

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 06/16/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure medications were administered as ordered by the physician. This applies to 1 of 3 residents (R6) reviewed for medication administration in the sample of 7. The findings include: R6's Physician's Order Sheet for June 2026 shows that she was admitted to the facility on [DATE] with diagnoses including Dependence on Renal Dialysis, Major Depressive Disorder, Anxiety Disorder and Muscle Weakness. This same document shows that R6 had an order for alprazolam (Antianxiety) 0.5mg (milligrams) three times a day. R6's Medication Administration Record for June 2026 shows that R6 was not given he alprazolam on 6/5/26 at 8:00AM, 12:00PM or 3:00PM. On 6/15/26 at 5:10PM V6 (RN- Registered Nurse) stated, I have an access code to the (Computerized Medication Dispensing Machine) but to get narcotics or antipsychotics we have to have 2 nurses with access codes and the other nurse (working on the other wing) was an agency nurse. I didn't have anyone else in the building with an access code. We did not have a DON (Director of Nursing) or an ADON (Assistant Director of Nursing) at the time and her medications had not arrived yet from the pharmacy. On 6/16/26 at 2:10PM V20 (DON from a sister facility) stated, The (computerized medication dispensing machine) distributes medications that we may need that we may not have. It's a backup system to supplement medications that we may not have- usually just the commonly used ones. The nurse has to have a username and password. A Superuser has to add them. A Superuser can be a nurse manger or a pharmacy representative. I haven't had to get a username and password from the pharmacy, so I am not sure how long that takes. Agency nurses can get temporary access from a nurse manager that does not work after their shift. You have to have a witness for a controlled substance, or you can log into the system, and the pharmacy can witness the removal of the controlled substance by calling them. We have a stat delivery system, and the pharmacy will reach out to a local pharmacy to deliver meds more quickly. The undated facility policy entitled Medication Administration General Guidelines states, Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review the facility failed to ensure a resident was served the correct consistency diet. This applies to 1 of 3 residents (R3) reviewed for choking in the sample of 7. The findings include: R3's Order Summary Report shows R3's diet order on 5/27/26 was regular diet, pureed texture, and thin liquid consistency. R3's choking incident report from 5/27/26 shows R3 was in the dining room for breakfast when R3 began choking on hashbrowns. V15 (Licensed Practical Nurse- LPN Agency) was at the medication cart just behind R3 when R3 began choking. R3 was able to clear the obstruction himself without staff intervention. On 6/16/26 at 9:35 AM, R3 was sitting in his wheelchair. R3 was not wearing his lower dentures and had visibly missing teeth on the bottom jaw. R3 said on 5/27/26, R3 received a bowl of hashbrowns that were hard, burnt, and not fully cooked. R3 said he choked on them, but was able to clear it himself and hasn't choked since. On 6/16/26 at 11:13 AM, V24 (Speech Therapist) said R3 is currently being seen by speech therapy. V24 said R3's dentures are fairly new and R3 is consistently noncompliant with using the bottom dentures. V24 said R3 was on a pureed texture on 5/27/26. On 6/16/26 at 2:14 PM, V15 said the hashbrowns that R3 was provided on 5/27/26 were hard, crispy, and looked like they were cooked and browned on a flat top grill. At 1:49 PM, V15 said the hashbrowns were not soft, not served with ketchup, and were just like the hashbrowns served for the regular diet. On 6/16/26 at 1:45 PM, V19 (VP of Operations) provided this surveyor with a progress note dated 5/26/26 stating R3 refuses the recommended pureed diet and R3 was provided education. This progress note also states that R3 continues on a pureed diet and scored a 14 on his Brief Interview for Mental Status indicating R3 is cognitively intact. On 6/16/26 at 1:54 PM, R3 said he did not refuse any pureed hashbrowns on 5/27/26 and was served the hard, burnt, and not fully cooked hashbrowns by staff without asking. On 6/16/26 at 12:42 PM, V8 (Dietary Manager) said R3 should have been served a pureed diet if R3's diet order said he was on a pureed diet. Facility Diet Spreadsheet shows a pureed diet should receive mashed potatoes with gravy instead of the breakfast hashbrowns.		