**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6007298 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES **PEORIA, IL 61604** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG **TAG DEFICIENCY**) S 000 **Initial Comments** S 000 First Revisit To Annual Licensure Survey 9/2/22 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) 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 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

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 12/29/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6007298 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 Section 300.3210 General The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced: Based on observation, record review and interview the facility failed to prevent an occurrence of resident-to-resident physical abuse from occurring for 2 residents (R106 and R204) reviewed for abuse in the sample of 11. This failure resulted in R204 aggressively pushing R106 resulting in an acute right rib fracture. Findings Include: The facility policy, Abuse Prevention Program Facility Procedures, dated (revised) 9/15/22 documents, "The facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of resident property by establishing a resident sensitive and resident secure environment." 1. R204's current Medical Diagnosis Sheet. documents the following diagnosis: Intracranial Injury, Bipolar Disorder, Anti-social Personality Disorder. R204's MDS (Minimum Data Sheet) Assessment. dated 9/27/2022, documents, under E.) Behavior-B.) Potential Indicator of Psychosis. Yes-Delusions (Misconceptions or beliefs that are firmly held, contrary to reality.) R204's Care Plan dated, 10/4/2022. Documents, "R204 has a behavior problem, displays a

PRINTED: 12/29/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ IL6007298 B. WING 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 delusional thought process as to limitations of diagnosis, effects on self-others, environment and surroundings. R204 has been seen being threatening and verbally aggressive with staff and peers." R204's Progress Notes, dated 11/11/2022 at 10:39 AM, "R204 has displayed aggressive behavior, R204 threw two full pitchers of water on V12/ CNA (Certified Nursing Assistant). R204 got into an altercation with a peer where R204 was the aggressor. R204 was redirected and has been put on a 1 to 1 with a CNA or staff member for 24 hours." On 11/10/2022 at 11:20 AM R204 was observed standing in front of the nurse's station, R204. appeared to be irritated and anxious with staff. R204 had a water pitcher in each hand and threw them at V12/ CNA (Certified Nursing Assistant) that was behind the nurse's station. R204 was heard yelling very loudly at R106. V5/Social Service Assistant was able to intervene and remove R204 from the occurrence, R204 was taken into a nearby office to calm down. After just a few minutes R204 was seen walking out of the office in front of V5/ Social Service Assistant towards R106. R204 was observed to violently hit R106 in the back causing R106 to fall on R106's knees, landing in a fetal position. R204 was removed from the scene and taken to R204's room. On 11/10/2022 at 12:10 PM V12 stated, "I am not sure what was going on with R204, but R204 threw 2 full water pitchers at me for no reason. Got the front of my uniform all wet. R204 can be very impulsive, it doesn't take much for R204 to get agitated and combative. R204 can be hard to redirect from an altercation."

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6007298 B. WING 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3614 NORTH ROCHELLE** SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 On 11/10/2022 at 12:20 PM V14/RN (Registered Nurse) stated, "R106 was pushed very hard, R106 was complaining of right sided rib pain and was having some shortness of breath. He also had a large abrasion down R106's right side. The impact from R106 being pushed was very hard, it could have really hurt R106. I don't know what started the altercation, but it occurred fast for anyone to try and stop it." R106's Hospital ED (Emergency Department) Notes, dated 11/10/22 document, "(R106) presented to the ER (Emergency Room) complaining of right sided chest pain after being pushed down prior to arrival. (R106) states he was pushed down by another member of the facility he lives at. (R106) presenting with right rib pain after being pushed. Tenderness overlying area of bruising to the right chest wall. Chest x-ray shows what might be a fracture to lateral fifth rib. Clinical Impression: Closed fracture of one rib right side." On 11/11/22 at 8:45 AM R106 was lying in bed on his left side. R106 had no incentive spirometer in his room. R106 stated, "I got pushed down yesterday. I did not appreciate it. That resident (R204) is mean. I am hurting whenever I move. My ribs hurt. I haven't gotten anything for pain, and no one has had me do deep breathing." (A)

Illinois Department of Public Health