did not match with the delivery dates and quantity that pharmacy had sent out. The facility's undated Active Inventory for the emergency backup medication supply documents it contains amlodipine.		