

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Goldwater Care Marseilles		STREET ADDRESS, CITY, STATE, ZIP CODE  578 West Commercial Street Marseilles, IL 61341	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34131</p> <p>Based on observation, interview, and record review, the facility failed to supervise a resident (R5) with a metastatic brain neoplasm and prevent an injury for one (R2) of two residents reviewed for accidents in a sample of five. This deficiency resulted in R2 going to the hospital, sustaining a fracture to his right knee, and ongoing pain requiring pain medication.</p> <p>Findings include.</p> <p>Facility's Residents' Rights for People in Long Term Care Facilities, Ombudsman Program revised 11/2018, documents: Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide services to keep your physical and mental health, at their highest practical levels.</p> <p>Facility Abuse Investigation Report, dated 2/12/25, documents (R5) went into (R2's) room and threw a chair at (R2) while (R2) was in bed. (R2) complained of right knee pain and sent to the hospital for assessment. Pain medication was administered to (R2).</p> <p>R2's Medication Administration Record/MAR, dated 2/1-2/12/25, documents R2 was taking Tylenol 650mg/milligrams four times a day for pain.</p> <p>R2's MAR, dated 2/12-2/28/25 and 3/1-3/4/25, documents R2 was ordered Norco 5-325mg take one tablet every 24 hours taken 2/18/25 for pain 5/10 and 2/19/25 for pain 7/10. Norco 5-325mg 1 tablet every eight hours as needed for right knee pain taken 2/12 for pain 4/10; 2/13 for pain 6/10; 2/17 for pain 7/10; 2/20-2/22 for pain 8/10; 2/24 for pain 6/10; 2/28 for pain 7/10; 3/1 for pain 7/10; and 3/3 for pain 8/10.</p> <p>R2's medical record documents the following: (R2's) progress note by (V9 APRN/Advanced Practice Registered Nurse), dated 2/12/25, documents Patient seen today for follow up on uncontrolled right lower extremity pain. pain in right knee new onset status post injury where he was hit with a chair.</p> <p>R2's after visit summary from the hospital (2/13-2/17/25) progress note by V10 MD/Medical Doctor, dated 2/13/25, documents (R2) states he is having pain in his knee.</p> <p>(continued on next page)</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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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R2's cat scan from the hospital, dated 2/14/25, documents Acute mildly displaced and mildly impacted fracture of the lateral femoral condyle posterior aspect with possible extension into the intercondylar notch. Prepatellar soft tissue swelling. (R2's prior x-ray from 2/11/25 documents R2 has no fracture.)</p> <p>R2's orthopedic consultation note by V11 MD, dated 2/15/25, documents Orthopedic consultation for a right distal femur fracture. (R2) was attacked by a roommate and began reporting knee pain. Recommendations: Non-operative management and pain control.</p> <p>R2's medical record documents the following: (R2's) progress note by V9 APRN, dated 2/19/25, documents Patient seen today in the facility and then again via telehealth this evening around 10:30PM for RLE/right lower extremity pain. Patient rates pain to RLE an 8/10. He is requesting a Norco; however, Norco is currently ordered q24 hours prn/as needed. Previous order was every 8 hours prn. Patient has new LE/lower extremity femur fx/fracture. Mild distress. Upset with inability to receive additional pain medication due to uncontrolled pain. I ordered Norco every eight hours as needed. Pain in right knee is a new onset s/p (status post) injury where he was hit with a chair. X-ray in ER/emergency room was negative, repeat x-ray negative, and then Femur fracture diagnosed in the hospital.</p> <p>On 3/4/25 at 11:30AM, R2 stated I have to rest my right knee due to (R5) throwing a chair at me. My knee is fractured, and I take pain medication for it, I can't do physical therapy or wear my prosthesis. I had an X-ray here (nursing home,) the hospital, and then another hospital.</p> <p>On 3/4/25 at 1:50PM, V2 DON/Director of Nursing stated (R5) threw a chair at (R2), and (R2) went to the hospital.</p> <p>On 3/4/25 at 2:15PM, V1 Administrator stated, I heard (R2) had a fracture.</p>