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| 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 10/03/2024 |
| 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) |
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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>33970</p> <p>Based on observation, interview and record review the facility failed to treat one resident (R91) with dignity and respect of 24 residents reviewed for dignity and respect in a total sample of 34.</p> <p>Findings Include:</p> <p>The Facility's undated Resident Dignity policy documents (This Facility) promotes care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or individuality. Dignity means that in their interactions with residents, staff carry out activities which assist the resident to maintain and enhance his/her self esteem and self worth. For example: promoting residents independence and dignity in the dining room, respecting resident's social status, speaking respectfully, listening carefully, treating residents with respect and focusing on residents as individuals when they talk to them and addressing residents as individuals when providing care and services. A person's dignity is vitally important to each individual's mental and emotional wellbeing. When your dignity is violated, you begin to question your self worth and may begin to feel that there is no reason to go on. Violation of an individual's dignity may result in an increase in negative behavior, embarrassment, anger, frustration, depression and uncooperativeness, among other things.</p> <p>On 9/18/24 at 11:30 AM, R91 walked up to V10 (Medical Records) and held out his tray and calmly stated I was just in the hospital, and they changed my diet order back to general. V10 stated Uh, you ain't gotta do all that and took the tray from R91 handed it to another staff member and told them to throw it away and said to R91 You need to go talk to your nurse, when she fixes it, you can get a tray then V10 turned her back to R91 and began talking to other staff and distributing trays to other residents.</p> <p>On 9/18/24 at 11:35 AM R91 was sitting at his table in the dining room very upset and angry. R91 stated Why am I the bad guy for trying to make sure I eat what is ordered for me? I don't like the mechanical soft. We were having pork chops, so I did not want mine all chopped up. I was not being rude in any sort of way. The staff here and especially (V10/Medical Records) are very dismissive and act like if you have a question or concern about anything to do with your care that you are acting up. I am not acting up; I just want my general diet.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 9/19/24 at 10:30 AM V10 (Medical Records) confirmed that she told R91 he aint got to do all that. V10 stated that she felt that R91 was being aggressive and obsessive about what he eats. (R91) has a lot of behaviors a lot of the time. V10 was unable to specify how R91 was being aggressive during the interaction regarding his meal tray on 9/18/24. V10 confirmed that she had been trained on de-escalation techniques and stated Well, maybe (R91) wasn't being aggressive right then, but he does get aggressive at times. V10 also confirmed that R91 was correct that after his recent hospitalization he had been changed from a mechanical soft diet to a general diet.</p> | | |

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| <p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>33970</p> <p>Based on record review and interview the facility failed to assist one resident (R93) to find an alternate nursing home placement of 20 residents reviewed for discharge planning in a total sample of 34.</p> <p>Findings Include:</p> <p>The Facility's Admission Packet includes the following Discharge Planning information The Social Service Department is the department dedicated within the facility to assist with discharge planning. The resident or family should contact Social Service as soon as the option of leaving the facility is being considered. It is the philosophy of this facility to help residents make transition to alternative living arrangements as smooth as possible. To achieve this, the Social Service Department works to maintain current information about services available to assist with independent living and other communal settings, which may be less restrictive, than an intermediate or skilled nursing facility discharge planning assistance has no additional charge.</p> <p>On 9/17/24 at 9:30 AM R93 stated I hate it here; I want to go back to (A different long term care facility). I have been telling anyone who will listen that I want to go back.