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	09/03/2025

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to initiate and implement safety interventions for a resident who was on a restricted pass due to impaired thought process and poor safety awareness to prevent an elopement, failed to ensure staff were educated on identifying residents with restricted passes to leave the facility, failed to assess a resident after elopement, and failed to educate staff or implement additional safety interventions once a resident eloped for three (R37, R72, and R75) of four residents reviewed for elopement. These failures resulted in R75, who the facility identified as not being capable of unsupervised outside pass privileges due to poor safety awareness, impaired thought process, and psychiatric diagnoses (including Schizophrenia), from exiting the facility without staff knowledge or supervision on 8/24/25 when R75 left the grounds in a Taxi. These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 8-24-25 when R75 left the Facility grounds unsupervised. V1 (Administrator) and V2 (Director of Nursing) were notified of the Immediate Jeopardy on 8-28-25 at 11:50 AM. While the immediacy was removed on 8-29-25, the facility remains out of compliance at a severity Level II as additional time is needed to evaluate the implementation and effectiveness of their removal plan and Quality Assurance monitoring. Findings include:The facility's Elopement Protocol/Missing person policy updated 4/23/25 documents upon locating the resident, the search coordinator initiates the following activities as appropriate: Direct that an assessment be initiated on the resident, notify family that resident was found, complete appropriate documentation in the resident's medical record, any in-services deemed needed by those involved in process. Immediately upon a residents return to the facility following an elopement/wandering episode, the resident shall be placed on elopement/wandering precautions. The nurse on duty shall review the facility sign-out procedure with the resident immediately upon return to the facility. Designate staff to monitor the resident's whereabouts, such as implementing 15-minute checks. The time periods for monitoring to be determined by the IDT (Interdisciplinary Team) with input from the staff. The above applies for a minimum of 24 hours at which time a reassessment will be made by IDT regarding any continuance. Should the resident be noncompliant with precautions, the procedure shall be extended for additional time as indicated by IDT. The management staff are to review all documentation as indicated. The facility's undated Resident Pass Policy documents each resident will be evaluated for community access at their initial MDS (Minimum Data Set) assessment. All residents will have no pass until that time. New residents that need to leave the building during this probationary period should do so with staff and/or family. The IDT will review and determine the individual's ability to access the community with or without staff/family. Residents going out on pass must sign out with the front door monitor prior to leaving.1) R75's Nurse Progress Note dated 8/24/25 documents Resident has left the faciity on a pass violation. She called herself a cab, walked out the front door and got into the cab before staff could stop her. Staff tried to stop the car, but the resident was inside yelling drive, drive, drive. Another nurse called the cab company, and they stated they would be on their way back to drop the resident back off.R75s Pines Community Access assessment dated [DATE] documents (continued on next page)

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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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R75 is not capable of unsupervised outside community passes related to Schizophrenia Disorder. This same assessment documents R75 does not know the facility address or how to contact someone in case of an emergency. R75's Psychiatric Evaluation dated 6/10/25 documents that R75 struggles with medication compliance and experiences paranoia. The evaluation documented a recent psychiatric hospitalization in February 2025 due to paranoia. R75 was noted to have a history of delusions, including beliefs that her food was being poisoned, and reported auditory hallucinations involving voices that conveyed negative messages. The assessment further described R75 as having poor insight and judgment, along with a scattered thought process. R75's psychiatric history includes diagnoses of Disorganized Schizophrenia, Bipolar II Disorder, Delusional Disorder, Personality Disorder, and Anxiety.R75's Medical Diagnosis List documents R75 has Paranoid Schizophrenia, Anxiety Disorder, and Personality Disorder.R75's mobility assessment dated [DATE] documents R75 is independent with ambulation. On 8/26/25, review of R75's current care plan did not include safety interventions related to R75's restricted community pass status and did not contain documentation of R75's pass restriction, despite prior assessments identifying R75 as incapable of