

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: 145486	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
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 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview, and record review the facility failed to offer substitutes/alternatives for meals of equal nutritional value. This applies to 3 of 3 residents (R9, R10, R11) reviewed for substitutes in the sample 11. The findings include: On 7/10/26 the facility menu shows the noon meal to be served as Herb Baked Fish, Red beans and Rice, and Spinach. The facility Always Available Menu posted on the wall in the dining room shows the following choices: Beef or Chicken Broth/Crackers, Hot Tea/Toast, Grilled Cheese Sandwich and Peanut Butter and Jelly Sandwich. On 7/10/26 at 12:30PM R9, R10 and R11 all stated they did not want to eat the fish that was prepared for them for lunch. All three residents requested a grilled cheese sandwich off of the Always Available Menu. There was no other entree available from the kitchen for them to choose from. On 7/10/26 at 1:15PM V2 (Dietary Manager) stated, As far as the Alternative list, food costs are up and I have been told I have to watch my budget. I have been questioned by Corporate at times when our census is up as to why my food costs are so high. That is one area I will not skimp. I have to make sure I have enough food to feed my residents. I buy what we need based on the menu and our census. We buy bulk hamburger, not patties so we can't make burgers on demand. We also don't have the storage space for a lot of food. On 7/10/26 at 2:15PM V4(Cook) stated, On the grilled cheese there are 2 pieces of yellow or white American cheese and on the peanut butter and jelly there is 2 tablespoons of peanut butter. They are made on whatever bread we have based on what will expire first- white or wheat. I don't know how much protein is in the fish or the grilled cheese or the Peanut butter and Jelly. If they don't get the fish, they can get the sandwich with the sides too if they want. The facility spread sheet shows that each resident should get 3 oz of Herb Baked Fish. A Google search shows this is approximately 21 grams of protein vs. 10 grams of protein in the grilled cheese sandwich. (Or 8 grams of protein in the peanut butter and jelly sandwich that is offered) The facility does not have a policy regarding their Always Available (Alternate) Menu however their undated policy entitled Menu Substitutions or Changes and Approval states, When making s one-time substitution or permanent menu change, the replacement food item is of the same nutritional equivalency as the item being substituted, for example .three ounces of protein is substituted with another three ounces of protein equivalency .		

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