STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145295	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goldwater Care Marseilles	578 West Commercial Street Marseilles, IL 61341

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. Based on observation, interview, and record review, the facility failed to ensure resident rooms had doors which close without obstruction in order to provide privacy for 1 of 3 residents (R1) in the sample of 14 reviewed for privacy.The findings include: On 5/8/26 at 9:36 AM V7, Certified Nursing Assistant (CNA), said he provides privacy to the residents by shutting their door and pulling the curtain.On 5/8/26 at 9:44 AM, V7 said there is something about R1's bed, if it's not pushed a certain way, the door doesn't open/close properly. V7 demonstrated trying to close R1's door and he had to push the bed up toward the wall at the head of the bed while trying to shut the door. When he tried to reopen the door, the bed caught on the door and the door moved the bed, making the bed askew. V7 said there is something protruding from the wall (at the head of the bed) preventing it from being able to be directly up against the wall, therefore, the end of the bed was obstructing the door from opening and closing properly.R1's current care plan (last review completed 4/22/26) shows R1 has decreased and impaired mobility, impaired visual function, and is dependent on staff for upper body dressing, personal hygiene, roll left to right/bed mobility, moving from sitting to lying, moving from lying to sitting. R1's diagnoses include, but are not limited to, diabetes mellitus type 2 with diabetic neuropathy, muscle wasting and atrophy, and lack of coordination.The facility's Resident Rights Policy (reviewed/approved 1/4/19) shows resident rights include the resident's right to privacy.

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to complete accurate weekly assessments of a resident's venous stasis wound. The facility also failed to ensure that a resident's breast biopsy procedure was scheduled and failed to ensure transportation for a dermatology appointment was arranged for a resident. This applies to 3 of 14 residents (R6, R2 and R3) reviewed for necessary care and services in the sample of 14.The findings include: 1.R6's Face Sheet shows he was last admitted to the facility on [DATE] with diagnoses including Chronic Venous Hypertension with Ulcer of Left Lower Extremity, Chronic Pain Syndrome, Pressure Ulcer of the Right Upper Back and Spastic Hemiplegia affecting the Left Nondominant Side. A handwritten document provided on 5/8/26 by V6 (RN- Treatment Nurse) shows that R6 has a Left Ankle Stage 2 and a Right Back Pressure Injury. R6's Wound Summary Report Printed on 5/8/26 shows an identical wound assessment on 2/24/26, 3/6/26, 3/12/26,3/26/26, 4/2/26, 4/10/26, 4/18/26, 4/26/26 and 5/3/26. This assessment states, Full Thickness, Bright Pink or Red 100%, Light Serosanguineous Exudate, Measuring 5.5cm x 2.0cm x 0.10cm. R6's Specialty Physician Wound Evaluation and Management Summary dated 5/5/26 (2 days after last facility assessment) describes R6's Left ankle wound as, Etiology: Venous, Wound Size: 4.8cm x 1.8cm x 0.10 cm, Exudate: Heavy Serous, Slough 30%, Granulation Tissue 70%. On 5/8/26 at 5/8/26 at 10:30AM a dressing change was completed by V6 to R6's outer left ankle. R6's left ankle showed an open area about 1/2 the length of a playing card and the width of a quarter, just above the malleolus. The area appeared clean with some clear drainage but unable to determine amount on actual dressing. On 5/8/26 at 11:40AM V6 stated, The wound assessments are in the other program- Wound Rounds. I do not have access to that. (V3-ADON- Assistant Director of Nursing) takes the pictures of the wounds and puts in the assessments. The (V2-DON- Director of Nursing and (V3) have access to those programs. (V2 and V3 were not present in the facility during this survey) On 5/8/26 2:25PM V10 (Previous DON) stated, I have not been in the building since January. (V2) is the new DON and she is over the Wound Care now - I am not sure exactly when she took it over. I know when I was in the building (R6's) wounds did not change very much from week to week. On 5/8/26 at 11:56AM (V9- Regional Nurse Consultant) stated, The Wound Care assessments are not part of the medical record. It is in a separate program. I can't give you access to that, but I can print out anything you want. The facility policy entitled Pressure Injury and Skin Condition assessment dated [DATE] states, Pressure and other ulcers (diabetic, arterial, venous) will be assessed and measured at least every seven days by a licensed nurse and documented in the resident's clinical record. 