

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007298</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/10/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHARON HEALTH CARE PINES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3614 NORTH ROCHELLE PEORIA, IL 61604</b>		
(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	S 000			
	Complaint Investigation #2429594/IL181417				
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				
	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				

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

TITLE

(X6) DATE

Electronically Signed

12/23/24

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident (R2) was free from physical abuse by another resident (R1) for two of four residents reviewed for abuse in a sample of four. This failure resulted in R2 receiving sutures at the hospital for a facial laceration.</p> <p>Findings include:</p> <p>The facility's undated Abuse Prevention Program Facility Policy documents "Policy: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of resident property, corporal punishment, and involuntary seclusion. This facility therefore prohibits mistreatment, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. the purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents." This policy continues to state, "This facility is committed to protecting our residents from abuse by anyone including, but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>friends, or any other individuals." This policy also states "Definitions: The following definitions are based on federal and state laws, regulations and interpretive guidelines. Abuse: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish...Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment."</p> <p>R1's current Face sheet documents diagnoses including, but not limited to Psychotic disorder, Mood disorder, Unspecified Dementia, Anxiety, and Traumatic Brain Injury/TBI.</p> <p>R1's Minimum Data Set/MDS Assessment, dated 11/11/24, documents R1 has fluctuations of inattention and disorganized thinking and is severely cognitively impaired.</p> <p>R1's Care plan includes but is not limited to "(R1) can become verbally and physically aggressive due to TBI (Traumatic Brain Injury) diagnosis. (R1) is delusional and feels he can care for himself. (R1) displays poor planning, poor insight judgment and decision-making ability, poor stress and emotion management, poor impulse control, and poor coping skills."</p> <p>R1's Progress note, dated 11-15-24, documents "Resident was in altercation with peer (R2). This RN (Registered Nurse) did not witness altercation. Per report, resident swung right hand striking (R2) in the face."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 12/6/24, at 11:55am, R2 sat in the TV (television) area with a suture line noted to his left cheek. R2 did not recall being hit or having any altercation with another resident (R1).</p> <p>R2's current Face sheet documents diagnoses including, but not limited to Unspecified Dementia, Anxiety, and Schizoaffective disorder, depressive type.</p> <p>R2's Minimum Data Set/MDS Assessment, dated 9/30/24, documents R2 has fluctuations of inattention and disorganized thinking and is moderately cognitively impaired.</p> <p>R2's Care plan includes but is not limited to "(R2) displays (episodes) of verbal aggression, physical aggression, and agitation related to being over stimulation and to misinterpretation of others and situations. He displays poor decision making and poor impulse control."</p> <p>R2's Progress note, dated 11-15-24 by V5 Registered Nurse/RN, documents "Resident was involved in an altercation. Resident was in the TV area, him and another peer (R1). First, they started arguing. As another nurse and I went to intervene to separate them, the other resident (R1) stood up and swung before we could stop him (R1). Resident (R2) has a wound on the left side of the cheek. This nurse applied pressure to wound to stop bleeding and area was cleaned. The patient (R2) was sent to (named hospital) for further evaluation."</p> <p>R2's progress note, dated 11-15-24, documents "Resident returned from (named hospital) around (6:35pm). Laceration repair L (left) side of face; stitches to be removed in 7-10 days."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility's abuse reportables include an altercation between R1 and R2; witness included V4 Certified Nurse Assistant/CNA and V5 Registered Nurse/RN. The Final Report, dated 11-20-24, by V3 Abuse Coordinator, documents the following: Residents (R2 and R1) sitting in TV dining room area 11-15-24 at approximately 2:45pm watching television. Video (camera) was watched. (R2) made a lunge like movement from his chair toward (R1). (R1) stood up from his chair and struck (R2). (R2) sent to hospital with a laceration on the left side of face. (R1) had superficial scratch on right hand.</p> <p>On 12/6/24, at 11:46am, V4 CNA stated the following: "(On 11/15/24) I was behind the desk, and I saw (R2) yell at the TV. Then (R1) yelled. (R1) stood up so I tried to calm (R1) down. (R1) started hitting (R2) so I moved (R1) away from (R2). R2's face was bleeding." V4 continued to state "(R1) was intentional and knew who his target was."</p> <p>On 12/6/24, at 11:51am, V5 RN stated the following: "(On 11/15/24) I remember those two (R1 and R2) were sitting beside each other...Yelling was going on by (R2). (R1) gets very agitated with loud noises, banging and yelling. (R1) doesn't like it close to him and gets agitated. (R1) yelled and then stopped. I walked away from nurses' station then it started again. Now (R1) was standing up, when (R1) stood up staff tried to intervene, but (R1) had hit (R2) before we reached them. (R1) hit (R2) on the left side of (R2's) face and it was bleeding. At this time V5 confirmed (R1's) strike was on purpose and stated, 'Oh, he hit him.'"</p> <p>On 12/10/24, at 11:53am, V3 Abuse Coordinator</p>	S9999		

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S9999	Continued From page 5  stated that V3 reviewed the video camera to see what had happened. V3 stated on 11/15/24, R1 and R2 were in the TV area talking and next thing (R1) got up and hit (R2) in the face. V3 stated R1 and R2 are very impulsive and reactive. There is no pre-meditation. They have no impulse control. Never know when those things are going to happen. V3 confirmed it was not an accident.  (B)	S9999		