</p> <p>On 9/18/24 at 11:00 AM V1 (Administrator) stated (R93) moved here from (a different long term care facility). He seemed fine at first, but we have seen a different side of (R93) since he has come, he is very demanding, very aggressive. He has told me he would love to go back to (a different long term care facility). I don't think they want to deal with him either.</p> <p>On 9/18/24 at 11:30 AM V7 (a different long term care facility Administrator in Training) stated I have not gotten any requests to rescreen or reassess (R93) for readmission. I have double checked with everyone. Please let (V1/Administrator) know he just needs to email us a referral packet and we will review it.</p> <p>On 9/19/24 at 1:30 PM V1 (Administrator) confirmed there was no documentation of any attempts to have R93 screened by the long term care facility of his choice.</p> |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>33970</p> <p>Based on record review and interview the facility failed to respond to repeated resident council concerns. This has the potential to affect all 96 residents who reside in the facility.</p> <p>Findings Include:</p> <p>The Facility's Admission Packet contained information on Resident Council that documented At least once a month, the residents of this facility participate in Resident Council meetings to discuss the diverse matters of nursing home life. The officers of the resident council communicate any matters of concern to the facility's management. The staff at our facility and the Resident Council will work cooperatively to effectively address resident concerns and advice. Participation in the Resident Council is not mandatory, and any issues raised by the residents, whether at the Resident Council meeting or otherwise will be addressed.</p> <p>The Facility's undated Procedure for Resident Grievances or Complaints policy documents, Residents, guardians, responsible parties and/or legal representatives are encouraged to make known their problems or complaints. Open discussion or written communication is the only way problems can be aired and resolved. There is no problem too small for consideration; the entire staff is concerned with the residents' well-being. All members of the facility staff will make prompt efforts to resolve grievances- including those with respect to the behavior of other residents. Anyone presenting a grievance is free to do so without fear of discrimination or reprisal. If for any reason the problem is not resolved within a reasonable period of time or to your satisfaction, bring the issue to the Administrator.</p> <p>The Resident Council Meeting Minutes for January, February, March, April, May, June, and August 2024 all document Residents are requesting larger portions. Relayed to dietary supervisor.</p> <p>On 9/18/24 at 10:15 AM, R70, R65 and R44 all stated the serving sizes of meals are too small and they are not always able to get second helpings.</p> <p>On 9/18/24 at 8:30 AM R93 stated We always get very small servings and if we ask for seconds, they will close the window right in your face and not give them.</p> <p>The Resident Council Meeting Minutes for February, March, April, July, and August 2024 all document Residents are requesting for administration to be present with residents more often. Relayed to supervisor.</p> <p>During Resident Council Meeting on 9/18/24 at 10:00 AM R44, R53, R65, R70, R78, R79 and R85 all stated that V1 (Administrator) is very hard to get to talk to. All residents present state that they would like all Administration to be more available and willing to help the residents.</p> <p>(continued on next page)</p> |

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| <p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On 9/18/24 at 11:45 AM V5 (Activity Director) stated There are multiple complaints that we get every month during resident council. The day after I have council with the residents, I type up the minutes and pass them out to the department managers so they can review. Some department managers respond very quickly or ask if they can come talk to the residents to clarify things. Some department managers never respond to any of their complaints. The complaint about the serving sizes is one that is constant. They always say they want more food. I have told (V7/Dietary Manager) and she has not responded to them or me.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid, dated 9/17/24 and signed by V1 (Administrator) documents 96 residents currently reside in the facility.</p> | | |

