STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E322	A. Building B. Wing	08/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Health Care Pines	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect a resident from physical abuse for one of four residents (R2) reviewed for abuse in a sample of 11. Findings include: The Abuse Prevention Program Facility Policy, revised 12/18/24, documents that the facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of resident property, corporal punishment, and involuntary seclusion. This form also documents that abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Instances of abuse of all residents, irrespective of a mental or physical condition, cause physical harm, pain, or mental anguish. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behaviors through corporal punishment. R2's Progress Notes, dated 8/6/25, documents that R2 was involved in a physical altercation with a peer. Peer (R10) pushed resident (R2). (R2) fell to the floor, landing on his left side. R2's Brief Interview for Mental Status, dated 6/3/25 documents a score of 3, indicating that R2 is cognitively impaired. R2's current care plan documents that R2 displays poor planning, poor insight, judgment, and decision-making ability, poor stress and emotion management, and poor impulse control. This form also documents that R2 has reactionary responses to situations. R2 reacts impulsively and without thought. R10's Progress Notes, dated 8/6/25, documents that R10 was involved in a physical altercation with a peer (R2). (R10) pushed (R2), causing him to fall and land on his left side. R10's Brief Interview for Mental Status, dated 6/9/25, documents a score of 15, indicating that R10 is alert and oriented to person, place, and time. R10's current care plan documents that R10 has issues with regulating emotions and outbursts. R10 can become verbally and physically aggressive. R10 will initiate the conflict but will take responsibility for her own behavior. R10's goal is not to harm self or others by the next review date and to seek out staff when agitated. On 8/22/25 at 11:30am, R10 stated that R2 was attempting to cut in front of her in line, so she pushed him away, and he fell. R10 became agitated and started to yell out and curse during the interview. On 8/22/25 at 10:30am, V1, Administrator, verified that V18, Registered Nurse, did not notify him of the incident, so there were no interventions implemented. V1 also verified that an investigation was not started until today when notified of the incident.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E322	A. Building B. Wing	08/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Health Care Pines	3614 North Rochelle Peoria, IL 61604

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review, the facility failed to report resident-to-resident physical abuse to the State Agency for one (R2) of four residents reviewed for abuse in a sample of 11. Findings include: The facility's Abuse Prevention Program Facility Policy, dated 8/12/25, documents that employees are required to report any incident allegation or suspicion of potential abuse, neglect, exploitation, mistreatment misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, or to an immediate supervisor who must then immediately report it to the administrator. In the absence of the administrator, reporting can be made to an individual who has been designated to act as administrator in the administrator's absence. This form also documents that when an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has occurred, the resident's representative and the Department of Public Health's regional office shall be informed by telephone or fax. R2's Progress Notes, dated 8/6/25, documents that R2 was involved in a physical altercation with a peer. Peer (R10) pushed resident (R2). (R2) fell to the floor, landing on his left side. R10's Progress Notes, dated 8/6/25, documents that R10 was involved in a physical altercation with a peer (R2). (R10) pushed (R2), causing him to fall and land on his left side. On 8/22/25 at 10:30am, V1, Administrator, verified that he was not notified of this incident, so no investigation or reporting was done.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E322	A. Building B. Wing	08/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Health Care Pines	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on interview and record review, the facility failed to investigate resident-to-resident physical abuse for one of four residents (R2) reviewed for abuse in a sample of 11. Findings include: The facility's Abuse Prevention Program Facility Policy, dated 8/12/25, documents that upon learning of the report of an allegation of abuse, the administrator or designee shall initiate an incident investigation. R2's Progress Notes, dated 8/6/25, documents that R2 was involved in a physical altercation with a peer. Peer (R10) pushed resident (R2). (R2) fell to the floor, landing on his left side. R10's Progress Notes, dated 8/6/25, documents that R10 was involved in a physical altercation with a peer (R2). (R10) pushed (R2), causing him to fall and land on his left side. On 8/22/25 at 10:30am, V1, Administrator, verified that he was not notified of this incident, so no investigation or reporting was done. V1 stated that any allegation or incident to supposed to be reported to him or V9 as soon as it happens. V1 also stated that an investigation is initiated immediately, even on weekends or after hours.