

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: 146076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to exercise reasonable care in propelling a resident in a shower chair, causing a resident's foot to contact the wall. This failure affects one resident (R2) out of three reviewed for incidents on the sample list of five. Findings include: R2's Census Detail dated 6/4/26 documents R2 was admitted to the facility 12/5/25. R2's Medical Diagnoses list dated 6/3/26 includes Multiple Sclerosis, Major Recurrent Depression, and Polyneuropathy. R2's most recent completed Minimum Data Set, dated [DATE] documents R2 is cognitively intact, dependent upon staff for showers, and transfers into and out of the shower. On 6/3/26 at 11:05 AM, R2 was seated in a wheelchair, fully dressed in street clothing and loose fitting shoes. R2 was well groomed and odor-free. On 6/3/26 at 11:05 AM, R2 stated a Certified Nursing Assistant (CNA)(later identified as V4) had given her a shower and was propelling her out of the shower room on a shower chair. R2 stated the CNA had banged her foot on the wall on the way out of the shower room. R2 stated the CNA called for the nurse (V5) to come look at R2's toe. R2 stated V5 called the Nurse Practitioner (V10) to come look at R2's toe. R2 stated she did not feel anything at first because of her Multiple Sclerosis and Neuropathy, but with all of these people looking at her toe, she decided to look at her toe also. R2 stated she saw her toenail was off and began to feel sick and her toe started hurting. R2 stated she did request to go to the hospital to have the doctor look at her toe but the hospital sent her back to the facility with no concerns. R2 stated the CNA (V4) had been terminated due to the incident. V4 did not return a phone call with a message left requesting an interview. On 6/3/26 at 12:06 PM, V1, Administrator, stated V4 no longer worked at the facility because V4 had resigned. V1 confirmed the incident did occur as described by R2. On 6/3/26 at 1:14 PM, V5, Licensed Practical Nurse, stated the CNA (V4) came to get her to come look at R2's toe. V5 stated when she arrived to R2, the right big toenail was basically off but still partially connected. V5 stated she asked V10 to come look at R2's toe and V10 said it was ok to go ahead and remove the toenail the rest of the way, which V5 stated she did. V5 stated at first R2 said she wasn't having any pain, but then she looked at her toe and kind of freaked out. V5 stated that was when R2 started requesting to go to the hospital despite V5 and V10 telling R2 there was no medical necessity to go to the hospital. V5 stated V10 gave the order to have R2 sent to the emergency room for evaluation. V5 stated R2 was brought back to the facility in less than two hours with no new orders or concerns. The facility's Final Report dated 4/23/26 documents R2 reported the incident on 4/22/26 and the CNA (V4) was suspended at that time pending the outcome of the facility investigation.		

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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