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| <p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p> | <p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>38396</p> <p>Based on interview, observation and record review, the facility failed to ensure the (state agency) survey inspection book contained three years of previous survey results for complaint and certification inspections and ensure the survey book was readily accessible to residents and families without asking for assistance to view. This failure has the potential to affect all 96 residents residing in the facility.</p> <p>Findings include:</p> <p>On 9/18/24 at 10:15 AM, during the resident group meeting, residents who have previously attended resident council meetings R44, R53, R65, R70, R78, R79, and R85 all confirmed they did not know where in the facility to access the facility's previous annual and complaint investigation results and did not know that (State Agency) survey results are something accessible for them to review.</p> <p>On 9/18/24 at 11:00 AM, the facility's main hall bulletin board contained a posting that documents (State Agency) survey results are available for inspection in our survey room. Please let us know and we can provide this to you if the survey room is locked.</p> <p>On 9/18/24 at 11:35 AM, the facility's Survey Results book was located behind the reception/security front desk. This book was reviewed and contained one annual Licensure and Certification survey dated 6/2023. This book did not contain any complaint survey results or annual Certification surveys prior to 2023.</p> <p>On 9/18/24 at 11:40 AM, V4 (Quality Assurance) verified the State Agency Survey inspection book contains only the last annual survey, dated 6/2023. V4 stated The inspection book does not have any complaint surveys and does not contain any surveys for the previous three years with the exception of 2023 annual Licensure and Certification. The book is kept in the family room or behind the security front desk. If residents want to see the book they can ask, and we will give it to them. The family room is usually open, but we do lock it at night because things will go missing, so it isn't unlocked all of the time.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid, dated 9/17/24 and signed by V1 (Administrator) documents 96 residents currently reside in the facility.</p> |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>33975</p> <p>Based on observation, interview and record review the Facility failed to prevent and monitor residents for Physical Abuse and Verbal Abuse for four (R1, R23, R59, and R66) of 32 Residents reviewed for Abuse in a sample of 34.</p> <p>Findings include:</p> <p>Facility Abuse Prevention Program Policy, reviewed 11/10/23, documents: the Facility affirms the right of our Residents to be free from Abuse; has attempted to establish a Resident sensitive and Resident secure environment; the purpose of the policy is to assure that the Facility is doing all that is within its control to prevent occurrences of Abuse; the Facility is committed to protecting our Residents from Abuse by anyone including, but not limited to, Facility Staff and other Residents; the following definitions are based on Federal and State laws, regulations and interpretive guidelines; Abuse is a willful infliction of injury; any instance of Abuse of Residents irrespective of any mental or physical condition, cause harm, pain or mental anguish; including verbal abuse and physical abuse facilitated or enabled through the use of technology; Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention; physical abuse is hitting, slapping, pinching, kicking and controlling behavior through corporal punishment; and verbal abuse is the use of oral, written or gestured language that willfully includes disparaging and derogatory terms to Residents, or within hearing distance, regardless of age, ability to comprehend, or disability; and examples of verbal abuse include but are not limited to, threats of harm, saying things to frighten a Resident.</p> <p>Facility Smoking Policy and Procedure Policy, undated, documents: it is the safety of all Residents, smoking will be allowed in designated areas only; Residents will be oriented to, and will be monitored for adherence to the rules, regulations and smoking guidelines; smoking rules and regulations are read to each Resident upon admission with an agreement signed stating an understanding and agreement to comply with the terms; Residents will be monitored by for awareness and adherence of the smoking rules and guidelines; supervised smoking in designated areas will only be allowed while monitored by staff and cigarettes will be passed at the following times (7:00 am -7:30 am, 9:00 am-9:30 am, 11:00 am-11:30 am, 1:00 pm-1:30 pm, 3:00 pm-3:30 pm, 5:00 pm-5:30 pm, 7:00 pm-7:30 pm and 9:00 pm-9:30 pm); and Residents who carry their own cigarettes may not give cigarettes, lighters or lights to any other Resident, may smoke in designated areas and must maintain appropriate behavior in smoking areas.