

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI , TOLUCA, Illinois, 61369			
(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				
	Annual Licensure Survey.						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	1 of 3						
	300.610a)						
	300.1640a)						
	Section 300.610 Resident Care Policies						
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.						
	Section 300.1640 Labeling and Storage of Medications						
	a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)						
	These requirements were not met as evidenced by:						
	Based on observation, record review, and interview, the facility failed to ensure medications were labeled and dated. This has the potential to affect 58 residents residing in the facility.						
	Findings include:						

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI ,TOLUCA, Illinois, 61369			
(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 The facility's Medication Storage policy, revised 7/2/19, documents to ensure proper storage, labeling and expiration dates of medications, biologicals, syringes, and needles. This policy also documents the facility staff should record the date opened on the medication container when the medication has a shortened expiration date once opened. On 2/3/26 at 8:05am, V10, Registered Nurse, was preparing R4's medications. V10 could not find R4's own vial of insulin, so she picked up an open, unlabeled, and undated vial of quick-acting insulin (Lispro). V10 verified the insulin vial was not labeled or dated. V10 stated she assumed the vial came out of the stock box. The A-wing medication cart had bottles of medications not dated, including: Acetaminophen 325mg, Multivitamin, Calcium with Vitamin D, Vitamin C 500mg tablets, Ferrous Sulfate 325mg, Vitamin D3, Folic Acid, and allergy relief tablets, open and undated. On 2/3/26 at 8:30 AM, V10 verified the stock bottles are open and undated. V10 stated all medications are supposed to be dated when opened. V10 also stated the undated medications are stock medicines, and anyone residing in the facility who has an order could be given the undated medications. The facility's daily census sheet, dated 2/2/26, documents 58 residents residing in the facility. (B) 2 of 3 300.1210b) 300.1220b)3) 300.2040c)2) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI , TOLUCA, Illinois, 61369			
(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 2 Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.2040 Diet Orders c) Medical providers shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. A medical provider may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to implement a clinician's dietary recommendations for an appetite stimulant and failed to ensure ordered weekly weights were completed and documented, and failed to update a resident's plan of care to address current weight loss for one of five residents (R4) reviewed for medical record accuracy and care plans, in a sample of five. Findings include: The facility policy, RD (Registered Dietician) Referrals and Recommendations, dated 2025 Edition, directs staff, "The interdisciplinary team should refer residents with nutritional risk factors to the RD to assess and review their nutritional care plan. Purpose: To ensure high-risk residents are referred to the RD with recommendations implemented in a timely manner. The clinical team and or DM (Dietary Manager) will notify the RD of any resident needing a nutritional assessment. All nutritional recommendations generated from RD referrals and routine charting should be documented in the electronic medical record. RD provides nutrition recommendations to the assigned			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI , TOLUCA, Illinois, 61369			
(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 3 clinician for review and/or implementation." R4's facility Admission Record documents R4 was admitted to the facility on 11/10/2025 with the following diagnoses Chronic Diastolic Heart Failure, Type 1 Diabetes Mellitus with Hyperglycemia, Stage 3 Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus with Ketoacidosis, and Myocardial Infarction. R4's facility Weights and Vitals Summary, dated November 2025 through January 2026, includes the following weights 11/10/25 150 pounds, 11/17/25 144 pounds, 12/8/25 139 pounds (7.3%- 11 pound loss), 1/1/26 138.5 pounds (7.7%- 11.5 pound loss) and 1/22/26 139.5 pounds. R4's Registered Dietician note, dated 11/24/2025 and signed by V13/Registered Dietician documents R4's Admission Assessment was completed, Continue to monitor status, and RD (follow up) as needed. R4's Registered Dietician note, dated 12/22/2025 and signed by V13/Registered Dietician documents, "RD Weight Loss Note: (R4) continues on LCS (Low Concentrated Sweets)/NAS (No Added Salt) diet. Oral Intakes are good overall. 11 pound weight loss noted in 30 days. Reviewed medications, on (diuretic) and surgical wound noted. Continue to encourage good intakes and fluids. Recommend weekly weights and appetite stimulant. Consult RD as needed." The facility RD Consultant Request for Diet Change Primary care Physician Report, dated 12/22/25, documents, "Resident: (R4). Consultant Recommendations: Appetite Stimulant- Remeron. Weight Needed: Weekly weights X 4 (weeks) and Other: Notify MD (Medical Doctor) of significant weight loss in 30 days." A review of R4's electronic medical record progress notes, physician's orders, medication administration records, and weight and vital signs record for December 22, 2025 through February 3, 2026 does not include any documentation that R4's physician was made aware of R4's weight loss or the RD recommendations for an appetite stimulant and the implementation of weekly weights to monitor R4. On 02/03/2026 at 8:56 AM, V2/Director Of Nurses stated the company Dietician (V13) comes to the facility once or twice monthly and reviews all new admissions, residents with pressure wounds, and/or weight loss. V2 states the dietician does not leave a report of findings upon exiting the facility but emails a report			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI , TOLUCA, Illinois, 61369			
