

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Sharon Health Care Pines		STREET ADDRESS, CITY, STATE, ZIP CODE 3614 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)
<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>33985</p> <p>Based on interview and record review, the facility failed to protect a vulnerable resident (R1) who is known to become agitated with loud noises and too much stimulation, from being a victim of resident-to-resident abuse on 4/7/2024 and 4/11/2024 and failed to maintain the intervention of 15-minute monitoring for (R1).</p> <p>These failures resulted in an Immediate Jeopardy starting 4/7/2024. While the Immediate Jeopardy was removed on 5/2/2024, the facility remains out of compliance at a severity level two. Additional time is needed to monitor the effectiveness of the implementation of protocols and oversight visits</p> <p>Findings Include:</p> <p>The facility's Abuse Prevention Program Facility Policy, reviewed 11/10/2023, documents, 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.,</p> <p>R1's Diagnosis List, dated 3/26/2024 through 4/26/2024, documents the following diagnosis: Intracranial Injury, Anxiety Disorder, Traumatic Brain Injury, Mood Disorder, Dementia with other Behavioral Disturbances, Psychotic Disorder, Affective Disorder,</p> <p>R1's Care Plan, dated 2/16/2022, documents the following: R1 can become verbally and physically aggressive due to the diagnosis of Traumatic Brain Injury. R1 is delusional. R1 displays poor planning, poor insight, judgement, and poor decision-making ability. R1 has poor stress and emotion management, poor impulse control, and poor coping skills. R1's episodes are triggered by over stimulation. R1's triggers for physical aggression are loud repetitive noise, yelling out. R1 has cognitive impairments.</p> <p>(continued on next page)</p>