</p> <p>1. R23's Physician Order Sheet/POS, dated 9/19/24, documents diagnoses including Intracranial Injury without loss of consciousness, Extrapyramidal and Movement Disorder, Psychosis, Borderline Personality Disorder, Epilepsy with Seizures, Frontotemporal Neurocognitive Disorder, Major Depressive Disorder, Anxiety Disorder, Schizoaffective Disorder and Borderline Intellectual Functioning.</p> <p>R23's POS, dated 9/18/24, also documents physician orders for: behavioral psychological/psychiatric services, mental health services and medication management; and psychotropic medications for Schizoaffective Disorder (Divalproex, Invega and Olanzapine).</p> <p>(continued on next page)</p> | | |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R23's current Care Plan documents: a criminal background history of aggravated stalking, damage to property, domestic battery and violation of order of protection; diagnoses including a Traumatic Brain Injury and is a moderate risk offender; requires supervised smoking program and will follow smoking policy and rules; has behavior problem related to limitations, poor impulse control, poor decision making, poor coping skills and poor management; displays verbal and physical aggression, intrusive, swears, threatens, inappropriate comments, provokes peers, property damage and non-compliant with facility policies.</p> <p>R23's Care Plan documents interventions for local behavioral psychological/psychiatric services, mental health services, hourly checks, staff to remind to wait turn in smoking lines, while on smoking patio will inform staff if having issues with peers, anticipate needs and response to environmental triggers, assist with developing appropriate methods of coping and interacting through education, intervene as necessary to protect the rights and safety of others, minimize potential for disruptive behaviors and monitor behavior episodes and attempt to determine underlying cause.</p> <p>R59's current Care Plan documents that R59 has diagnoses including Benign Neoplasm of Cerebral Meninges Traumatic Brain Injury, Anxiety Disorder and Depression. The Care Plan also documents that R59 requires supervision while smoking, will follow designated smoking times and will follow the Facility smoking policy.</p> <p>R23's Smoking Assessment, dated 7/16/24, documents that R23 requires managed/supervised smoking materials and is on a supervised smoking program.</p> <p>R59's Smoking Assessment, dated 8/29/24, documents that R59 may be independent to handle own smoking materials.</p> <p>R23's local State Agency Reported Incidents/Report Incident, dated 3/15/24, documents a verbal altercation which escalated to physical acting out between R23 and R59, while on the smoking patio. R23 sustained a minor abrasion around left eye and R59 sustained a left wrist laceration and bruised hand.</p> <p>The Report Incident, dated 3/15/24, documents that Certified Nursing Assistant/CNA) went outside, both Residents were on the ground. I heard a male peer yell 'they are on smoking patio fighting' and a male CNA and Nurse ran out on the A/B patio.</p> <p>R23's Nursing Progress Note, dated 3/15/24 at 9:39 pm, documents R23 was in a physical altercation.</p> <p>R23's local State Agency Reported Incidents/Report Incident, dated 9/7/24, documents that R23 is the perpetrator and approached a female peer (R59) on the patio (A/B Hall smoking patio) and requested a light (for R23's cigarette). R59 told R23 no. R59 stood up walking behind and to the side of R23, words were exchanged and R23 slapped R59 on the side of R59's body. Per the video, R23 stood up, and did turn and went in opposite direction. R59 stayed in the same vicinity pointing at R23 and continued to verbally engage. R23 then returned to R23's wheelchair and pushed the wheelchair in to R59. Staff accompanied R23 off of the patio area. R59 complained of right side pain and right knee pain from the wheelchair, however, refused treatment. The Police were contacted and R23 was arrested and taken to the county jail. R23 returned the following day (9/8/24).</p> <p>(continued on next page)</p> | | |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The Report Incident, dated 9/7/24, documents R59's interview and R59 stated that R23 asked for a lighter and when R59 said no, R23 began yelling, cursing and demanding to use R59's lighter. When R59 got up from the bench, R23 struck R59. R59 stated that R59 tried to leave the area, however, R23 continued to yell and curse. R59 also stated that R23 pushed R23's wheelchair into to R59. R59 stated that they kept yelling at each other until staff came and separated them.</p> <p>The Report Incident, dated 9/7/24, documents R23's interview and R23 stated that R23 asked R59 for a lighter for R23's cigarette. R23 states that R59 started yelling, cursing and using racial slurs. R23 stated that R23 did yell at R59 and denied hitting R59. R23 stated that R59 continued coming at R23, calling R23 names and putting R59's finger in R23's face, calling him nigger until staff came and separated them.