

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 04/15/2026
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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure a resident was free from abuse by another resident, for one of five residents (R2), reviewed for abuse, in a sample of six. The facility policy, Abuse Prevention and Reporting, dated (revised) 10/24/22 directs staff that the facility prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. Abuse means any physical or mental injury, or sexual assault inflicted upon a resident other than by accidental means. The term willful means the individual must have acted deliberately, not that the individual must have intended to inflict harm or injury. Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment. Resident-to-resident altercations that include any willful action that results in physical injury, mental anguish or pain must be reported in accordance with regulations. R1's facility admission Record documents that R1 was admitted to the facility on [DATE] with the following diagnoses, Major Depressive Disorder, Chronic Obstructive Pulmonary Disease and Diabetes Mellitus. R1's current Minimum Data Set Assessment documents that R2 is cognitively intact (15:15 Brief Interview for Mental Status), has delusions and hallucinations and often has verbal and physical behaviors. R1's current Care Plan includes the following Focus Areas: History of making inappropriate comments and gestures towards female staff and residents; History of being physically aggressive towards others and verbally aggressive towards others, provoked or unprovoked. The facility form, Final Abuse Investigation Form, dated 2/22/2026 at 11:00 A.M. documents that (V4/Former Employee) reported to (V8/Corporate [NAME] President of Operations) that residents (R1) and (R2) were observed making contact with each other. (R2) was holding (R1's) beard and (R1) was holding (R2's) shirt. (V4) intervened and separated residents immediately. Upon investigation, it was determined that (R2) was attempting to make his way to the vending machine. Witnesses observed (R2's) hand was on (R1's) beard and (R1) was grabbing at (R2's) shirt. Police were notified per protocol. Officer knows (R2) from the neighborhood and that (R2) has been in several nursing homes. Police want to charge (R2) with battery. On 4/13/2026 at 11:24 A.M., R2 was seated in a wheelchair in his room. R2 was alert and oriented. R2 stated he recalls a couple of incidences with (R1). R2 states they don't like each other. R2 states one incident occurred when R1 got in his way, they yelled at each other, and he grabbed R1's beard and R1 grabbed his shirt. On 4/14/2026 at 8:52 A.M., R1 was lying in bed, in his room. R1 was alert, oriented to his name, place and date. R1 recalls the incident involving himself and R2. R1 states R2 is a bully, and he has had other incidents with him. R1 states R2 reached out and grabbed him by the beard and was cussing at him. R1 states the incident was very painful, due to his beard being pulled. At this point, R1 states he stays out of R2's way and tries to avoid him. On 4/14/26 at 11:30 A.M., V1/Administrator verified the facility policy for physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment. At that time V1 confirmed that a resident that willfully pulls another resident's beard would be considered abuse.</p>

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

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