2. R2's Bilateral mammogram results dated 10/9/25 show R2 has a lump in her right breast. Impression show, Clinical correlation is recommended as to the need for skin punch biopsy on either side. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Physician order sheet dated 12/15/25 shows an order of referral for biopsy ultrasound guided to right breast. On 5/8/26 at 9:12 AM, V18 (R2's sister) said R2 had a lump to her right breast that needed biopsy. While R2 was at the facility the biopsy was never scheduled. The new facility (where R2 now resides) was following up with the biopsy. On 5/8/26 at 2:45 PM, V5 (Registered Nurse-RN) said she carried out the order of R2's biopsy to her right breast last 12/15/25. V5 said she also sent documents to schedule the biopsy. V5 said she was not sure why R2's biopsy was never done. R2 was transferred to another facility last 2/24/26. On 5/8/26 at 12:15 PM, V10 (Former Director of Nursing-DON) said she also reviewed R2's medical record and revealed no documentation explaining why the biopsy was not scheduled or why the biopsy appointment was not completed. V10 said R2's ordered biopsy was an important medically necessary appointment and should have been completed to ensure R2's appropriate care and treatment. 3. R3's facility assessment dated [DATE] show R3 has no cognitive impairment-BIMS of 15 R3's Physician Order sheet dated 2/24/26 shows an order of, Dermatology referral to evaluate and treat skin tags. The patient (R3) reports symptomatic concerning lesions including irritations with clothing and intermittent discomfort. On 5/8/26 at 1:15 PM, R3 was sitting in the dining room alert and pleasant. R3 said she had two (2) appointments for the removal of her skin tags that were cancelled, and she did not know why. R3 said she had a big skin tag in one of her eyes that was removed that needed to be followed up, she does not want the skin tag to return. R3 said she also has multiple skin tags that were painful because it rubs against her clothes when getting dressed. On 5/8/26 at 2:35, V5 (RN) said R3 had a Dermatology appointment that was cancelled twice-3/12/26 and 4/29/26. V5 said she was not sure what happened last 3/12/26. On 4/29/26 it was cancelled because the van driver called off. On 5/8/26 at 1:35 PM, V16 (Scheduler) said she just took over the appointment scheduling lately. R3 told her that she missed two Dermatology appointments. V16 said if the driver calls off, we can set up a wheelchair ambulance or one of the staff can also be the transporter. R3's dermatology appointment had not been rescheduled; it will be done today. On 5/8/26 at 12PM, V9 (Regional Nurse Consultant) said timely followed through with scheduled appointments are necessary to ensure continuity of care and ongoing treatment for the residents.

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to identify a pressure injury on a resident's left heel until it was a stage 3. This failure resulted in R5 being found with an open area with devitalized tissue on her left heel on 4/18/26. The facility also failed to complete accurate weekly wound assessments for residents with pressure injuries. This applies to 2 of 2 residents (R5, R6) reviewed for pressure injuries in the sample of 14. The findings include: 1.R5's Face Sheet shows she was last admitted to the facility on [DATE] with diagnoses including Acute and Chronic Respiratory Failure, Morbid Obesity, Type 2 Diabetes Mellitus and Chronic Kidney Disease. R5's Weekly Skin Assessments show an assessment dated [DATE] then no other skin assessments until 4/15/26. The Weekly Skin Assessment on 4/15/26 Shows- no foot concerns. R5's Wound Summary printed on 5/8/26 shows that R5 has an active, facility acquired, pressure ulcer on her left heel. The first wound assessment is dated 4/18/26 (3 days after the weekly skin assessment) and shows a Stage 3 to R5's Left Heel. The wound is described as Intact Skin 25%, Deep Maroon 40% and Necrotic, Soft Adherent 35%. Measuring 4 x 2 x 0cm with no exudate and no infection present. This identical assessment is document for 4/26/26 and 5/3/26. R5's Braden Scale (Pressure Ulcer Risk Assessment) dated 12/2/25 shows that R5 scored a 17 meaning R5 is At Risk for developing a pressure injury. (Compared to Moderate Risk, High Risk or Very High Risk)R5's EMR (Electronic Medical Record) shows no Progress Notes related to R5's wound. On 5/8/26 at 10:15AM (V6) removed the old dressing from R5's left heel. The area appeared macerated around the edges with some dark tissue in the middle. (About the size of 2 nickels placed lengthwise next to each other.) The heel was cleansed with wound