

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

Printed: 08/27/2026
Form Approved OMB
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 06/26/2026
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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to use two staff members when assisting a resident with bed mobility/daily care. This failure resulted in the resident falling off the side of the bed, elevated to high position, landing on the floor and sustaining a left hip fracture on 5/29/26. This applies to 1 of 3 residents (R4) reviewed for accidents/falls in the sample of 6. The findings include: R4's EMR (Electronic Medical Record) shows that she was last admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction, Obesity, Cerebral Ischemia and Major Depression. R4's Incident Report dated 5/29/26 states, On 5/29/26 at approximately 1:20PM, (R4) was receiving a bed bath from (V6-Hospice CNA-Certified Nursing Assistant). During care, the resident was rolled onto her right side with her left leg positioned over her right leg. At that time, the resident's lower body moved off the bed toward the floor. (V6) assisted the resident safely the rest of the way to the floor and immediately notified nursing staff, who immediately contacted emergency services. (R4's) [NAME] (Power of Attorney) met her at the hospital for evaluation. Imaging later showed an acute non-displaced fracture of the greater trochanter. Following discussion between the POA, Hospice and the ER physician regarding risks and benefits of treatment options, the decision was made to continue comfort-focused care without additional intervention. (R4) returned to the facility later that same day and resumed services with hospice. On 6/26/26 at 9:45AM V3 (CNA) stated, The hospice CNA is allowed to change the residents. (R4) passed away- she fell out of bed. When hospice was doing care on her- she passed away the next day. We were all pretty close to the hospice girl- she had been coming here a long time. (R4) loved her hospice girl. Her name was (V6). I heard (V6) was changing (R4) and she fell on the floor on the window side of the bed. (V6) yelled for help and the staff came to help and picked her up with the (mechanical lift). It was normal for her to change (R4). (R4's) death was very unexpected. On 6/26/26 at 9:50AM V4 (CNA) stated, I was coming out of the bathroom, and I heard that (R4) fell so I ran to (R4's) room. The bed was in a high position. (V6) is pretty tall. (R4) was lying on her left side and her legs were crossed, her right leg over her left and she was facing the door, and she was yelling Help me, Help me. Another CNA ran to get the nurse. The nurse (V16) came down, the NP (Nurse Practitioner) was here and (V2-RN came down too. The NP immediately said to send (R4) out so someone called 911. (V6) called hospice and told them what happened. We got (R4) back in bed with a (mechanical lift). (V2) took (V6) to talk to her so I don't know what (V6) said. There were no side rails up. (R4) was not a fall risk, her bed was normally at an average height. She loved being in bed. She went to the ER and came back later that night. She was here the next day and then she passed away that day. She was complaining of left hip pain after she fell. On 6/26/26 at 10:00AM V2 (RN- MDS) stated, I don't remember what (V6) said but I took a witness statement and I gave it to the Administrator at the time. I don't know who did the incident report at the time. I did education with (V6). (R4) had a low air loss mattress, and I told (V6) not to care for anyone on a low air loss mattress by herself. (R4) was a 2 assist for care in bed. (V6) said, I didn't even think of that. On 6/26/26 at 12:30 V16 (RN- Previous Employee) was called for interview. A message was left but no return call (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145295
		If continuation sheet Page 1 of 2

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F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	was received prior to survey exit. On 6/26/26 at 11:45AM Hospice was called. They stated (V6) in the field, and they would give her the message to return Surveyor's call. At 12:00PM the call was returned by a person claiming to be the Lead CNA from Hospice. She stated that (V6) was off this week and she could not return my call until Monday. Survey exited prior to the return call. V6's typed and signed statement dated 5/29/26 states, I was giving her, (R4) a bed bath. I had completed (R4's) top half and was going to change her, as in changing her brief, and clean her up. (R4) then assisted me to roll her onto her right side towards the window, and her left leg over her right and when I went to grab the brief, with my left hand, and angled away from the bed. I then looked fully back at her and seen her legs kept going out of the bed onto the floor, her torso was still in upward position due to her holding onto the bed rail. Then I moved the bed some and asked her if I could move her hands, she said yes, and then placed a pillow on the floor and lowered her torso down onto the floor. (R4) was not complaining about any specific pain until she rolled onto her back and then she started yelling out about pain in her left hip. R4's Care Plan dated 3/16/26 states, I have an ADL (Activities of Daily Living) self-care/mobility performance deficit that may fluctuate with activity throughout the day related to Activity Intolerance, right hemiplegia due to CVA, fatigue, limited mobility. 2 staff transfers and 2 staff for bed mobility, cognition and thought processes fluctuations due to cerebral ischemia. R4's Hospital Document dated 5/29/26 states, Since putting in the consult for orthopedics, patient's husband, DPOA (Durable Power of Attorney), had spoken with hospice. They have decided that they do not want patient going through any surgery or procedure for this hip fracture. Plan is to send patient back to the nursing home and she is on Norco (Analgesic), Tylenol and Dilaudid (Narcotic Analgesic) for pain control. Spoke with orthopedics, who also felt that is patient is non-ambulatory and is under hospice care, we will acknowledge patient and family's wishes to send patient back to nursing home under hospice care.		