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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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>R1's Interventions are as follows: To de-escalate R1 remove him to a quiet area to assess anxiety and calm. 15-minute checks, when R1 becomes agitated: intervene before agitation escalates, guide away from source of distress, engage calmly in conversation, if response is aggressive staff is to calmly walk away and approach later. R1 only tolerates 2 to 3 people at a time, he becomes agitated if too many people are talking all at once. Monitor/ report to physician as needed risk for harming others, increased anger, and feels threatened by others.</p> <p>R1's Nurses Notes, dated 4/7/2024 at 10:45AM, documents, It was reported to V6/LPN (Licensed Practical Nurse) that R1 was involved in a physical altercation with a female resident. It was stated that R1 had been arguing with a female peer, charged towards R2, and punched R2 in the face. R2 picked up a chair and hit R1 in the face. R1 has a laceration between his nose and the top of the lip. R1 was sent to the local emergency for evaluation of injury. Upon return to the facility R1 was placed on 15-minute checks.</p> <p>R1's Nurses Notes, dated 4/7/2024 at 2:09PM, documents, The local hospital called with update. R1 received stitches and R1 also has a nasal fracture.</p> <p>R1's Nurses Notes, dated 4/11/2024 at 1:30PM, documents, V5/CNA (Certified Nursing Assistant) reported to V4/RN (Registered Nurse) that R1's roommate/R3 attacked R1 while R1 was sleeping in R3's bed. R1 is confused per baseline. R1 has visible injuries noted. R1 was sent to local emergency room for evaluation.</p> <p>R1's Nurses Notes, dated 4/11/2024 at 3:39PM, documents, Visible injuries from resident altercation with R3 include marble size lump to forehead and left side of head. and has abrasions to top and lower back.</p> <p>On 4/25/2024 at 11:07AM V1/DON (Director of Nurses) stated, R1 is extremely impulsive, gets overstimulated easily. Doesn't do well in a noisy environment. I really do not know what happened in the dining room for sure. R1 cannot say. R1 has had a Traumatic Brain Injury and these types of people get anxious easily. V2/QA Nurse watched the video and did the investigation. V2 knows much more about it then I do as far as what happened. The 2nd altercation between R1 and R3 happened in their room. R1 was laying in R3's bed and would not get out of his bed. R3 ended up pulling him out of the bed and punching him in the face several times. R3 had a few scratches on him but no serious injuries. R1 was sent to the local emergency room because he sustained several bumps to his head and scratches. R1 has no control at times. He is stimulated very easily by loud noise or someone talking loudly. This is part of his Traumatic Brain Injury.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 4/25/2024 at 11:25AM V3/SSD (Social Service Director) stated, I followed up with R1 that Monday following the altercation with R2. R1 remembers absolutely nothing of the incident. When R1 gets over stimulated, or it gets loud for him he becomes agitated and begins to yell out loud. When R1 get's loud and starts to scream all the staff know that they need to intervene and get to R1 fast and try to calm him down so R1 doesn't start an altercation with a resident. All staff know that R1 gets over stimulated easily and they need to know where R1 is seating so they can get to him fast. He does not sit in the same table all the time. This is why I am glad that our office is right in front of the main dining room. We can see and hear almost every resident. We can hear R1 when he becomes loud and out of control. We go out and try to redirect R1 or take him to a calmer area. R2 was hit by R1 but did not sustain injury. R2 said, R1 was fighting with her and punched R2 in the face. R2 then said she can take care of herself, and she did by picking up the chair and hitting R1 in the face. R1 was in another altercation a few days later. R1 was sleeping in his roommate's bed, R3. R3 was not happy and was trying to get him out of his bed because he says R1 pees and poops in his bed. R3 pulled him off his bed and punched him in the head several times. R1 sustained several bumps to his head, and he was sent out to be evaluated. R3 ended up with a few scratches and was arrested for domestic battery. The police said, R3 was very aware of what he did to R1, and this is why he was arrested, cuffed, and taken to the station. R3 came back to the facility with a court date and was moved right away out of R1's room.</p> <p>On 4/25/2024 at 1:05PM V10/CNA (Certified Nursing Assistant) stated, I was coming in from the outside from my break and I heard loud voices and residents fighting. As I hurried up and ran around the corner of the dining room, I seen R1 and R2 close to the windows far from where I was at, they were standing up fist fighting. I could see R2 pick up a chair and swung it across R1's face hitting him in the face. I tried to get to them as fast as I could, but they were too far from me. There was no staff in the dining room at the time this happened. V7/Housekeeper and V8/Activity were running into the dining room about the time I was. They were able to immediately intervene and separate them. R1 was hurt and bleeding he was taken to V6/LPN for assessment. R1 had a cut on his face.</p> <p>On 4/25/2024 at 1:14PM V6/CNA (Certified Nursing Assistant) stated, I had just come out of the bathroom that is close to the main dining room and I heard a loud screech as if the chair was being picked up. I immediately ran around the corner and saw R1 and R2, they were fighting. R2 had a chair and swung it around and hit R1 in the face with the chair causing them both to fall to the floor. I could not get to them fast enough because they were far from where I was at. There was no staff member in the dining room at the time this happened. R2 will talk to herself very loudly and sometimes scream. It is a possibility that R1 was overstimulated by that noise and started fighting with R2.</p> <p>On 4/25/2024 at 3PM V2/QA (Quality Assurance Nurse) stated, I watched the video regarding the altercation between R1 and R2 and did the investigation. What I can see from the video is that there was no one in the dining room when these 2 residents started fighting. R1 is impulsive and has a tendency to become very anxious and agitated when it gets too noisy, or it seems too noisy for him. In the video it looked like they were arguing and R1 walked over to R2. They were sitting at adjacent tables. R2 has a big tendency to talk to herself loudly. R1 probably felt R2 was being loud and that set him off. During the argument R2 picked up a chair striking R1 in the face causing a laceration to his lip and a broken nose. R1 did reciprocate by punching R2 in the face but R2 did not sustain any injuries. R1 was on a 15 min check done by the Certified Nursing Assistant. R1 had another incident in his room with his roommate-R3. R1 was laying in R3's bed. R3 asked R1 several times to get out of his bed but would not get out, so R3 pulled R1 out of his bed and struck him in the head several times. R3 sustained a few scratches but nothing major.</p> <p>(continued on next page)</p>		

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