cleanser, then covered with calcium alginate and a bordered foam dressing. The heal lift boot was placed back on R5's left heel.On 5/8/26 at 2:25PM V10 (Previous DON- Director of Nursing) stated, I have not been in the building since January. V2 is the new DON, and she is over the Wound Care now - I am not sure exactly when she took it over. Skin checks are done weekly by the nurse. If a CNA sees something new during a shower, then they will let the nurse know but the nurse is still doing weekly skin checks. (R5) is also seen by hospice and showers are often given by hospice staff. Something should have been seen prior to a Stage 3- absolutely.R5's care plan dated 4/17/26 states, I have an open area to my left heel s/t immobility, decrease in awareness r/t disease process, chronic respiratory failure, history of ulcers .The facility policy entitled Pressure Injury and Skin Condition assessment dated [DATE] states, Residents identified (at risk) will have a weekly skin assessment by a licensed nurse., Each resident will be observed for skin breakdown daily during cares and on the assigned bath day by the CNA. Changes shall be promptly reported to the charge nurse who will perform the detailed assessment., Pressure injuries and other ulcers will be measured at least weekly and recorded in centimeters in the resident's clinical record. 2.R6's Face Sheet shows he was last admitted to the facility on [DATE] with diagnoses including Chronic Venous Hypertension with Ulcer of Left Lower Extremity, Chronic Pain Syndrome, Pressure Ulcer of the Right Upper Back and Spastic Hemiplegia affecting the Left Nondominant Side. A handwritten document provided on 5/8/26 by V6 (RN- Treatment Nurse) shows that R6 has a Left Ankle Stage 2 and a Right Back Pressure Injury.R6's Wound Summary Report Printed on 5/8/26 shows identical wound assessments on 3/6/26, 3/12/26, 3/26/26, 3/27/26, 4/2/26, 4/10/26, 4/18/26, 4/26/26 and 5/3/26. This assessment states, Active Pressure, Facility Acquired, Stage 4, Bright Pink or Red 75%, Slough white Fibrinous 25%, Scant Serosanguineous exudate, measuring 1.0 cm x 1.0 cm x 0.50cm.R6's Specialty Physician Wound Evaluation and Management Summary dated 5/5/26 (2 days after last facility assessment) describes R6's Right upper back wound as , Etiology: Pressure, Stage 4 Wound Size: 0.60 cm x 0.50 cm x 0.20cm, Exudate: Heavy Serous, Thick adherent devitalized necrotic tissue 5%, Slough 35%, Granulation Tissue 60%. On 5/8/26 at 5/8/26 at 10:30AM a dressing change was completed by V6 to R6's right upper back. R6's right back showed an open area with a yellow center (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	about the size of a nickel adjacent to his right shoulder blade. The area appeared clean although yellow in color with some clear drainage but unable to determine the amount on the actual dressing. V6 stated, It was a huge hole. R6 then stated, It healed once then a week or two later it split open with a vengeance. On 5/8/26 at 11:40AM V6 stated, The wound assessments are in the other program- Wound Rounds. I do not have access to that. (V3-ADON- Assistant Director of Nursing) takes the pictures of the wounds and puts in the assessments. The (V2-DON- Director of Nursing and (V3) have access to those programs. (V2 and V3 were not present in the facility during this survey)On 5/8/26 2:25PM V10 (Previous DON) stated, I have not been in the building since January. (V2) is the new DON and she is over the Wound Care now - I am not sure exactly when she took it over. I know when I was in the building (R6's) wounds did not change very much from week to week.On 5/8/26 at 11:56AM (V9- Regional Nurse Consultant) stated, The Wound Care assessments are not part of the medical record. It is in a separate program. I can't give you access to that, but I can print out anything you want.The facility policy entitled Pressure Injury and Skin Condition assessment dated [DATE] states, Pressure and other ulcers (diabetic, arterial, venous) will be assessed and measured at least every seven days by a licensed nurse and documented in the resident's clinical record.