

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145911	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Goldwater Care Gibson City		STREET ADDRESS, CITY, STATE, ZIP CODE 620 East First Street Gibson City, IL 60936	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172</p> <p>Based on interview and record review the facility failed to protect the residents' right to be free from physical abuse by another resident. This failure affects two of three residents (R1, R2) reviewed for abuse in the sample of three.</p> <p>Findings Include:</p> <p>The facility's undated Abuse Policy documents the facility affirms the right of it's residents to be free from abuse or mistreatment. Physical abuse includes hitting, slapping, pinching, and kicking.</p> <p>The Resident Abuse Investigation Form dated 4/11/24 documents after the evening meal on 4/11/24, R1 wandered into R2's room uninvited. R2 asked R1 to leave the room. R1 refused to leave. R2 attempted to move around R1's wheelchair and exit the room when R1 hit her causing a skin tear. R2 then hit R1 in retaliation. R2 called for help and staff came and separated the two residents.</p> <p>R1's Medical Diagnoses sheet dated April 2024 documents R1 is diagnosed with Alzheimer's Disease, Depression, Dementia, and Anxiety.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 is severely cognitively impaired. R1 displays verbal and physical behaviors directed towards others.</p> <p>R1's Care Plan dated 4/12/24 documents R1 is an elopement risk and wanders in and out of other resident's rooms. Staff are to distract R1 when wandering with diversional activities. R1 is at risk for abuse due to her Dementia and confusion. Staff should be aware of resident's location and encourage her to stay in common areas.</p> <p>R2's Medical Diagnoses sheet dated April 2024 documents R2 is diagnosed with Hemiplegia and Hemiparesis affecting the left side, Depression, and Anxiety.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents R2 is cognitively intact. R2 displays verbal behaviors directed towards others.</p> <p>R2's Care Plan dated 4/12/24 documents R2 speaks loudly when upset and has been known to throw things. R2 is at risk for abuse related to depression and left sided weakness.</p> <p>(continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 at 1:20 PM, R2 stated R1 came into R2's room and R2 asked her to leave. R1 refused. So R2 tried to move past R1 by pushing her wheelchair backwards but R1 put her feet on the ground and pushed back. R2 stated she tried to go around R1's wheelchair and as R2 went past, R1 reached out and hit R2 two times. After the second hit, R2 stated she hit R1 back in retaliation. R2 stated she sustained a skin tear on her right hand from R1 hitting her and a skin tear on her left lower leg from trying to quickly move around R1's wheelchair. R2 stated she was very upset at the time of the incident.</p> <p>On 4/24/24 at 3:15 PM, V1 Administrator confirmed R1 and R2 hit each other and R1 should not have been in R2's room. V1 confirmed R2 sustained a small skin tear from the incident. V1 confirmed the physical altercation should not have happened.</p>		