

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2026
NAME OF PROVIDER OR SUPPLIER Goldwater Care Spring Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 North Greenwood Street Spring Valley, IL 61362	

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review the facility failed to ensure resident's records were complete and accurate for 1 of 3 residents (R1) reviewed for accuracy of medical records in the sample of 8. The findings include R1 was admitted to the facility last 12/23/25 with diagnoses that include alcoholism and diabetes. On 2/13/25 at 9:38 AM, V7 (Social Services) said R1 was at the facility for approximately two days. R1 left the facility last 12/25/25. R1 did not sign the form of AMA (Against medical advice.) R1's medical record did not include R1's AMA unsigned form. On 2/13/26 at 10:43 AM, V9 (Registered Nurse-RN) said she was the PM Nurse last 12/25/26. V9 said she received report from V11 (RN Day Nurse) that R1 went out on pass (OOP) for the holidays this morning. As the day went on, and it was getting late, R1 did not come back. V9 said she checked in the sign in and out sheet binder at the front desk. There was no sign out done for R1, or who was the responsible party that took R1 out of the facility. V9 said she called V2 (Director of Nursing) who directed her to call R1's family. R1's family said R1 refused to go back to the facility. V9 confirmed she did not document any of these occurrences in R1's progress notes. R1's progress notes by V11 only documented accu checks before meals and at bedtime due to type 2 diabetes mellitus without complications. V11 said she did not document that she could not locate R1 during the lunch time Accu-Check. On 2/13/26 at 10:05 AM, V11 (RN) said she was the day Nurse on 12/25/26. Around breakfast, R1 said his daughter might come to bring him out for the holidays. V11 said at noon, she went to R1's room to check R1's blood sugar. R1 was not in his room. V11 said she assumed R1's daughter took R1 OOP. On 2/13/26 at 11:22 AM, V13 (CNA) said on 12/25/26 around lunch time, she saw V10 (R1's daughter) taking R1 out on pass. V13 said she reported this to V11. (Again, V11 did not document this.) On 2/13/26 at 12PM, V2 (Director of Nursing) said it was important to document accurately in the resident's record especially when a resident was out of the facility so there was proper follow up and monitoring for the residents' safety. The Facility's Policy (undated) entitled Medical Record Policy states, it is the policy of this facility that organized, accurate and complete written records will be maintained for each resident in accordance with applicable State and Federal guidelines and laws

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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