unsupervised community access due to impaired thought process, poor safety awareness, and multiple psychiatric diagnoses.On 8/26/25 at 10:30 PM, R75 was observed ambulating independently within the facility. During the observation, R75 stated she remembered calling a taxi to pick her up on 8/24/25 and said she was trying to leave the facility to go anywhere but here. R75 further stated she disliked being at the facility, describing it as too loud and that there is too much going on. R75 then asked, Can you help me get out of here?On 8/27/25 at 8:45 AM, V20 (Social Services Director) stated she conducted R75s Community Access Assessment on 8/13/25 which revealed R75 had poor decision-making skills and poor safety awareness. V20 stated R75 is very paranoid and V20 does not believe that R75 would be able to ask for help or know where to go if R75 left the facility alone.On 8/27/25 at 9:15 AM, V9 (Registered Nurse) stated that on 8/24/25, R75 called a taxi using her personal cell phone and exited the facility without staff supervision. V9 stated that staff attempted to prevent R75 from entering the cab, but R75 got into the vehicle and instructed the driver to leave yelling drive, drive. V9 reported she contacted the cab dispatch company to inform them that R75 was a resident of the facility, did not have funds to pay for the ride, and needed to be returned. The cab driver subsequently returned R75 to the facility. V9 stated she did not document the incident in R75's medical record because V2 (Director of Nursing) indicated she would chart the note. V9 further stated that she did not chart the event due to staffing shortages and high workload on 8/24/25.On 8/27/25 at 9:15 AM, V24 (Security) stated he arrived at the facility around 3:00 PM on 8/24/25. V24 stated he observed R75 standing outside the facility using a cell phone but did not consider the behavior unusual. After clocking in, V24 returned outside and witnessed R75 entering a taxi. V24 reported yelling, Hey, you can't leave, you don't have a pass, but R75 instructed the driver to go, go, and the taxi departed. V24 stated he informed facility staff that R75 had left the grounds in a taxi. Staff subsequently contacted the taxi company to report that R75 was not authorized to leave the facility and did not have funds to pay for transportation. R75 was returned to the facility at an unknown time after. V24 confirmed that the front desk maintains a binder listing residents with community passes and those with restricted status. V25 also stated that all residents are required to check in with security and sign out before leaving the facility.On 8/27/25 at 9:30 AM, V25 (Security) stated he was assigned to the front entrance on 8/24/25, the date of R75's elopement. V25 stated he was not familiar with R75 and asked, Is she a new resident? He further explained that he typically works in housekeeping and is occasionally reassigned to the front desk for security duties. V25 stated he does not know all the residents and did not recall any residents leaving the facility on 8/24/25. V25 confirmed that a binder is kept at the front desk listing residents with restricted and community passes. However, he was unaware that R75 had exited the facility while he was on duty.On 8/27/25 at 3:00 PM, V32 (Taxicab Manager) stated on 8/24/25 at 2:01 PM, the first call was received from (R75) to be picked up from the facility. The driver attempted to call her back but did not get an answer, so he did not go to pick her up. The next call was received at 3:11 PM to be (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	picked up at the facility. R75 was picked up at 3:15 PM, and the driver brought her back to the facility between approximately 3:35 PM and 3:45 PM.On 8/27/25 at 9:20 AM, V16 (Certified Nursing Assistant) stated, I have only worked at the facility for four months. I do not know all the residents in the building who are on pass or does not have a pass. There is a book located at the security desk that has a list of residents who do not have a pass. We (staff) cannot memorize every resident who does not have a pass. If a resident does leave who is not supposed to and arrives back at the facility, that resident would be on 15-minute checks. The 15 minutes are in point click care under tasks if the resident is on 15-minute checks. (R75) is one of them that is constantly going out the door. (R75) has never left the building to my knowledge, at least no one has told me that she has, and I have not seen where she has been on 15-minute checks at.On 8/27/25 at 9:43 AM, V26 (Certified Nursing Assistant) stated I am not sure who is on pass and who is not in this facility, there are too many residents. The security guard up front is typically the one who knows. I am not aware that (R75) left the facility. (R75) does go out the door a lot but typically she comes back in. I am not aware of any resident getting out of the facility. Honestly, no one communicates around here. If someone gets out, they don't let us know. We might see them on a 15-minute check in our tasks, but we don't know why they are on 15-minute checks. If it didn't happen on the shift, I