

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000373		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/15/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE PEORIA HEIGHTS				STREET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD , PEORIA HEIGHTS, Illinois, 61614			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Initial Comments		S0000			04/16/2026	
	Investigation of Facility Reported Incident of 2/22/26/2793102						
S9999	Final Observations		S9999			04/16/2026	
	Statement of Licensure Violations						
	300.625c)2)						
	300.625j)						
	300.625k)						
	Section 300.625 Identified Offenders						
	c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:						
	2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.						
	j) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident's needs in an individualized plan of care (Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011)						
	k) The facility shall incorporate the Identified Offender Report and Recommendation into the identified offender's care plan. (Section 2-201.6(f) of the Act)						
	These requirements were not met as evidenced by:						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000373		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/15/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE PEORIA HEIGHTS				STREET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD , PEORIA HEIGHTS, Illinois, 61614			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S9999	Continued from page 1 Based on interview and record review, the facility failed to arrange for a fingerprint-based criminal history record inquiry and failed to develop an individualized plan of care for R2, one of three residents reviewed for identified offenders, in a sample of six. R2's facility Admission Record documents that R2 was admitted to the facility on 11/11/2025. R2's current Care Plan includes the following Focus Areas: History of making inappropriate comments and gestures towards female staff and residents; History of being physically aggressive towards others and verbally aggressive towards others, provoked or unprovoked. R2's State Police Criminal History Record, dated 10/28/2025, and verified by V1/Administrator on 04/14/2026, documents that R2 has felony convictions for Perjury, Domestic Battery and Theft. On 4/14/26 at 11:30 A.M., V1/Administrator confirmed R2's background check documents that R2 has felony convictions, but the required UCIA (Uniform Conviction Information Act) were not performed, to establish R2's identified offender status and requirements. On 4/14/26 at 2:20 P.M., V14/Care Plan Coordinator states it is facility policy to care plan a resident who is an identified offender. At that time, V15 verified R2's current Care Plan did not address his identified offender status. (C)			S9999			04/16/2026