| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14E322 | A. Building<br>B. Wing | 04/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Sharon Health Care Pines | 3614 North Rochelle<br>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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to prevent abuse for one (R2) of three residents reviewed for abuse in a total sample of ten.The facility's Abuse Prevention Program Policy revised 12/18/24 documents that the facility affirms the right of our residents to be free from abuse.R2's medical record documents R2 was admitted to the facility on [DATE] with diagnoses to include Alcohol Abuse, Diabetes, Anxiety Disorder, and Psychoactive Substance Abuse.R2's Nursing Progress Note dated 1/18/26 at 12:21 PM documents Resident in a physical altercation with peer, resident separated by staff, no injuries noted.R2's Brief Interview for Mental Status dated 3/10/26 documents a score of 14, indicating R2 has little or no or little cognitive impairment. R3's medical record documents R3 was admitted to the facility on [DATE] with diagnoses to include Obsessive-Compulsive Disorder, Ischemic Heart Disease, Mood Disorder with Manic Features, and Encephalopathy.R3's Nursing Progress Note dated 1/18/26 at 12:21 PM documents Resident in a physical altercation with peer, resident separated by staff, no injuries noted.R3's Brief Interview for Mental Status dated 2/10/26 documents a score of 10, indicating R3 has moderate cognitive impairment.The Facility Reported Incident Investigation for the incident occurring 1/18/26 documents The incident occurred after R3 became agitated with R2 for removing black pepper packets from another resident's meal tray. During the initial interaction, R3 confronted R2 and removed the pepper packets from R2's possession. Staff intervened promptly during the original altercation, redirected both residents, and separated them. A few minutes later, while R2 was walking past R3, R3 stood up and struck R2 on the back of the head. Staff immediately intervened, separated the residents, and ensured the safety of all individuals involved.On 3/31/26 at 10:46 AM V5 (CNA) reported on 1/18/26 at breakfast in the dining room R3 became upset with R2 and staff directed R2 away from the dining room. V5 reported R2 and R3 were in the C hallway, R3 jumped up and grabbed R2. V5 reported R3 hit R2 and pulled on his shirt collar. Staff intervened at that time.On 3/31/26 at 2:59 PM V9 (Security) reported R2 reached onto R3's tablemates tray and took pepper packets which upset R3. Staff then directed R2 away from the table. V9 reported that V9 left the dining room to check the front door and upon return to the dining room R3 and R2 were in the C hallway and R2 was on the ground. On 4/9/26 at 10:09 AM V8 (RN) reported when V8 assisted to separate R3 from R2, R2 was on his knees in the C hallway. |

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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