

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146020	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2025
NAME OF PROVIDER OR SUPPLIER  Goldwater Care Roseville		STREET ADDRESS, CITY, STATE, ZIP CODE  145 S Chamberlain St, Box 770 Roseville, IL 61473	

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 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  (continued on next page)

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Based on observation, interview, and record review the facility failed to ensure the cooling/heating vent located in the dining room was free of debris, and residents' bathroom walls, cove base, caulking around the toilets, and air conditioner vent were clean, maintained, and in good repair. These failures have the potential to affect all 40 residents who reside within the facility. Findings include: The facility's Census Report dated 9/3/25 documents 40 residents reside within the facility. The facility's Housekeeping Director's Job Description dated 3/23/17 documents, Essential Duties and Responsibilities: Clean, wash, sanitize, and/or polish fixtures, ledges, room heating/cooling units, bathroom fixtures, etc. (etcetera). The facility's Housekeeper's Job Description dated 3/23/17 documents, The primary purpose of the housekeeper is to perform the day-to-day activities of the housekeeping department in accordance with current federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, and/or the Director of Environmental Services, to assure that our facility is maintained in a clean, safe, and comfortable manner. Essential Duties and Responsibilities: Clean, wash, sanitize, and/or polish fixtures, ledges, room heating/cooling units, bathroom fixtures, etc. The facility's Maintenance Director's Job Description dated 5/2/17 documents, Ensure that all supplies, equipment, etc. are maintained to provide a safe and comfortable environment. Promptly report equipment of facility damage to the Administrator. On 9/3/25 from 9:15 AM through 9:30 AM a tour of the facility was done. During this tour R1's bathroom had a two-foot piece of cove base behind the toilet that had pulled away from the wall, and the wall behind this piece of cove base had chunks of drywall missing and the chunks of drywall were lying in the floor. The caulking surrounding R1's toilet was stained with a black substance. R1's bathroom wall had multiple linear lines of missing paint. The bottom half of R1's wall air conditioner vent was covered in fuzzy debris. The caulking surrounding R2 and R3's toilet was stained with a black substance and R2 and R3's bathroom wall had multiple linear lines of missing paint. R4's bathroom had a two-foot long piece of cove base that had pulled away from the wall, and the wall behind this of cove base had chunks of drywall missing and the chunks of drywall were lying in the floor. The caulking surrounding R4's toilet was stained with a black substance. The main dining room had a four-foot by two-foot heating/cooling vent located at the top of the dining room wall. This vent was completely covered in thick, brown debris. On 9/6/25 from 10:00 AM through 10:25 AM V1 (Administrator) did a tour of the facility with this surveyor and verified R1 and R4's bathrooms had cove base away from the wall and the wall behind the cove base had chunks of drywall missing with chunks of drywall lying on the floor, the caulking around R1, R2, R3, and R4's toilets was stained with a black substance, and R1, R2, and R3's bathroom walls had numerous linear lines of missing paint. On 9/3/25 at 9:15 AM R1 stated, My bathroom is disgusting. Just look at it. My vent in my air conditioner needs cleaned too. On 9/3/25 at 9:30 AM R4 stated, This place is a s**thole. The bathroom stinks. On 9/3/25 at 11:40 AM R1 stated, Look at that vent (dining room vent). I have asthma and should not have to breath in all that dust. On 9/3/25 at 11:45 AM V15 (Housekeeper) stated, It is not my responsibility to clean the air vent in the dining room. That is the Maintenance Director's (V6's) job. On 9/3/25 at 11:55 AM V16 (Housekeeper) stated, I have never cleaned the vent in the dining room. On 9/3/25 at 12:00 PM V6 (Maintenance Director) stated, I have never cleaned the vents on the walls in the dining room. I will be honest I have been too busy. On 9/3/25 at 1:35 PM V2 (Director of Nursing) confirmed all residents use the main dining room. V2 stated, All residents, including (R5/who is fed by a gastrostomy tube), use the dining room. (R5) comes to the dining room for socialization. On 9/6/25 at 10:25 AM V1 (Administrator) stated, I am aware that a lot of the residents' bathrooms need to be repaired or updated.</p>		

