STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145437	A. Building B. Wing	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goldwater Care Princeton	515 Bureau Valley Parkway Princeton, IL 61356

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect a resident from resident-to-resident physical abuse for two of three residents (R1, R2) reviewed for physical abuse in a sample of three. Findings include:The facility's Abuse Prevention and Reporting policy, revised 10/24/22, documents that abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. This form documents that physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.R1's electronic face sheet documents the following diagnoses: Congested Heart Failure, Gastro-Esophageal Reflux Disease, Gout, Osteoarthritis, Chronic Kidney Disease, Amnesia, edema, Obesity, Falls, Vascular Dementia, Mood Disturbances, Anxiety.R1's Abuse/Neglect Screening, dated 5/12/25, documents a score of 4, indicating that R1 is a moderate risk for abuse and neglect.R1's current care plan documents that R1 is at risk for abuse/neglect related to Dementia diagnosis. R1's abuse interventions document that R1 will be cared for in a safe manner, and verbalize to staff any incidents of abuse or neglect through review date.R1's Progress Notes, dated 7/12/25 at 4:52am, documents that staff went to R1's room and noticed R2 hitting R1. This form documents that R1 had no complaints of pain. All the required parties were notified.R2's current electronic medical record documents the following diagnoses: Hydrocele, Strabismus, Restlessness and Agitation, Inguinal Hernia, Alzheimer's, Insomnia, Dementia severe with agitation, Hypertension, Hyperlipidemia, Atrial Fibrillation, Atherosclerotic Heart Disease, Coronary Artery Disease, Major Depression, Urinary Tract Infection, Chronic Obstructive Pulmonary Disease. R2's current Care Plan documents that R2 has the potential for aggressive behavior related to dementia. R2's goal is that he will not harm himself or others. This form also documents that R2 has the potential to be verbally aggressive related to dementia, ineffective coping skills, and poor impulse control. R2 can be physically aggressive, related to dementia, and poor impulse control.R2's Progress Notes, dated 7/12/25 at 4:50am, documents that staff witnessed R2 hitting R1. V3, Registered Nurse, asked R2 what happened, R2 stated He pulled me out of my bed. R2 was noted to have an increase in confusion.The facility's Initial Abuse Investigation Report, dated 7/12/25, documents a report of alleged physical contact between two residents (R1, R2).V5's, Certified Nursing Assistant, signed statement, dated 7/12/25, documents that someone was yelling help. (V5 and V4) ran into (R1 and R2's) room and witnessed (R2) swinging fists at (R1), while (R1) was lying in the bed. (R2) was standing over (R1). (R1) was removed away from (R2). (R1) stated He pulled me out of his bed.On 7/14/25 at 1:00pm, V4, Certified Nursing Assistant, stated that she heard yelling and went to R1 and R2's room. V4 stated that R2 was standing over and hitting R1 in the face with his fists. V4 stated that R1 was yelling to call the police. V4 stated that R2 stated that R1 pulled him out of his bed. V4 verified that R1 can not stand or transfer by himself. On 7/14/25 at 1:10PM, V3, Registered Nurse, stated that V4 and V5, Certified Nursing Assistant, told her that R2 was hitting R1, while he was in bed. V3 stated that R2 did not sustain any injuries during the altercation.

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