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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145911	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Goldwater Care Gibson City	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)
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect the resident's right to be free from physical abuse by another resident. This failure affects two (R1, R2) of three residents reviewed for abuse in the sample list of 6.Findings:The facility's Abuse Prevention and Reporting- Illinois policy dated 10/24/22 documents the facility affirms the residents' right to be free from abuse and prohibits abuse and mistreatment of residents. This policy documents physical abuse is the infliction of injury that occurs other than by accidental means and includes hitting, slapping, pinching, and kicking.The facility's Abuse Investigation Checklist documents on 2/28/26 at 10:20 a.m. an allegation of physical abuse involving R1 and R2. R1 and R2 were in the hallway together when R2 reached out with flat hand and pushed R1 in the chest away from him. R6, Housekeeper witnessed the altercation, separated R1 and R2, and notified the V1, Administrator (Abuse Coordinator). The facility's Abuse Investigation Checklist documents that on 3/13/26 at 1:00 p.m., an allegation of physical abuse occurred involving R1 and R2. V7, Certified Nurse Assistant (CNA), observed R2 strike R1 on the right forearm. V7 separated R1 and R2 and notified V1.R2's Minimum Data Set (MDS) dated [DATE] documents that R2 has moderate cognitive impairment with fluctuating disorganized thinking. R2's Care Plan dated 1/8/25, with revisions on 3/24/25, indicates that R2 has mood disturbances related to dementia, new health concerns, and changes in environment. Interventions dated 1/8/25 direct staff to monitor, document, and report to the physician as needed any indicators that R2 may be at risk of harming others, including increased anger, labile mood, agitation, feelings of being threatened by others, thoughts of harming someone, or possession of weapons or objects that could be used as weapons.R1's MDS dated [DATE] documents R1 as cognitively intact.On 3/20/26 at 11:12 a.m., R1 stated that one day he and R2 were talking in the hallway when R2 reached out and pushed him in the chest with his hand. R1 also stated that during another incident, R2's wheelchair became caught on a piece of equipment in the hallway. R1 stated he attempted to assist by moving the wheelchair when R2 struck him on the right forearm.On 3/20/26 at 10:40 a.m., V6, Housekeeper stated that she was cleaning a resident's room when she overheard R1 and R2 talking in the hallway. V6 stated she could not hear what they were saying, but when she stepped out to get supplies from her housekeeping cart, she observed R2 push R1 in the chest with one hand. V6 stated R1 then yelled, Ouch, he pushed me.On 3/20/26 at 3:07 p.m., V1, Administrator confirmed that the reported incidents on 2/28/26 and 3/13/26 occurred. V1 and V2, Director of Nursing stated that R1 sometimes enters R2's personal space, which R2 dislikes, and R2 sometimes responds with physical behaviors. They reported that both residents are being monitored closely and that staff are attempting to keep them separated.

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