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<p>F 0919</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to successfully develop a plan and implement an accessible call system for all residents once an electronic call system became inoperable. These failures resulted in R1 being admitted from the hospital into a bed without a working call system on [DATE]. R1 was admitted with the diagnoses of Atrial Fibrillation, Repeated Falls, Acute and Chronic Right Heart Failure, Morbid Obesity, Hypertension, and Venous Insufficiency, and on [DATE] R1 was experiencing chest pain for over two hours without access to a working call system or staff response. These failures affect all 40 residents residing within the facility and resulted in R1 experiencing fear, chest pain, and shortness of breath for over two hours without staff intervention and R1 requiring emergency services for the treatment of a new onset of atrial fibrillation. These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy started on [DATE] when R1 was admitted to the facility from the hospital into a bed without a working call light. V1 (Administrator), V2 (Director of Nursing) and V17 (Regional Clinical Director) were notified of the Immediate Jeopardy on [DATE] at 1:20 PM. While the immediacy was removed on [DATE], the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring. Findings include: The facility's Census Report dated [DATE] documents 40 residents reside within the facility. The facility's Call Light policy dated [DATE] documents, Purpose: To respond to residents' requests and needs in a timely and courteous manner. Guidelines: Resident call lights will be answered in timely manner. 1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location. 2. All staff should assist in answering call lights. Nursing staff members shall go to resident rooms to respond to call system and promptly cancel the call light when the room is entered. 5. Hand bells will be provided for alert dependent residents when positioned out of reach of permanent call light when needed. 6. Call bell system defects will be reported promptly to the Maintenance Department for servicing. Check room frequently until system is repaired. The facility's Plan of Correction F919 dated as completed on [DATE] documents, Residents who need assistance with ADLs (Activities of Daily Living) will be provided increased/frequent rounding to aid the resident. If call light system is not audible, an alternate call light device will be provided by the facility. Education is provided to the residents who require an alternate call light device. All staff were in-serviced on the facility's Call Light policy including but not limited to respond to residents' request and needs in a timely and courteous manner, an alternate call light device will be provided to call for assistance, call bell system defects will be reported promptly to the Maintenance Director for servicing, and check rooms frequently until system is repaired by (V2) or (V1/Administrator). The facility's Resident Council Minutes dated 6/2025 and 8/2025 document, Call lights getting fixed. Order and waiting for them (call lights) to be installed. The facility's Resident Council Minutes dated 7/2025 document, Maintenance: Call lights. The facility's Inservice Form dated [DATE] documents V2 (Director of Nursing) provided an in-service to staff regarding the facility's call light system. R1's admission Record and current Physician's Orders document R1 is a [AGE] year-old admitted to the facility from the hospital on [DATE] at 4:26 PM with the diagnoses of Vertebra Compression Fracture, Morbid Severe Obesity, Atrial Fibrillation, Unsteadiness On Feet, Depression, Hypertension, Acute and Chronic Right Heart Failure, Venous Insufficiency, Neuralgia and Neuritis, Repeated Falls, and Acute and Chronic Diastolic Congestive Heart Failure (CHF). R1's MDS (Minimum Data Set) dated [DATE] documents R1 is cognitively intact, has impairments in functional range of motion to bilateral lower extremities, is dependent on staff for transfers and sitting to lying in bed, and does not ambulate. R1's Order Summary Report dated [DATE] documents R1 received oxygen at two liters per nasal cannula continuously for Shortness of Breath related to Acute and Chronic Right Heart Failure since [DATE]. R1's current Care Plan documents R1 is dependent on staff for transfers, lying to sitting, sitting to lying, and transfers. This same Care Plan documents R1 is a full code and wants resuscitation and CPR (Cardio-Pulmonary Resuscitation), including intubation and mechanical ventilation. R1's current Care Plan documents, Started dated [DATE]: Focus: have altered cardiovascular status related to A-Fib Arrhythmia, CHF, and Hypertension. Goal: I will be free from complication of cardiac problems through the review date. Interventions/Tasks: Assess for chest pain every shift. Enforce the need to call for assistance if pain starts. R1's Health Status Note dated [DATE] at 11:48 PM and signed by V7 (LPN/ licensed Practical Nurse) documents. At 10:15 (PM)</p>		

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<p>F 0944</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>Based on record review and interview the facility failed to provide QAPI (Quality Assurance and Performance Improvement) training to all employees. This failure has the potential to affect all 40 residents residing within the facility. Findings include: The facility's Census Report dated 9/3/25 documents 40 residents reside within the facility. The Facility Assessment Tool dated 12/10/24 documents all Certified Nursing Assistants shall receive QAPI training. The facility's Annual In-Service Schedule does not include in-servicing regarding QAPI. The facility's Staff In-Services dated 9/1/24 through 9/6/25 were reviewed and do not include QAPI training. On 9/6/25 at 10:50 AM V2 (Director of Nursing) verified facility staff have not received QAPI training.</p>

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<p>F 0946</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide training in compliance and ethics.</p> <p>Based on record review and interview the facility failed to provide training regarding the facility's Compliance and Ethics Program to all employees. This failure has the potential to affect all 40 residents residing within the facility. Findings include: The facility's Census Report dated 9/3/25 documents 40 residents reside within the facility. The facility's Annual In-Service Schedule does not include in-servicing regarding the facility's Compliance and Ethics Program. The Facility Assessment Tool dated 12/10/24 documents facility required staff training. Under this section of the Facility Assessment Tool, the Compliance and Ethics Program is not listed as a required staff training. The facility's Annual In-Service Schedule does not include in-servicing regarding the facility's Compliance and Ethics Program. The facility's Staff In-Services dated 9/1/24 through 9/6/25 were reviewed and do not include training regarding the facility's Compliance and Ethics Program. On 9/6/25 at 10:50 AM V2 (Director of Nursing) verified facility staff have not received training regarding the facility's Compliance and Ethics Program.</p>