</p> <p>The Report Incident, dated 9/7/24, documents interviews with V15 (Certified Nursing Assistant/CNA) and V16 (Registered Nurse/RN). V15's interview documents that, I was told that (R23) was outside hitting another Resident (R59), so I went outside to calm the situation down and they was going back and forth with each other. V15 also states that R23 hit R59 with R23s wheelchair. V16's interview documents that, I just saw the aftermath of the incident and that V16 did a preliminary assessment on R59 and R59 refused first aid or pain medication.</p> <p>R23's Nursing Progress Note dated 9/7/24 at 1:19 pm, documents: R23 was in a physical altercation with a peer, on the A/B patio. When R23 requested to use a female peer's lighter (R59) and when told no, R23 pushed R23's wheelchair at R59 and made physical contact with R59; the local Police Department was notified and R23 was arrested and taken to county jail.</p> <p>R23's Nursing Progress Note dated 9/8/24 at 11:56 am, documents that R23 returned from the county jail and returned in an aggressive mood and was redirected.</p> <p>On 9/19/24 at 11:45 am, V15 (CNA) stated, I was passing the last lunch tray on that day, and a Resident came to the door and said that (R23) was hitting (R59), so I looked outside the dining room window and went outside to help, because no other staff members were out there. (R23) was pushing (R23's) empty wheelchair into (R59) and someone told me that they saw (R23) hit (R59) twice in the ribs and once in the face, but I did not see that. (R23) was not supposed to be out on the smoking patio anyway, because (R23) needs supervised while (R23) is out there.</p> <p>On 9/19/24 at 2:37 pm, V16 (RN) stated, I was the nurse on duty that day (9/7/24). (R23) does have a history of aggression towards staff and other Residents. I did not witness the altercation between (R23) and (R59). All I know is that (V15/CNA) went running out to the smoking patio because (R23) was yelling and pushing a wheelchair at (R59), and there was no other staff out there at the time. (R23) had a red mark on (R23's) leg but there were no other physical injuries that I could see. (R23) wanted us to call the Police and they came and arrested (R23) and took (R23) to jail. Most of those Residents out on the smoking patio need supervision.</p> <p>On 9/19/24 at 12:30 pm, V14 (Medical Director) stated, (R23) is a tough one with (R23's) behavior. (R23) has poor social skills and needs supervision. The Facility did notify me that (R23) pushed a wheelchair, got into a verbal altercation with (R59) and was taken to jail. The best we can do for (R23) is monitor and avoid (R23) from hurting himself or other people.</p> <p>(continued on next page)</p> | | |

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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>On 9/19/24, at 1:15 pm, V2 (Director of Nursing) stated, On 9/7/24, (R23) and (R59) got into an altercation on the smoking patio and (R23) was arrested and went to jail. R23 has a history of behaviors and also had another altercation (with R59) about six months ago. R23 is not allowed on that A/B Hall smoking patio and (R23) should be supervised because (R23) has multiple behaviors as a result of R23's Traumatic Brain Injury. We now have (R23) smoking on the front patio.</p> <p>30678</p> <p>2. The facility Initial Report to the State Agency, dated 9/17/24, documents an allegation of abuse was initiated on 9/17/24 between R1 and R66. Residents (R1 and R66) in a verbal altercation which escalated to a physical confrontation.</p> <p>The Progress Notes for R1, dated 9/17/24 at 6:45 pm, documents R1 and R66 were eating in the dining room. R66 was telling R1 Stop staring at me! (R66) began striking (R1) with his fist and started a physical altercation. Staff immediately intervened and separated the residents. No apparent injuries. (R1) requesting to go to hospital. V14 (R1's) Primary Care Physician was notified and R1 was sent to the local hospital for an evaluation.</p> <p>The Progress Note for R1, dated 9/18/24 at 3:43 am, documents R1 returned from the local hospital with no injuries and no new orders. Will continue to monitor.</p> <p>On 9/17/24 at 8:50 am and on 9/18/24 8:28 am and 1:00 pm, and on 9/19/24 at 10:30 am, R1 was witnessed feeding himself in the dining room, waiting for breakfast, ambulating in the hallway and lying in his bed with no behaviors noted. On 9/18/24 and 9/19/24 R66 was visible sitting in various areas of the dining area, hallways, and near the nurses' station.