(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 4 to the facility administrator, the Director of Nurses, and the Dietary Manager. V2 states the reports are then forwarded to the facility's advanced practice nurse or the Medical Doctor for review and implementation of the recommendations. Upon request for the reports on 02/02/2026 by the surveyor, V2 stated she had not been receiving the reports, as the Dietician had an incorrect email address for her. At that time, V2 states she realized she had not received the November, December 2025 or January 2026 (Dietary recommendations) reports, and they had not been forwarded to the resident's physician for approval. V2 states R4's physician had not been made aware of the dietician's December (2025) recommendations for R4 to have weekly weights to monitor his weight, nor the recommendation for R4 to receive an appetite stimulant. R4's current care plan, dated 11/10/2025, includes the following Focus area: R4 is on an LCS (Low Concentrated Sweets)/NAS (No Added Salt) diet. Also included are the following Interventions: Monitor weight and food and fluid intakes, Obtain and honor food preferences, Provide diet as ordered. No update to R4's plan of care to address R4's weight loss or implantation of new interventions is noted. On 02/03/2026 at 9:58 A.M., V9/Care Plan Coordinator confirmed R4's current care plan did not address his weight loss. (B) 3 of 3 300.610a) 300.2100 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI , TOLUCA, Illinois, 61369			
(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 5 Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code." These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to label and date food items for storage, failed to utilize hair restraints in the food prep area, and failed to monitor and record food temperatures prior to serving the facility residents' meals. These failures have the potential to affect all 58 residents currently residing in the facility. Findings include: The facility policy, Food Storage, dated 2025 Edition, directs staff, "Food should be stored and prepared in a clean, safe, sanitary manner that complies with state and federal guidelines. When labeling and dating open food items, the label should include the food item, date opened, and use-by date." The facility policy, Food and Beverage Temperature Control, dated 2025 Edition, directs staff, "Food temperatures are maintained during serving times. Purpose: To ensure residents receive safe food served at acceptable temperatures. Food and beverage temperatures should be taken and logged upon being cooked and prior to meal service." The facility policy, Dress Code, dated 2025 Edition, directs staff, "Dietary employees should wear a uniform that meets the established guidelines of the facility. Purpose: To present a safe, sanitary, and professional appearance. Dietary employees should wear a hairnet covering all hair completely. Beard nets should be used for employees with facial hair." On 02/02/2026 at 9:21 AM, upon entrance into the facility kitchen, V4/Dietary Aid was observed putting away washed, sanitized dishes with uncovered facial hair. At that time, V3/Dietary Manager verified V4's facial hair should be covered with a beard guard. On 02/02/2026 at 9:30 AM, with V5/Cook present, the facility's dry food storage area contained a 16-ounce, opened, undated bag of Instant Alfredo Sauce Mix and a bag of O-shaped dry cereal that was opened and undated. The facility walk-in cooler contained three small plastic cups of diced peaches, an 8-ounce container of whipped topping, a 24-ounce package of opened English		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058685		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/03/2026	
NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE TOLUCA				STREET ADDRESS, CITY, STATE, ZIP CODE 101 EAST VIA GHIGLIERI , TOLUCA, Illinois, 61369			
(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 6 muffins and a one-gallon container of 2% milk that was opened, used but undated. At that time, V5/Cook confirmed the opened, undated food items. On 02/02/2026 at 11:45 AM, the facility Food Temperature Log Sheet, dated 01/25/2026- 02/02/2026, has no food temperatures documented prior to serving the facility residents the meal on 1/25/26 (noon meal), 1/26/26 (morning meal), 1/27/26 and 1/28/26 (noon and evening meal), 1/29/26 (morning and noon meal), 1/30/26 (morning, noon and evening meal) and 2/1/26 (morning, noon and evening meal). At that time, V5/Cook confirmed the missing temperatures and stated food temperatures were to be obtained prior to serving all food. The facility Room Roster, dated 2/2/26 and confirmed by V1/Administrator, documents 58 residents currently reside in the facility. (C)		S9999				