

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 06/20/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to update a resident's physician regarding a change in resident's pressure injury to 1 of 3 residents (R2) reviewed for pressure injury in the sample of 5.</p> <p>The findings include:</p> <p>R2's electronic face sheet accessed on 6/20/25 documents that R2 was admitted to the facility on [DATE] and was discharged on 5/8/25.</p> <p>R2's Physician Order Sheet dated 4/25 states, Cleanse area with NS(Normal Saline)/wound cleanser, pat dry. Apply medihoney and bordered foam every Tue, Thu, Sat.</p> <p>R2's facility assessment dated [DATE] under behaviors does not show R2 had any rejection of care.</p> <p>R2's admission assessment dated [DATE] show R2 was admitted to the facility with a stage 2 pressure injury to his coccyx/sacral area.</p> <p>A wound assessment dated [DATE] by V3 (Wound Nurse) documents, coccyx pressure ulceration present on admission, wound measurements of 0.90 centimeters (cm) x 0.50 cm x 0.10 cm with scant amount of serous drainage.</p> <p>A wound assessment details dated 4/28/25 by V3 (Wound Nurse) documents, R2's coccyx wound measurements of 2.5 cm x 0.50 cm x 0.10 cm with scant amount of serous drainage.</p> <p>A wound assessment details dated 5/5/25 by V3 (Wound Nurse) documents, R2's coccyx wound measurements of 3.00 cm x 0.50 cm x 0.10 cm with light amount of serous drainage.</p> <p>On 6/20/25 at 10:45 AM, V12 (R2's spouse) stated my husband (R2) went to the Nursing Home with a very small sore to his bottom, but by the time he was in the hospital last 5/8/25, according to the ER staff, he had a large wound to his bottom and the dressing was colored yellow. V12 said she does not think R2's wound was followed by a Wound doctor while at the nursing home</p> <p>On 6/20/25 at 11:12 AM, V3 (Wound Nurse) said residents with pressure injury were seen and followed by the Wound doctor at the facility. R2 was admitted with a pressure injury to his coccyx area. R2 was never seen by the Wound doctor while at the facility. V3 said she was the one assessing R2's wound. R2's wound was getting larger, it was getting worse with increased amount of drainage. V3 said R2 had the same treatment. V3 said R2's physician/NP should have been updated.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/20/25 at 11:40 AM, V10 (Nurse Practitioner) said she was at the facility often and was monitoring R2's medical condition except R2's wound since the Wound Doctor of the facility was following R2's pressure wound. V10 said no facility staff including the wound nurse notified her , R2 was not being followed by the Wound Doctor. V10 said if she was asked to check R2's pressure wound I would have assessed R2's wound myself and adjusted his wound treatments if needed.</p> <p>The facility policy on Pressure Injury and skin Condition assessment dated [DATE] show, to establish guidelines and for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other ulcers and assuring interventions are implemented. 20. The attending physician shall be notified within seven (7) to fourteen (14) days of the resident's lack of response to treatment</p>		