

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Sharon Health Care Elms		STREET ADDRESS, CITY, STATE, ZIP CODE 3611 North Rochelle Peoria, IL 61604	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to maintain one resident's (R23) room in good repair of 24 residents' rooms observed during the initial tour for maintenance in a sample of 28. Findings include: R23 was admitted on [DATE] with a diagnosis of Malignant Neoplasm of the Right Lung. R23's Minimum Data Set (MDS) dated [DATE] documents R23 has a Brief Interview for Mental Status (BIMS) score of 14, no cognitive impairments. On 9/16/25 at 9:40 AM, R23's window ledge was broken off, had sharp hard edges and had exposed wood. Heat from the outdoors could be felt through the broken area. R23 stated she can feel the wind come through the window and the ledge had been broke since admission approximately nine months ago. R23 stated her room would get cold in the wintertime due to the broken window ledge. On 9/18/25 at 11:30 AM, V20 (Maintenance Director) stated he was unaware of R23's broken window ledge. V20 stated the residents' rooms had been renovated and windows had been replaced over the past year or so. V20 agreed housekeeping, nursing staff or any other employee that provided care to R23 should have identified and reported the broken window ledge.		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on interview and record review, the facility failed to ensure weights were obtained and the physician was notified of weight gains per Physicians Order. The facility also failed to monitor weights for discrepancies for one of three residents (R19) with daily weights in a sample of 28. Findings include: The facility's Weight policy, revised 5/18/25, documents the purpose of this policy is to monitor the residents' weights, and track weight changes as they occur. The facility's Documentation Guidelines policy, revised 3/14/17, documents, Not documented, not done, and document facts. R19's Physician Order, dated 2/27/25, documents to weigh R19 daily related to R19's diagnosis of congestive heart failure and to notify the physician if R19's weight gain is greater than three pounds (lbs.) in a day or five pounds in a week. R19's Weight Summary, dated 6/1/25 to 9/17/25, has no documentation of R19's daily weights being obtained for 28 out of the 59 days during the time span of 6/1/25 through 9/15/25. R19's Weight Summary also documents daily weight gain fluctuations varying from 13.6 lbs to 36.9 lbs (6/21/25 through 6/22/25-36.9 lbs; 6/23/25 through 6/24/25-35.5 lbs; 7/10/25 through 7/11/25-32.6 lbs; 7/18/25 through 7/23/25 16.1 lbs; 8/22/25 through 8/23/25 13.6 lbs). R19's current medical record has no documentation of R19's physician being notified of R19's weight gains of more than three pounds in a day and/or five pounds in a week. On 9/18/25 at 2:40 PM, V7 (Care Plan Coordinator) confirmed R19's daily weights were not obtained as ordered, the physician was not notified of R19's gains of more than three pounds in a day or five pounds in a week per R19's physicians order, nor were R19's weights monitored for discrepancies.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review the facility failed to initiate Enhanced Barrier Precautions for two residents (R66, R2) out of five residents reviewed in a total sample of 28. Findings include: The facility's undated Enhanced Barrier Policy documents, Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents at increased risk of MDRO (Multidrug-resistant organism) acquisition (e.g., residents with wounds or indwelling medical devices). 1. R2 was admitted on [DATE] with diagnoses of Encephalopathy, Lymphedema, Sepsis, Cellulitis Right lower Limb, Protein-Calorie Malnutrition and Failure to Thrive. R2's current Care Plan documents R2 has actual impairment to skin integrity of the (bilateral) legs related to lymphedema. R2's Hospital records documented on 8/24/25 R2 was admitted to the hospital from the facility with diagnoses of right lower leg cellulitis resulting in Sepsis (Life-threatening condition to an infection which can cause widespread inflammation, organ failure and/or blood clots.) R2 was treated with Intravenous Antibiotics, discharge back to the facility on 8/26/26 and continued oral antibiotics until 9/2/25. R2 Physician's Order dated 9/5/25 documents to cleanse pubis area with Normal Saline and pat dry, apply Hydrocolloid dressing every Monday, Wednesday and Friday and was last conducted on 9/17/25. R2's Progress Notes dated 9/10/25 documents R2 had a traumatic injury resulting in an acquired wound of the Pubis, documented measurements, continue with ordered dressing changes and on 9/17/25 R2 refused for the wound doctor to evaluate her continued wounds. Throughout the survey on 9/16/25 through 9/18/25, R2 did not have an Enhanced Barrier Precaution sign posted on her door or available Personal Protective Equipment (PPE) available for use. On 9/16/25 at 9:40 AM, V16 (Certified Nurse Aide/CNA) and V17 (CNA) were observed to transfer R2 from her bed to a reclining wheelchair via a mechanical lift. V16 and V17 did not don PPE during the mechanical lift. R2 had a Physician's Order for EBP initiated on 3/19/25 and discontinued on 7/1/25. The record lacked a current EBP order. The EBP log last updated 9/12/25 did not indicate R2 was on EBP. On 9/17/25 at 2:30 PM, V8 (Registered Nurse/Wound Nurse) confirmed R2 had a wound. On 9/18/25 at 1:00 PM, V2 (Director of Nursing/Infection Preventionist) stated residents with wounds should be placed in Enhanced Barrier Precautions and was unsure if R2 had an order for EBP or not. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R66's medical record documents R66 was admitted to the facility on [DATE] with the following diagnoses: Multiple Sclerosis, Gastrostomy, Heart Failure, and endocarditis. R66's Physician's orders dated 8/5/25 documents, Enhanced Barrier Precautions. On 9/17/25 at 11:41 AM V5 (Licensed Practical Nurse) performed hand hygiene and applied gloves. V5 assessed and gave water flush for R66's feeding tube. V5 confirmed R66 is on Enhanced Barrier Precautions (EBP). V5 then put gown on to finish R66's cares. On 9/17/25 at 12:40 PM V2 (Director of Nursing) provided R66's urine culture results dated 9/7/25. Culture results document, Vancomycin screen is positive. This is VRE (Vancomycin Resistant Enterococcus). On 9/17/25 at 12:45 PM V2 confirmed R66's culture results indicate VRE. V2 stated, I went ahead and placed R66 on contact isolation even though it is only two more days. On 09/18/2025 at 9:15 AM V2 stated a physician's order is placed in the EHR (Electronic Health Record) when a resident is placed on contact isolation. V2 confirmed there was not a physician's order in R66's chart for contact isolation at this time.		

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Implement a program that monitors antibiotic use. Based on interview and record review the facility failed to maintain an Infection Control log for June, July, August and September of 2025. This failure has the potential to affect all 69 residents residing in the facility. Findings include: The facility's Resident Roster dated 9/16/25 was provided by V1/Administrator and documents 69 residents reside in the facility at the time of the survey. The facility's undated Infection Control Protocol and Antibiotic Stewardship policy documents, The Infection Control Preventionist/Antibiotic Stewardship Leader will track all Facility Infections, monthly laboratory organism reporting . On 9/18/25, V2 Infection Preventionist and DON/Director of Nursing could not provide a complete list of residents currently on isolation precautions including Enhanced Barrier Precaution/EBP, Contact or Droplet isolation, or an Infection Control Log for June, July, August, or September 2025. On 9/16/25 at 2:45pm V2 stated she was the facility's Infection Preventionist and produced the certificate of completion of the Infection Prevention Program Training dated 2023. On 9/17/25 at approximately 3:00pm V2 stated, she did not have Infection Control and tracking Logs for the months of June, July, August, or September of this year. V2 stated she knew the monthly tracking logs should have been completed in accordance with the Infection Control and Prevention Protocol and Infection Preventionist's role.		