

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

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2026
NAME OF PROVIDER OR SUPPLIER Goldwater Care Princeton		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on observation, interview and record review the Facility failed to staff a full-time Director of Nursing. This failure has the potential to affect all 76 Residents residing in the Facility. Findings include: The Facility Assessment Tool, dated 1/21/26, documents: V2 (former Director of Nursing/DON) as the Director of Nursing; and a Director of Nursing is needed to provide support and care for Residents; and the Director of Nursing will communicate verbally/in writing, the expectations of care provided to the Residents and will provide oversight to ensure these expectations are met. The Director of Nursing Job Description, created 5/2/17, documents the primary purpose of the position is to plan, organize, develop and direct the overall operation of our Nursing Department in accordance with current Federal, State and Local standards, guidelines and regulations that govern our Facility, to ensure the highest degree of quality care is maintained at all times. The Facility Resident Room Roster, dated 4/23/26, documents 76 Residents residing in the Facility. On 4/23/26 at 8:45 am, upon entry in the Facility, V7 (Human Resources Manager) stated, I would put you in the conference room, but I am doing a big orientation in there today, so I am going to put you in the Director of Nursing/ (DON) office since we do not have a DON right now. V7 also stated, We have not had a Director of Nursing for about three weeks now, our last one quit on 3/31/26. On 4/22/26 (during the hours of 8:45 am and 3:00 pm) and 4/23/25 (during the hours of 8:15 am through 1:30 pm) the Facility did not have a Director of Nursing available. On 4/22/26, V2's (former Director of Nursing) Employee File was reviewed and documents V2's hire date of 6/30/25. V2's Resignation Letter, dated 3/16/26, documents V2's termination of employment date on 3/31/26. On 4/22/26 at 10:58 am, R6 stated, We do not have a Director of Nursing right now, she quit. I am not sure who I would go to for my nursing stuff, I would probably to (V1/Administrator). On 4/22/26 at 10:31 am, V2 (former Director of Nursing) stated, I put my resignation in and my last day at the Facility was 3/31/26. On 4/22/26 at 1:10 pm, V1 (Administrator) stated, (V2/DON) put a resignation in and (V2's) last day was 3/31/26. I have not replaced (V2) yet, but I am currently interviewing for (V2's) replacement.		

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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