</p> <p>On 9/19/24 at 2:33 pm, V16 RN (Registered Nurse) stated she was the nurse working on 9/17/24 when the altercation occurred between R1 and R66. During dinner R1 and R66 were sitting next to each in the dining room, talking back and forth. R66 began yelling at R1 to stop looking at (R66) and as (V16 RN) was approaching R1 and R66, R66 began hitting R1 and the two residents were immediately separated. V16 RN stated R66 is impulsive and has to be monitored. The police were called, R66 talked to them, and did calm down. R1 didn't have any visible injuries but was sent out to the hospital for evaluation and returned without any injuries. No, we didn't do anything new after the incident. There is not much we can do once it starts.</p> <p>On 9/19/24 at 11:05 am, V1 Administrator stated he has started an investigation for the incident that occurred the evening of 9/17/24 and all he knows is that the allegation was witnessed by staff and the event occurred for only about 15 seconds. It started with verbal and supposedly quickly escalated to physical and was intervened immediately. V1 stated he has five days to complete the investigation and did send the initial report to the State Agency and has not yet completed the investigation. V1 stated after he completes the investigation he will update the State Agency as to the findings.</p> | | |

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

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| <p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30722</p> <p>Based on record review and interview the facility failed to ensure a Preadmission Screening and Resident Review/PASARR including an initial Omnibus Budget Reconciliation Act/OBRA were revised for 2 of 2 residents (R8, R67) who were diagnosed with a psychiatric condition after admission in the sample of 34.</p> <p>Findings include:</p> <p>1) R8's Interagency Certification of Screening Results document R8 was admitted to the facility on [DATE]. R8's OBRA-1 Initial Screen does not document a psychiatric diagnosis.</p> <p>R8's electronic medical record documents a diagnosis of Schizoaffective Disorder, Bipolar Type on 12/12/2018.</p> <p>On 09/19/24 at 11:03 AM V4/Quality Assurance stated she cannot provide an updated screening of a Level I PASARR to determine the need for a Level II PASARR after R8 was diagnosed with a psychiatric condition.</p> <p>2) R67's Interagency Certification of Screening Results document R67 was admitted to the facility on [DATE]. R67's OBRA-1 Initial Screen does not document a psychiatric diagnosis.</p> <p>R67's electronic medical record documents a diagnosis of Other Schizoaffective Disorders and includes a comment, Added per psych (psychiatric) visit on 09/28/23.</p> <p>On 09/1/24 at 11:03 AM V4 stated she cannot provide an updated screening of a Level 1 PASARR to determine the need for a Level II PASARR after R8 was diagnosed with a psychiatric condition.</p> |

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| <p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33970</p> <p>Based on record review and interview the facility failed to update one resident's chart (R99) for a code status change from Full Code to Modified DNR (Do Not Resuscitate). This failure resulted in R99 receiving full CPR including chest compressions after being found unresponsive.</p> <p>Findings Include:</p> <p>R99's POLST (Physician Order Life Sustaining Treatment) dated [DATE] documents Modified DNAR (Do Not Attempt Resuscitation) to include: non-invasive airway and breathing, IV (Intravenous medications) and transfer to the hospital. Do Not perform chest compressions.</p> <p>R99's care plan dated [DATE] documents (R99) wishes to be full code. R99's care plan was updated on [DATE] (one day after her death) to (R99) has DNR (Do Not resuscitate) order.</p> <p>R99's Nurse' Notes written by V13 (Licensed Practical Nurse) document that on [DATE] at 3:15 AM At about 2:30 am resident was found unresponsive after several room checks through the night. I retrieved an ambu-bag and used it until EMS (Emergency Medical Services) arrived as she was still warm and blood pooling and mottling had not started yet. EMS arrived and worked until about 3:20 and called her death at 3:21 (AM).</p> <p>On [DATE] at 9:15 AM V13 (Licensed Practical Nurse) stated that when EMS (Emergency Medical Services) arrived at the facility on [DATE] that she (V13) was distracted by R99's roommate and left the room and she did not speak to EMS. V13 reported that code status is usually on the banner in the electronic medical record and a paper is kept in a book in the common area. V13 stated that she did know that R99 was a DNR upon EMS arrival.</p> <p>On [DATE] at 1:51 PM V20 (Certified Nurse Aid) stated I called 911 and I told the dispatcher that (R99) was a full code because I did not know it had changed while she was in the hospital. I checked the book and there was no DNR paper in there.</p> <p>The Ambulance documentation sheet dated [DATE] documents (Gel Airway) inserted to patient, chest compressions started upon arrival to the facility. The ambulance documentation documents breathing, chest compression and medications were given to R99 during EMS care. R99 was then pronounced dead via phone call with emergency room Physician due to futile efforts.</p> <p>On [DATE] at 10:30 AM V19 (R99 Health Care Power of Attorney) stated The coroner told me that (R99) received CPR with chest compressions, and she (R99) specifically did not want that and had changed it in [DATE] when she was in the hospital.</p> |

