STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007306	A. BUILDING: _____ B. WING _____	C 09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE ELMS	3611 NORTH ROCHELLE PEORIA, IL 61604

(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) COMPLETE DATE
S 000	Initial Comments Complaint Investigation #2227652/IL151546	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210 b) 300.1210 c) 300.1210d)6) 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 300.1210 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007306	A. BUILDING: _____ B. WING _____	C 09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE ELMS	3611 NORTH ROCHELLE PEORIA, IL 61604

(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) COMPLETE DATE
S9999	Continued From page 1 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents These requirments are not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a resident was transferred in a safe manner, for one of three residents (R1) reviewed for transfers in a sample of three. This failure resulted in R1 being transferred independently by V3 (Hospice Certified Nursing Assistant) to a high back reclining chair and R1's foot becoming entrapped, causing an Acute Proximal Left Tibia and Fibula fracture. Findings include: The facility policy, titled "Transfer Between Surfaces (3/2000)," documents "Purpose: To improve or maintain the resident's self-performance in moving between surfaces or planes, either with or without assistive devices. Fundamental Information: It is better to have another staff member assist with a transfer than	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007306	A. BUILDING: _____ B. WING _____	C 09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE ELMS	3611 NORTH ROCHELLE PEORIA, IL 61604

(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) COMPLETE DATE
S9999	Continued From page 2 to risk injury." The policy also instructs staff to "Determine the required sequence of the activity and determine when and how the client will require physical assistance." The Electronic Medical Record documents R1 was admitted to the facility on 6/08/2021 with the diagnoses of Left Sided Hemiplegia, History of Cerebral Infarction and Dementia with Behavioral Disturbances. Minimum Data Set assessments dated 6/15/22 and 9/14/22, each document that R1 is totally dependent on two or more staff during transfers. R1's current Plan of Care documents, "(R1) is unable to perform her ADL's (Activities of Daily Living). She is dependent on staff. She uses a (high back reclining chair) and is propelled by staff. She has bilateral arm and leg contractures. (R1's) left side contractures are worse than her right" and "(R1) is at risk for falls due to immobility, dementia, and stroke." R1's 9/14/2022 Lift/Transfer Evaluation Observation documents R1 "is not able or partially able to assist with transfers." A Nursing Note dated 9/22/2022 at 10:50 am, documents "At approximately 10:10 a.m V3 - (Hospice Certified Nursing Assistant) approached (V5 - Registered Nurse) and asked her to come assess (R1's) leg. (V3) stated to (V5) that she was transferring the resident by herself, and the resident's leg got stuck in the chair. The resident's leg was observed to have a bulge on the upper shin. (V5) asked (V6 - Licensed Practical Nurse) to assess (R1's) leg. He observed the same bulge on the upper shin, and he called upon (V2 -Director of Nursing) to assess the leg as well. All of the assessing nurses determined that the leg needed to be imaged as it was outside of the normal limits for the resident. STAT x-ray orders were placed by	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007306	A. BUILDING: _____ B. WING _____	C 09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE ELMS	3611 NORTH ROCHELLE PEORIA, IL 61604

(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) COMPLETE DATE
S9999	Continued From page 3	S9999		

(V5)." R1's Left Leg X-ray report, dated 9/22/22, documents "Impression: Acute fracture proximal tibia and possible fracture proximal fibula. Recommend orthopedic follow-up."

An Initial Reportable Investigation, dated 9/22/22, by V2 (Director of Nursing) documents, "At approximately (10:10 am) today (V3) notified (V5) that she thought something was wrong with (R1's) shin. (V3) further stated that she was transferring (R1) and (R1's) foot got stuck on the (high back reclining) chair. (V4 - Certified Nursing Assistant) states she overheard (V3) state 'It snapped.' Upon examination there was slight edema to the anterior left shin area of the left leg without broken skin, bruising or redness. Bony prominence to the left shin area seems malformed or injured and suspicious for possible injury." The Initial Reportable later documents R1 was sent to the Emergency Room for further evaluation and treatment of an Acute Fracture of the Left Proximal Tibia and possible fracture of the Left Proximal Fibula.

A Five Day follow up to the Initial Reportable of 09/22/2022 confirms that additional imaging revealed R1 did sustain a Left Tibia and Fibula Fracture and R1 was returned to the facility with a leg splint. The follow up Initial Reportable also documents, "(V3) has been reeducated on transfers, sit to stand transfers, (mechanical lift) transfers, asking for assistance when needed and to taker her time during transfers. She has also been reeducated on the use of a gait belt."

On 9/26/22 at 11:28 am, R1 was in bed, with her legs contracted at the knees and hips. R1's left leg was wrapped and splinted for stability.

On 9/27//22 at 12:37 pm, V3 stated she was by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007306	A. BUILDING: _____ B. WING _____	C 09/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE ELMS	3611 NORTH ROCHELLE PEORIA, IL 61604

(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) COMPLETE DATE
S9999	Continued From page 4 herself putting R1 into bed from her (high back reclining) chair on 9/22/22 to give her a bath. V3 stated she "picked (R1) up and her foot got stuck in the footrest of the (high back reclining) chair, so I got her foot out of the open slat and put her in bed." V3 stated she noted the injury as she started bathing R1 and alerted staff. V3 stated there was nothing outlined in R1's medical record specifying what R1's actual transfer status was, and she had transferred R1 in that manner before. On 9/26/22 at 11:30 am, V4 (Certified Nursing Assistant) stated R1 has always required a mechanical lift and two staff to transfer. On 9/26/22 at 12:20 pm, V2 stated he conducted the investigation into R1's left leg fracture. V2 stated it was determined that V3 was alone and attempting to transfer R1 into her high back reclining chair when the injury occurred. V2 stated, "(V3) was never able to clearly explain how R1's foot got caught in the chair, but obviously this was an unsafe transfer (for R1)." V2 indicated that V3 should have had additional staff assisting the transfer of R1 and V3 should have been using a mechanical lift. (A)	S9999		