

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Goldwater Care Peoria Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 5533 North Galena Road Peoria Heights, IL 61614	

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on interview and record review the facility failed to address concerns voiced by residents during their resident council meetings. This failure has the potential to affect all forty-six residents who reside in the facility. The facility's Grievances policy dated 9/25/2017 documents the policy's purpose as to ensure prompt resolution of all grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their stay at this campus. All alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, will be immediately reported to the administrator and as required by state law. The facility's Grievances policy also documents All written grievances shall include: The date the grievance was received; a summary statement of the grievance; department assigned to investigate; steps taken to investigate the grievance; summary of the pertinent findings or conclusions regarding the concern(s).statement as to whether the grievance was confirmed or not confirmed; corrective action taken or to be taken by the facility as the result of the grievance, including measures taken to prevent further potential violations of any resident right while the alleged violation is being investigated; the date the written decision was issued to the resident or the complainant. The facility's Grievances policy also documents Every effort shall be made to resolve grievances in a timely manner, usually within 5 business days (excludes weekends and holidays). Under certain circumstances, additional time may be needed to complete an investigation and implement measures to resolve grievances. In such cases, the resident or complainant should be notified of the extension. An appointed Grievance Official (usually the Social Services Director) is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusion, leading any necessary investigations and maintaining the confidentiality of all information associated with grievances. The Facility's Resident Council dated February 2025 documents Nursing: (Medications) not getting passed some days on the east side. CNA (Certified Nursing Aide) not checking residents, talking on their phones in the rooms, not passing ice and drinks, not answering call lights, talking about outside stuff in front of residents, not feeding the feeders. The Facility's Resident Council dated March 2025 documents CNA: not answering call lights, turning call lights off without getting help, being told you are not mine today, feeders not being fed. The Facility's Resident Council dated April 2025 documents Nursing: (Medications) not being passed at right time CNA: some people being told to do their own (cares). The Facility's Resident Council dated May 2025 documents Housekeeping: Housekeepers telling residents they have a job, can't help them. Nursing: (Medications) not passed in the (morning) Friday and Saturday of last week. The Facility's Resident Council dated June 2025 documents CNA: (first) shift not doing as they should, not getting walked when needed. The Facility's Resident Council dated July 2025 documents CNA: being told not my resident. The Facility's Concern/Compliment Form dated 6/27/25 documents that R7 reported that he did not remember getting his medications for the last two nights on second shift (6/25/25 and 6/26/25). The form documents that V2 (Director of Nursing) documented in the Summary of pertinent findings: MAR (Medication Administration) indicated (medications) received, discussed with nurses to make sure resident is awake/alert to know/remember he received (medications).On 8/1/25 at 2:30 PM V2 (Director of Nursing) confirmed that she was aware of R7's concern and that she checked the resident's MAR to confirm that R7 did receive his medications. V2 confirmed that she did not ask any other residents if they receive their medications in a timely manner. V2 confirmed that this investigation was considered complete and that she was not aware of the repeated concerns regarding residents not receiving their medications.On 8/5/25 at 8:15 AM R7 confirmed that he had voiced a complaint regarding not receiving his medications as scheduled. R7 stated he had not been asked about his concern, and he was not informed of any resolution to said complaint. On 8/5/25 at 9:30 AM R8 (Resident Council President) stated that she was aware of other residents complaining about not receiving medications. R8 stated that she thought the problem was nurse specific. R8 would not elaborate. R8 stated that she has not been asked about any concerns voiced in resident council meetings. We do them (meetings) every month, but we don't ever get a response on stuff. On 8/5/25 at 1:35 PM V13 (Activity Director) confirmed that she was the staff member responsible for Resident Council. V13 stated that she did the meetings, typed up the minutes and put it in the book. V13 stated she had never been educated on what to do with any concerns/complaints that arise during the resident council meetings. On 8/5/25 at 10:30 AM V1 (Administrator) stated that all complaints and concerns voiced in Resident Council should be</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and record review the facility failed to investigate an allegation of abuse for 2 residents (R10 and R11) of five residents reviewed for abuse in a sample of ten. The Facility's Abuse Prevention and Reporting policy dated 10/24/22 documents This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and service by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. The Facility's Abuse Prevention and Reporting policy dated 10/24/22 documents the definition of abuse as: any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. This also includes the deprivation by an individual, mental, and psychosocial well-being. This assumes that all instances of abuse of residents, even those in a coma, cause physical harm or pain or mental anguish. The policy also documents the definition of mental abuse as: the use of verbal or nonverbal conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation, or degradation. The policy documents the definition of verbal abuse as: the use of oral, written, or gestured communication, or sounds, to residents within hearing distance, regardless of age, ability to comprehend, or disability. Examples of mental and verbal abuse include, but are not limited to: harassing a resident, mocking, insulting, ridiculing, yelling or hovering over a resident, with the intent to intimidate, threatening residents, including but not limited to, depriving a resident of care or withholding a resident from contact with family and friends and isolating a resident from social interaction or activities. The Facility's Abuse and Prevention and Reporting policy dated 10/24/22 documents Employees are required to report any incident, action or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator. In the absence of the administrator, reporting can be made to an individual who has been designated to act as administrator in the administrator's absence. The Facility's Resident Council dated 5/25/25 documents Dietary: resident asked for a snack from Dietary and was told no you are too fat. The Facility's Resident Council dated 5/25/25 documents Social Service: resident was asked by (V12/Social Services Director) if he would like to be homeless and was told (V12) would put him in a shelter. On 8/1/25 V1 (Administrator) stated that she had not seen or been told about what was stated in Resident Council meetings. On 8/5/25 at 1:35 PM V13 (Activity Director) confirmed that she was the staff member responsible for Resident Council. V13 stated that she did the meetings, typed up the minutes and put it in the book. V13 stated she had never been educated on what to do with any concerns/complaints that arise during the resident council meetings. On 8/5/25 at 9:30 AM both V1 (Administrator) and V3 (Regional Director) confirmed that there were no abuse investigations for either verbal abuse allegations that were documented on the Resident Council meeting minutes in May 2025.</p>		