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| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30722</p> <p>Based on observation, record review and interview, the facility failed to ensure therapy services were provided as ordered for 1 of 2 (R96) residents reviewed for limited range of motion in the sample of 34.</p> <p>Findings include:</p> <p>On 09/17/24 at 3:15 PM R96 was observed sitting in a community room watching videos on his phone using his right hand. R96 appeared to have left upper extremity weakness and lack of coordination.</p> <p>R96's Physician Order Sheet dated September 19, 2024; documents he was admitted to the facility on [DATE]. R96 had an order dated 08/15/24 for a referral to outpatient ST/speech therapy, PT/physical therapy and OT/occupational therapy.</p> <p>On 09/17/24 at 3:15 PM R96 stated he is not receiving therapy. R96 stated, I've been here for 6 weeks, and they are finally getting me a paper for therapy today. My mom and I had to set it up ourselves.</p> <p>On 09/18/24 1:30 PM V11/R96's Power of Attorney stated she has spoken with staff regarding getting R96 screened for physical, occupational and speech therapy and he has not received services yet. V11 stated she contacted the outside physical therapy department who stated they had not received a referral for services. V11 stated the lack of therapy affects R96 because he would like to be evaluated in hopes of increasing his diet to general from mechanical soft so he can enjoy more of the foods he likes.</p> <p>On 09/18/24 at 1:30 PM V9/Restorative Nurse confirmed R96 had an order for ST, OT and PT. V9 stated R96's evaluation appointment was missed on 09/17/24. R96 is scheduled to go for OT evaluation today and PT on 09/24/24. V9 confirmed R96 has had a delay in treatment. V9 confirmed R96 is not on a formal restorative program to prevent further decrease in range of motion while R96 awaits therapy evaluations.</p> |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>30678</p> <p>Based on observation, interview, and record review the facility failed to follow registered dietician recommendations to prevent weight loss for one (R75) of three residents reviewed for nutrition in the sample of 34.</p> <p>Findings include:</p> <p>The facility's Weight policy and procedure, dated 1/12/22, documents Within a week after weights have been received and reviewed by the Nursing Department and Dietary Manager, the Weight Committee will meet to discuss and recommend the need for any possible dietary interventions or diet order changes. If the Dietician is present in the facility, the Committee will consult with her. If not, they will simply notify the physician for the possibility of new orders. Order changes will be recorded in the clinical record as well as any needed care plan intervention changes. At any time when the Dietician is in the facility, any recommendations she makes will be referred to the physician for approval.</p> <p>The facility Significant Weight Changes weekly weight meeting form, dated 9/2024, documents R75 weight as 159.2 lbs (pounds) down 5.4 % (percent) in one month and down 10.3 % in three months.</p> <p>The current weight logs for R75, documents R75's weight decline as follows: 9/15/24 at 159.2 lbs, 7/26/24 at 164 lbs, 6/14/24 at 178 lbs, 5/29/24 at 173.1 lbs, 4/23/24 at 173 lbs, 3/25/24 at 175.8 lbs, 2/26/24 at 176 lbs, 1/5/24 at 185 lbs, 12/4/23 at 188 lbs, and 11/11/23 at 190 lbs. This log documents a continual weight decline for R75.</p> <p>The Dietary Progress Note for R75, dated 9/15/24, documents R75 has had a significant weight loss of 5.4% in one month and 10.3% in six months with current weight of 159.2 lbs.</p> <p>The RD (Registered Dietician) Note for R75, dated 7/26/24, documents R75 with weight loss of 6.7% in one month and 11.4% in six months. Recommendations: Change sandwich and milk at HS (bedtime) to pudding and thickened health shake. Honey thick health shake with breakfast and lunch. Refer RD PRN (as needed).</p> <p>The RD Note for R75, dated 5/29/24, documents R75 with no May 2024 weight, 4/23/24 as 173 lbs, 2/26/24 at 176 lbs, and 11/11/23 as 190 lbs.