work then most of the time we are unaware of it.On 8/27/2025 at 9:15 AM, V22 (Certified Nurse Assistant) stated she was not aware of R75 eloping on 8/24/2025. V22 stated this information was not passed onto her. V22 stated R75 stays close to her roommate and pushes her roommate around in her wheelchair. V22 stated R75 does express she wants to leave frequently. V22 stated she does not know what R75's ground pass is, but she knows she is new and assumes she is restricted because all new residents are restricted for a certain amount of time. V22 stated there is a book at the front desk that tells what each resident's ground pass is or V22 said she will ask the nurse. V22 stated she was working 8/24/2025. V22 stated some days are better than other days when it comes to having enough staff.On 8/27/2025 at 9:40 AM, V23 (Registered Nurse) stated she was working on 8/24/2025 and was not aware that R75 had eloped, and the information was not passed onto her. V23 does not know R75's ground pass, but she knows new admissions are to stay on the grounds for a certain amount of time. V23 stated she does not feel that she can monitor residents effectively because they are constantly short staffed. V23 stated if a resident does elope, she will try and find them, call the police if she cannot find them, and call the Director of Nursing and the Administrator, and the doctor. If a resident is still adamant about leaving, she will have them sign AMA (Against Medical Advice) paperwork and discharge themselves. V23 stated there is no protocol for elopement, and if there is she is unaware of the protocol due to not having any education. V23 stated 15-minute checks will be put in the residents' chart by the nurse, and the certified nurse assistants chart them in (Electron Medical Record). V23 stated she will still check the residents on 15-minute checks because some staff are lazy, and she will make sure those checks are done.On 8/26/25 at 2:05 PM, V19 (Certified Nursing Assistant) stated that none of the floor staff were aware that R75 had exited the facility unsupervised on 8/24/25. V19 stated, If we had known, we could have been monitoring (R75). V19 further reported that there is a communication issue within the facility and that management does not tell us anything. V19 explained that when a resident leaves the facility and returns, standard protocol includes assessing the resident, initiating monitoring, and documenting safety checks in the electronic medical record. V19 confirmed that these procedures were not initiated for R75 following her return on 8/24/25.On 8/26/25 at 12:30 PM, V4 (Licensed Practical Nurse) stated she was not aware that R75 had exited the facility in a vehicle on 8/24/25. V4 reported that unless staff are present during an incident, most things are not passed along to the next shift. V4 stated that when a resident leaves the facility in violation of pass restrictions and returns, staff are expected to monitor the resident and document safety checks in the medical record. V4 confirmed that no documentation of safety checks was present in R75's chart following her return.On 8/27/25 at 2:30 PM, V31 (R75's family member) stated that approximately two to three months prior, R75 had left her former assisted living facility in a taxi and traveled (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	approximately 48 miles and was later found at a bus stop. V31 reported that R75 is very paranoid of people and is not safe to be on her own. V31 stated that due to R75's impaired judgment and psychiatric history, the family chose placement in a long-term care facility to ensure R75 received increased supervision and monitoring. V31 stated she was not aware that R75 had left the facility in a taxicab on 8/24/25.On 8/27/25 at 10:33 AM, R75's electronic medical record continued to lack updated safety interventions to prevent further elopement. The care plan did not reflect R75's restricted pass status or include monitoring strategies, despite the resident's recent unsupervised departure from the facility on 8/24/25.On 8/27/25 at 2:30 PM, R75 was observed entering the facility through the front doors from outside, following two other residents. This occurred without staff supervision or intervention, despite R75's documented restricted pass status and history of leaving the facility.R37's incident/accident report dated 8/29/25 at 12:00 PM documents R37 exited out the open side door located on the D/E hallway. R37 was observed in front of the facility standing near the main entrance. R37 was escorted back into the facility by staff. Physician, management, and family notified of incident via phone.On 9/3/25 V5 (Registered Nurse) stated on August 29, 2025, at approximately 12:00 PM, V5 was administering medications in the common area of the facility. At that time, an outside vendor was present, working on the heating and cooling unit. The vendor had propped open a door to facilitate their work. While V5 was engaged in medication pass, one of the vendors alerted V5 that someone had exited through the propped door. V5 immediately proceeded outside, walking along the sidewalk between the buildings