

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  11/09/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>33970</p> <p>Based on interview and record review, the facility failed to ensure a resident was free from physical abuse for one (R6) of seven residents reviewed for abuse in the sample of seven.</p> <p>Findings Include:</p> <p>The Facility's undated Abuse Policy documents, This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property and exploitation as defined below, this includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This facility therefore prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. The purpose of this proclaims is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, exploitation, neglect or abuse of our residents. This facility is committed to protection out residents from abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to individual, family members or legal guardians, friends or any to her individuals.</p> <p>The Abuse Policy documents the definition of physical abuse include hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p> <p>The facility's Abuse Investigation dated 9/1/24 documents (R2 and R6) with TBI (Traumatic Brain Injury) diagnosis in their late twenties got in a verbal altercation in the main dining room which escalated to a physical incident with name calling, slapping, scratching, and hair pulling.</p> <p>An Incident Report dated 9/1/24 documents R6 was in a brief physical altercation resulting in scratch to forehead. No first aid was required per the Incident Report.</p> <p>On 11/08/24 at 12:00 PM, V3 (Quality Assurance) stated that multiple staff members were in the dining room when R2 smacked R6. The staff members reported that R6 spoke to R2, but none of the staff could hear what R6 said. R2 then smacked R6 before staff could intervene.</p> <p>R2's documented interview dated 9/5/24 documents, I didn't mean to; it never should have happened. It started with (R6) talking nonsense, calling me retarded and a b*tch. I let the anger take over and smacked (R6) to make her shut up.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Throughout the survey R2 would not speak with surveyor.</p>		