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| 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 04/29/2026 |
| 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) | | |
| F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview the facility failed to provide a clean environment for five (R14, R20, R24, R32, R42) of five residents reviewed for the environment in a total sample of 48. R14's Electronic Health Record documents R14 was admitted to the facility on [DATE] with diagnoses to include Hypertension, Acute Kidney Failure, Diabetes, and Heart Failure. On 4/27/26 at 11:16 AM, V22 (R14's family member) reported R14 was transferred to a different facility on 4/20/26. V22 reported during R14's stay R14 had gotten another resident's feces on R14's pants while using the shared bathroom. V22 reported the bathroom had feces on the floor and toilet and R14 could not wait to go to the bathroom so he got the feces on his pants. On 4/29/26 at 9:06 AM, R45 reported he was R14's roommate prior to R14's discharge from the facility. R45 reported R14's previous roommate was R24, R24 has a colostomy bag, and R24 cleans the colostomy bag in the bathroom. On 4/29/26 at 9:30 AM, R24's bathroom had feces splattered on the toilet and in the sink. There was also undigested food particles on the drain guard of the sink. On 4/29/26 at 9:30 AM, V17 Maintenance Director reported R24 has a colostomy bag, cleans the colostomy bag in the sink, and stated, I wish (R24) wouldn't do that. On 4/29/26 at 9:40 AM, V25 Housekeeping Director reported she is aware R24 cleans his colostomy in the bathroom sink and has instructed housekeeping staff to check R24's bathroom several times a day to be sure it is clean. V25 reported this information was only relayed verbally and there is not any type of tracking to indicate how often the bathroom is checked and cleaned. On 4/29/26 at 9:48 AM, R24 reported he empties and cleans his colostomy bag and staff help sometimes. R24's care plan intervention with a revision date of 3/19/26 documents, Provide ostomy care daily and [as needed]. On 4/29/26 at 10:17 AM, V25 Housekeeping Director reported it has been discussed in multiple meetings with administration and department heads about R24 emptying and cleaning his colostomy bag himself in the bathroom and leaving feces on the floor, toilet, and sink. On 4/29/26 at 1:43 PM V2 DON/Director of Nursing confirmed R24, R20, R32, and R42 all share a bathroom. | | |

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

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