

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:  145239	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/07/2024
NAME OF PROVIDER OR SUPPLIER  Goldwater Care Peoria Heights		STREET ADDRESS, CITY, STATE, ZIP CODE  5533 North Galena Road Peoria Heights, IL 61614	
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 - Some	<p>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.</p> <p>31682</p> <p>Based on observation, interview, and record review the facility failed to ensure resident room temperatures were maintained at a safe and comfortable temperature of 71 degrees Fahrenheit or higher for 14 of 15 residents (R2-R15) reviewed for safe and comfortable environment in the sample of 17.</p> <p>Findings include:</p> <p>The facility's Maintenance Policy (undated) documents, Purpose: To ensure the building (interior and exterior), grounds, and equipment are maintained in a safe and operatable manner. Policy: It is the policy of the facility to provide a safe, accessible, effective environment of care that is consistent with its mission, services, and laws and regulations.</p> <p>The facility's Code White-Extreme Weather dated 9-22-22 documents, Purpose: To provide staff specific guidance and instruction on how to initiate an emergency code and steps to be taken to ensure the safety of residents and staff in the event of extreme weather/temperature related conditions. The facility will follow federal requirement to maintain facility temperatures between 71-80 degrees Fahrenheit.</p> <p>The Local AccuWeather website documents the weather for Peoria Heights Illinois was a high of 30 degrees F (Fahrenheit) and a low of 16 degrees F on Sunday 12-1-24, a high of 25 degrees F and a low of 14 degrees F on Monday 12-2-24, and a high of 27 degrees F and a low of 24 degrees on Tuesday 12-3-24.</p> <p>On 12-3-24 from 9:45 AM through 10:15 AM a tour of the facility was conducted with V2 (Director of Nursing). During this timeframe V2 obtained resident room temperatures by using an infrared temperature gun that was pointed at the highest point of the residents' walls. R2's room was 67 degrees F, R3 and R4's room was 63 degrees F, R5's room was 60 degrees F, R6's room was 63.3 degrees F, R7's room was 64.2 degrees F, R8's room was 55.8 degrees F, R9's room was 55 degrees F, R10 and R11's room was 59 degrees F, R14's room was 64 degrees F, R13's room was 66 degrees F, and R14 and R15's room was 60 degrees F. All heaters in R2-R15's rooms were not working during this timeframe.</p> <p>On 12-3-24 at 9:45 AM R2 stated, It's cold in here.</p> <p>On 12-3-24 at 9:55 AM both R3 and R4 were sitting in bed in their rooms with two top covers on. R3 stated, It has been cold all day.</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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F 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<p>On 12-3-24 at 10:00 AM R5 was lying in bed in her room with a stocking cap on. R5 stated, It feels like it is 40 degrees in here. It has been really cold in here for the last couple days. My heat has not been working.</p> <p>On 12-3-24 at 10:05 AM R6 stated, I am cold.</p> <p>On 12-3-24 at 10:07 AM R7 was lying in bed with two blankets. R7 stated, I have not had heat in my room for two days. It has been really cold.</p> <p>On 12-3-24 at 10:09 AM R8 stated, It is cold. I feel like there is a windmill blowing on me.</p> <p>On 12-3-24 at 10:12 AM R9 stated, The heat has been off for a couple days. The staff are saying the heat is not working. It has been cold.</p> <p>On 12-3-24 at 10:15 AM R11 stated, I have been cold for a few days.</p> <p>On 12-3-24 at 10:17 AM R12 was sitting in her bed with a stocking cap, gloves, and a coat on. R12 stated, I wish they would get some heat on and working around here. I am cold.</p> <p>On 12-3-24 at 10:20 AM both R14 and R15 both confirmed their heater has not worked for at least a day and their room has been cold.</p> <p>On 12-3-24 at 10:30 AM V2 confirmed that R2-R15's room heaters were run from a boiler and their heaters had not been working since sometime the day before (12-2-24).</p>		