</p> <p>The RD Note for R75, dated 12/27/23, documents R75 weight 12/4/23 at 188 lbs, 11/11/23 at 190 lbs, 9/26/23 at 180 lbs, and 6/23/23 at 243 lbs. with recommendation to continue to offer meals and snacks per preferences.</p> <p>The Dietary Progress Note for R75, dated 11/24/23, documents R75 has had significant weight loss of 23.2% in six months with weight at 189.6 lbs.</p> <p>The Dietary Profile for R75, dated 12/6/23, documents R75 weight on 12/4/23 at 188 lbs, 11/11/23 at 190 lbs, 9/26/23 at 180 lbs, and 6/23/24 at 243 lbs. Weight loss of 55 lbs/22.8%.</p> <p>(continued on next page)</p> |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The Dietary Profile for R75, dated 5/29/24, documents no new weight for R75 for 5/2024, 4/23/24 at 173 lbs, 2/26/24 at 176 lbs, 11/11/23 at 190 lbs. No recent weight to compare.</p> <p>The current Physician Orders for R75, document the following dated orders: 8/27/24 LCS (low concentrated sweet)/NAS (no added salt) diet, mechanical soft texture with honey thick consistency liquids; 5/23/24 Weigh every month. The are no diet supplements or dietary recommendations in R75's Physician Orders.</p> <p>On 9/17/24 through 9/19/24 R75 sat in the dining room for breakfast and lunch and fed himself without assist.</p> <p>On 9/17/24 at 2:01 pm, R75 stated he has lost some weight, a lot of weight. On 9/19/24 at 3:30 pm, R75 stated he doesn't get milkshakes, or he would drink them.</p> <p>On 9/19/24 at 9:17 AM V12 RN stated R75 has been eating pretty good lately but doesn't like the mechanical soft diet or the thickened liquids. R75 is very particular with what he eats. V12 RN stated she is unaware of R75 receiving any special supplements.</p> <p>On 9/19/24 at 9:25 am, V13 LPN stated sometimes R75 will ask for a snack at night, but not often and does not think R75 gets additional supplements.</p> <p>09/18/24 03:34 PM, V2 DON stated the facility has weight meetings weekly and they discuss resident weight losses and try to put in new interventions as needed.</p> |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>38396</p> <p>Based on observation, interview and record review, the facility failed to implement Enhanced Barrier Precautions throughout the facility to protect vulnerable residents and prevent the spread of multi-drug resistant organisms (MDROs). This failure has the potential to affect all 96 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's (undated) Enhanced Barrier Precautions (EBP) policy documents It is the policy to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organism (MDROs). Enhanced barrier precautions are an infection control intervention designed to reduce transmission of multidrug-resistant organisms in nursing homes. EBPs involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk for MDRO acquisition (residents with wounds or indwelling medical devices). High-contact resident activities include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a dressing. Enhanced barrier precautions are recommended for residents with indwelling medical devices or wounds, who do not otherwise meet criteria for Contact Precautions, even if they have no history of MDRO colonization. This is because devices and wounds are risk factors that place these residents at higher risk for carrying or acquiring a MDRO and many residents colonized with a MDRO are asymptomatic or not presently known to be colonized. This same policy documents Gowns and gloves will be available immediately near or outside of the resident's room. Face protection may also be available if performing activity with high risk of splash or spray.</p> <p>On 9/17/24 at 9:30 AM the facility's resident hallways were toured in entirety and no residents were observed to be in isolation or to have signs on their doors to indicate any EBPs.</p> <p>On 9/19/24 at 9:00 AM, V2 (Director of Nursing/Infection Preventionist) confirmed the facility currently does not have any residents in isolation. V2 stated We (the facility) do not have any urinary catheters or central lines. We have two residents with open wounds and dressings that are changed. (R1) has venous ulcers that are open currently and require dressing changes to his lower legs. (R75) has open wounds on his right foot and left foot. Both of those areas are open and also require daily dressing changes. We do not have any residents in isolation right now. I was just given some information about EBP from corporate recently. We have not implemented EBP on any existing or new residents in the facility. We just use standard precautions.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid, dated 9/17/24 and signed by V1 (Administrator) documents 96 residents currently reside in the facility.</p> | | |