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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146076 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/29/2026 |
| NAME OF PROVIDER OR SUPPLIER Goldwater Care Clinton | | STREET ADDRESS, CITY, STATE, ZIP CODE 1 Park Lane West Clinton, IL 61727 | |

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) |
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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to maintain a resident's right to privacy while being assisted by staff. This failure affects one resident (R1) of three reviewed for privacy in the sample list of three residents. Findings include:R1's Resident assessment dated [DATE] documents R1 is cognitively intact. On 4/29/2026 at 11:31AM, R1 reported direct care staff working on night shift are often on their cell phones and often texting or on a call while they are in R1's room taking care of R1. R1 reported staff will often be on a call using an ear bud or on speakerphone with their phone in their pocket and sometimes they are on a video call but keep the camera pointed towards themselves and not towards R1. R1 reported that some staff will hide in the dining room to use their phones while working. R1 reported these issues do not occur during the daytime. On 4/29/2026 at 1:50PM, V4 CNA reported R1 makes reliable statements and is pretty accurate with what R1 has to say to people. The facility Resident Rights policy (1/4/2019) documents that residents living in the facility have a right to privacy and confidentiality.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide timely toileting assistance for three residents (R1, R2, R3) of three reviewed for Activities of Daily Living (ADLs) on the sample list of three residents. Findings include:1. R1's Medical Diagnosis sheet dated 4/29/2026 documents R1's diagnoses include Multiple Sclerosis (chronic autoimmune disease of the central nervous system causing numbness, weakness, trouble walking, and vision changes), Chronic Respiratory Failure, Morbid Obesity, Chronic Pain, Overactive Bladder, and Depression.R1's Resident assessment dated [DATE] documents R1 is cognitively intact. The same assessment documents, R1 requires partial/moderate staff assistance to transfer to the toilet and for toileting hygiene. R1's Care Plan dated 3/17/2026 documents R1 has bladder incontinence and requires partial/moderate staff assistance to transfer to the toilet and for toileting hygiene. On 4/28/2026 at 2:40PM, R1 reported sometimes at night when R1 activates R1's call light, a Certified Nurse Aide (CNA) will enter R1's room and shut the call light off but not return and then R1 will have to press the call light again. R1 reported waiting on staff to be assisted to use the bathroom in R1's room when this occurs and reported the situation occurs every week. R1 reported R1 has had toileting accidents while waiting for help and this makes R1 feel not good. On 4/29/2026 at 11:31AM, R1 reported staff can take thirty minutes to respond to call lights.On 4/29/2026 at 1:50PM, V4 CNA reported R1 makes reliable statements and is pretty accurate with what R1 has to say to people. 2. R2's Medical Diagnosis sheet dated 4/29/2026 documents R2's diagnoses include Muscle Wasting and Atrophy, Generalized Anxiety Disorder, and Depression.R2's Resident assessment dated [DATE] documents R2 is cognitively intact. The same assessment documents, R2 requires partial/moderate staff assistance to transfer to the toilet and for toileting hygiene. R2's Care Plan dated 2/23/2026 documents R2 has bowel and bladder incontinence and requires partial/moderate staff assistance to transfer to the toilet and for toileting hygiene. On 4/29/2026 at 2:26PM, R2 reported staff sometimes take 30 minutes at night to answer R2's call light to help with toileting. R2 reported this occurs daily in the facility. 3. R3's Medical Diagnosis sheet dated 4/29/2026 documents R3's diagnoses include Overactive Bladder and Urinary Tract Infection. R3's Resident assessment dated [DATE] documents R3 is cognitively intact. The same assessment documents, R3 requires substantial/maximal staff assistance to transfer to the toilet and partial/moderate staff assistance for toileting hygiene. R3's Care Plan dated 2/12/2026 documents R3 requires substantial/maximal staff assistance to transfer to the toilet and for toileting hygiene. On 4/29/2026 at 2:28PM, R3 reported activating R3's call light a couple of nights ago at 3:00AM to use the restroom and staff didn't arrive for two hours. R3 reports this happens often at night with agency staff. R3 reported staff will sometimes shut off R3's call light and then not return. On 4/29/2026 at 3:40PM, V8 Licensed Practical Nurse (LPN) reported both R2 and R3 make reliable statements and do not have behaviors and do not make false allegations. The facility Call Light policy dated 11/28/2012 documents staff will answer resident call lights in a timely manner.</p> | | |

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| <p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to provide eight hours of required Registered Nurse staffing coverage per 24-hour period for two of fourteen days reviewed for staffing. This failure has the potential to affect all 105 residents in the facility. Findings include: Facility staffing schedules dated April 14, 2026, through April 28, 2026, document the facility did not have any Registered Nurse working anytime in the facility on April 25, 2026 and April 26, 2026. On 4/29/2026 at 11:04AM, V1 Administrator reported the facility did not have a Registered Nurse working eight hours per day on April 25, 2026, and April 26, 2026. The facility resident census dated 4/28/2026 documents 105 residents reside in the facility.</p> | | |