to investigate. Upon returning to the front of the building, multiple staff members informed V5 that Resident R37 had already re-entered the facility.On 9/3/25 at 8:50 AM, V1 (Administrator) stated that immediately following the incident in which Resident R37 exited the facility through a door propped open by an outside vendor, the facility's Outside Vendor Safety Policy was revised. The updated policy now requires that: A designated staff member must be assigned to monitor the area whenever an outside vendor is working within the facility. V1 confirmed that on 8/29/25 R37 and R72 both had restricted passes and were not to leave the facility without a staff member.On 9/3/25 at 9:15 AM, R37 stated he does not remember walking outside and walked away. R37 is independently ambulatory in the facility.On 9/3/25 at 9:00 AM, R72 stated he saw R37 step out the door so R72 followed R37 to make sure he didn't leave. R72 stated he yelled for staff when he saw R37 go outside. The immediate jeopardy was determined not to be removed upon review of the implementation of the facility's abatement plan after the facility failed to prevent R37 and R72, who had Community Pass Restrictions, from exiting the facility unsupervised on 8/29/25. On 9/03/25 the facility provided a revised abatement plan.On 9/03/25 the surveyor confirmed through interview and record review that the facility took the following actions to remove the Immediate Jeopardy:1) On 8/28/25 a whole house audit was completed by V1 (Administrator), V2 (DON), V11 (Activity Director), V27, (Administrative Assistant) and V11 (Social Services Director) to evaluate residents for any potential discrepancies in pass status or need for increased supervision. All residents were evaluated to ensure they were correctly assessed. The reviewed/confirmed pass list was given to the front desk personnel.2) On 8/28/25 R75 was placed on 15-minuite checks by V2 (Director of Nursing) for increased supervision.3) On 8/28/25 R75's Community Access Assessment was re-done by V20 (Social Service Director) to ensure accuracy.4) On 8/28/25 R75's care plan was reviewed and updated by V20 (Social Service Director) with additional interventions to reflect R75's Pass status/safe community access.5) On 8/28/25 the facility's Elopement Policy and The Pass Policy was updated and reviewed by IDT (Interdisciplinary Team).6) On 8/28/25 an All-Staff Training was initiated by V2 (Director of Nursing) and V20 (Social Services Director) on the Elopement Policy and the Facility Pass Policy.7) On 8/28/25 Human Resources placed a reminder sign by the timeclock to ensure all staff on subsequent shifts review the mandatory material in the Inservice prior to working the floor. 8) On 8/28/25 Human Resources developed a mandatory checklist to track compliance with the mandatory training.9) On 8/28/25 a separate section on community access and Facility pass policy was added by V1 (Administrator) to the Facility's Quality Assurance/Quality (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Assurance Policy improvement agenda. 10) On 8/29/25 a whole house audit was conducted by the V2 (DON) after R37 and R72 were able to leave the Facility to ensure the incident was isolated.11) On 8/29 R 37's Care Plan was reviewed by V20 (Social Services Director) and R37 was put on 15-minute checks for increased supervision. 12) On 8/29/25 V1 (Administrator) modified the Outside Vendors Safety Policy to reflect a staff member must accompany vendors when working at the facility to ensure resident safety. An All-Staff Inservice was conducted to educate staff on Vendor Policy update.13) The V1(Administrator)and IDT (Interdisciplinary Team) to monitor for ongoing compliance.Completion Date: 8-29-25

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review, the facility failed to ensure there are sufficient number of licensed nursing staff to provide care and supervision for dependent residents. This has the potential to affect all 110 residents residing in the facility. Findings include: The facility's Staffing Policy, dated 4/30/25, documents, It is the policy of the facility that minimum numbers of nursing staff members within the facility be established and maintained. Staffing levels may vary by shift and by the day of the week and should be based on census, and level of care needed/medical acuity of the in-house resident population.The facility Staffing Requirements calculators, dated 8/5/25, 8/12/25, 8/16/25, 8/17/25, 8/23/25, 8/24/25, documents the number of licensed nursing staff required for day shift (7:00 a.m. to 3:00 p.m.) was four nurses/32 licensed nursing hours, for evening shift (3:00 p.m. to 11:00 p.m.) three nurses/24 licensed nursing hours, and for night shift (11:00 p.m. to 7:00 a.m.) two nurses/16 licensed nursing hours.On 8/28/25 at 8:30 AM, V2 (Director of Nursing) provided all nurse timecard reports for 8/5/25 through 8/24/25. The timecard reports document the following licensed nursing staff hours worked: On 8/5/25 V4 Licensed Practical Nurse (LPN), V34 Registered Nurse (RN), and V3 RN each worked eight hours on day shift/24 licensed nursing hours. V34 RN, V4 LPN, and