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interview and record review the facility failed to transfer a resident using a mechanical lift in a safe manner for 1 of 3 residents (R2) reviewed for safety in the sample of 14.The findings include:R2's electronic face sheet shows that R2 has diagnoses that include diabetes, lump in right breast and morbid obesity.R2's fall incident report dated 7/31/25 show, resident (R2) observed on the floor with three staff in room, mechanical lift attached around R2 at this time, stated the mechanical lift fell my side hurts, please help.On 5/8/26 at 12:20 PM, V11 (Registered Nurse-RN) said she was the Nurse last 7/31/25. V11 (RN) said she was called to R2's room because R2 fell during a mechanical lift transfer. R2 was observed on the floor with the mechanical lift still attached to R2. V11 said there was an issue with the use of the mechanical lift, resulting in R2 falling to the floor while still attached to the lift. The Certified Nursing Assistants (V12 and V13) that were involved with the fall were both agency staff that had not returned to work since the incident. R2 was sent to the hospital, all X-rays and CT scan results that were all negative. R2 was discharged back to the facility the same day in stable condition.R2's hospital records dated 7/31/25 documents, R2 was in [mechanical lift] when it fell over. Per hospital records, X-rays and CT scans were negative with acute findings. Diagnosis head contusion. discharged and returned to facility on 7/31/25. On 5/8/26 at 12:45 PM, V10 (previous Director of Nursing) said she completed the investigation of R2's fall involving the mechanical lift. V10 said the investigation revealed that the base of the lift was not opened wide enough to ensure proper balance which contributed to R2's fall. Staff have received training with regards to correct use of the mechanical lift. The staff involved in the fall who were agency CNAs that have not worked at the facility.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review the facility failed to ensure there was sufficient nursing staff to meet the resident needs and ensure resident safety. This applies to 4 of 4 (R3, R5, R6 and R2) residents reviewed for staffing in the sample of 14. The findings include: The Facility Assessment last updated on 2/27/26 shows the facility's Average Daily Census as 56-60 residents. This same document shows the facility's estimated staffing needs as Licensed Nurses: 3 on day shift and 2 on night shift, CNA (Certified Nursing Assistants: 6-7 on day shift and 5-6 on night shift.On 5/8/26 at 1:45PM V16 (Anonymous Staff) stated, All the staff work 12 hours shifts from 6A-6P or 6P-6A. Right now, we have 5 CNAs on days and 4 on nights. The owner wants us to do 4 on days and 3 on nights. On Monday, Wednesday, and Friday- Dialysis days we are allowed 1 extra CNA to help out with the dialysis residents. I don't think 4/3 CNAs is doable. I don't feel that the residents get the care that they need. The call lights are not answered in a reasonable amount of time and sometimes showers are not getting done. When census was in the 60's we had a 3rd nurse, but when it dropped below 60 then we had to lose the 3rd nurse. We use a lot of agency staff. This is a very small town, and we don't get a lot of people applying. When we do hire, they don't stay because the workload is too heavy. It is too much for the number of CNAs that we have.On 5/8/26 at 9:45AM V11 (LPN-Licensed Practical Nurse) stated, Back here we have 1 nurse and 2 CNAs for 23 residents. That is for both shifts. It is not ideal. One more staff would definitely be good. On behavior days (days when residents are having increased behaviors) it is really hard trying to give breaks to the CNAs and get my work done. We have (V19-Social Service Director) but she is not a CNA she just watches the residents if we need her to. Corporate cut staffing about a year ago. When I first started here, we had 3 nurses on Day shift. The other side has 1 nurse and 3 CNAs on Dialysis days for 32 residents.On 5/8/26 at 10:00AM V5 (RN- Registered Nurse) stated, Many residents over here are alert and oriented. Our typical staffing is 1 nurse and 3 CNAs. It is manageable to a point. Sometimes we only have 2 CNAs and then it is really hard. We use agency a lot, but they usually end up coming in late. We are not full right now so we cannot have 3 nurses. When we get a full census then we should get a third nurse. In December they stopped the third nurse because we had less residents.The Facility Data Sheet dated 5/8/26 shows the facility's current census as 55 residents. The Resident Council Minutes dated March 11, 2026 state, Nursing staff/CNAs: Resident #3 stated that she did not get her shower the other day. Resident #1 stated that they turn his call light off and do not return promptly.During the survey on 5/8/26 R3 stated that she has only been getting one shower a week for the past month due to a shortage of staff.During this survey, deficiencies were cited for resident safety related to R2, non-pressure wound care for R6, pressure injury identification and assessments for R5 and R6 and necessary care and services for R2 and R3.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure their menu was followed. This failure has the potential to affect all 55 residents residing in the facility.The findings include: The Facility Data Sheet dated 5/8/26 shows there are 55 residents living in the facility.On 5/8/26 at 11:59 AM, R8 was served fish sticks, a broccoli mix, a pasta salad (which R8 said was alfredo), and apple sauce. R8's meal ticked dated 5/8/26 shows he was to receive herb baked fish, buttered carrots, and mandarin orange cake for the lunch meal. The other residents in attendance at the dining room tables were served the same items except they were served cake instead of the apple sauce.On 5/8/26 at 12:06 PM, the survey team was provided with a sample tray which consisted of fish sticks, mashed potatoes, a mix of broccoli/vegetables, and cake.The facility's menu provided by the facility shows Day 13 Lunch on Friday, 5/8/26 is Herb baked fish, red beans and rice, spinach, mandarin orange cake, and a beverage.On 5/8/26 at 12:02 PM, the menu posted in the dining room for lunch on 5/8/26 showed herb baked fish, mashed potatoes, mandarin orange cake, and a beverage.On 5/8/26 at 1:07 PM V4, Dietary Manager, said they did not have beans for the red beans and rice because she didn't order them, and they were out of spinach due to a mistake on her end: she forgot to order spinach. V4 said she didn't have any carrots, she thought they might have run out of them, so she served the imperial mixed vegetables today. V4 said a lot of residents don't like actual breaded fish, so she typically orders the fish sticks instead. V4 said they are precooked, and they just put it in the oven. V4 said she has the option to order fish that is not breaded. V4 said the monthly menu is distributed to the residents by the activities department.R1's current care plan (last review completed 4/22/26) shows staff are to obtain and honor food preferences and to provide her diet as ordered.The facility's recipe for Herb Baked Fish for Day 13-Lunch uses a thawed from frozen three-ounce portion of boneless, skinless [NAME]. Melted margarine, salt, and lemon juice are to be combined in a bowl and poured over the fish prior to baking. After baking, lemon pepper seasonings are sprinkled over the fish and garnished with parsley.The facility's Menus Changes Policy (no date) shows posted menus should be modified to reflect menu changes and substitutes for meals should be posted.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on interview and record review, the facility failed to ensure meal preferences and allergies were accommodated for 2 of 3 residents (R1 and R9) reviewed for resident food preferences and allergies in the sample of 14.The findings include:On 5/8/26 at 1:28 PM, R9 said she is lactose intolerant, and she is served pudding and mashed potatoes. R9 said she thinks they use milk in the mashed potatoes.On 5/8/26 at 1:07 PM, V4, Dietary Manager, said the pudding they serve does have dairy, so lactose intolerant residents cannot have their pudding. V4 said she has tried to look into a lactose-free option, but their food provider does not have it available at this time. V4 said they know if someone is on a special diet because it is in the electronic medical record, and it is printed on the resident meal ticket too. On 5/8/26 at 3:21 PM, V4 said they use instant mashed potatoes. V4 said some use milk (to prepare) but the majority call for water. V4 said the only time they use the ones with milk are if they are out of the ones that need water.On 5/8/26, V4 said they did not prepare red beans and rice for lunch today because she forgot to order the beans. V4 said she replaced the red beans and rice with mashed potatoes.R1's meal ticket for lunch on 5/8/26 shows she is lactose intolerant, dislikes pudding and potatoes and is to be served steamed rice. R9's meal ticket shows she is to be served herb baked fish and red beans and rice for lunch today. R9's meal ticket shows she wants no fish and is lactose intolerant.R1's Order Summary Report dated 5/8/26 shows a current active order for a liberalized renal diet of regular texture, thin liquid consistency, with low concentrated sweets and lactose free.R1's current care plan (last review completed 4/22/26) shows staff are to obtain and honor food preferences and to provide her diet as ordered.R9's Order Summary Report dated 5/8/26 shows a current active order for a regular diet of regular texture, thin liquid consistency, lactose free.The facility's Menu Substitutions Policy (no date) shows the food preferences, dislikes, and allergy information are added to the food service program. Kitchen staff will avoid serving allergens and dislikes as notated in the residents' profile.