V36 LPN each worked four hours on evening shift/12 licensed nursing hours. V36 worked eight hours on night shift.On 8/12/25 V4 LPN worked eight hours on day shift. V4 and V36 LPN each worked four hours on evening shift/8 licensed nursing hours. V36 worked 8 hours on night shift.On 8/16/25 V4 LPN, V33 LPN, and V23 RN each worked eight hours on day shift/24 licensed nursing hours. V4 LPN, V36 LPN, and V23 RN each worked four hours on evening shift/12 licensed nursing hours. V36 worked eight hours on night shift.On 8/17/25 V34 RN and V23 RN each worked eight hours and V3 worked four hours on day shift/20 licensed nursing hours. V34, V36 LPN, and V23 each worked 4 hours on evening shift/12 licensed nursing hours. V36 worked 8 hours night shift.On 8/23/25 V9 RN, V23 RN, and V3 RN each worked eight hours on day shift/24 licensed nursing hours. V23 worked 8 hours and V9 and V35 RN each worked 4 hours on evening shift/16 licensed nursing hours. V35 RN worked 8 hours night shift.On 8/24/25 V9 RN and V23 RN each worked eight hours on day shift/16 licensed nursing hours. V9 worked eight hours and V23 RN and V35 RN each worked 4 hours on evening shift/16 licensed nursing hours. V35 RN worked 8 hours night shift. On 8/27/25 at 9:15 AM, V9 (Registered Nurse) stated she did not chart on her residents on 8/24/25 because things were too busy in the facility and there was not enough staff. On 08/28/2025 at 10:15 AM, V2 stated when doing the schedule for nurses she strives to have 2 nurses for each shift (days, evenings, and nights). V2 confirmed the following staffing shortages: 8/5/25 three nurses worked day shift, one and a half nurses worked evening shift, one nurse worked night shift; 8/12/25 one nurse worked day shift, one nurse worked evening shift, and one nurse worked night shift; 8/16/25 three nurses worked day shift, one and a half nurses worked evening shift, one nurse worked night shift; 8/17/25 two and half nurses worked day shift, one and a half nurses worked evening shift, one nurse worked night shift; 8/23/25 three nurses worked day shift, two nurses worked evening shift, one nurse worked night shift; 8/24/25 two nurses worked day shift, two nurses worked on evening shift, one nurse worked night shift. V2 also stated staffing is an issue. I wasn't aware the staffing calculator stated we should have four nurses on day shift, three nurses on evening shift, and two nurses working on night shift. The nurses complain about our staffing numbers and tell us they can't get things done. The MARs (Medication Administration Record) and TARs (Treatment Administration Record) have holes in the charting, and the nurses say they can't get them done because they don't have time related to low staffing. The facility's Center's for Medicare and Medicaid Services Long Term Care Application, dated 8/25/25 and signed by V1 (Administrator), documents there are 110 residents residing in the facility.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on record review and interview the facility failed to ensure a Registered Nurse was working eight consecutive hours in a twenty four hour period. This has the potential to affect all 110 residents residing in the facility. On 8/28/25 at 8:30 AM, V2 (Director of Nursing) provided all nurse timecard reports for 8/5/25 through 8/24/25. The timecard reports have no documentation of a registered nurse working eight consecutive hours on 8/12/25. On 08/28/2025 at 10:15 AM, V2 confirmed there was not a Registered Nurse working on 8/12/25.The facility's Center's for Medicare and Medicaid Services Long Term Care Application, dated 8/25/25 and signed by V1 (Administrator), documents there are 110 residents residing in the facility.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review the facility failed to label, and date opened food items in the kitchen's refrigerator and freezer and discard expired food, ensure kitchen ceiling tiles/vents were kept clean, and ensure kitchen freezer was maintaining proper temperature. This failure has the potential to affect all 110 residents. Findings include:The facility's Labeling and Dating and Food Policy, dated 4/25/25, documents Purpose: To prevent foodborne illness and ensure safe storage, handling, and consumption of all foods served to resident by clearly labeling and dating all food items upon receipt, preparation, or opening, in accordance will Illinois state regulations and facility policies. This policy applies to: All dietary services staff, caregivers, and any staff handling food. All food items stored in the main kitchen, refrigerators, freezers, pantries, meal prep areas, and resident rooms (as applicable). Definitions: Label: A written or printed tag or marker attached to or placed on a food item that identifies the item, date opened, and any other required information. Date: the date on which the item is opened, prepared, or received, depending on the item's status and Illinois food safety guidelines. Labeling Requirements: All unpackaged foods and leftovers must be labeled with: Item name (generic name accepted if obvious), date of opening or preparation (or receipt), and use-by or discard-by date when applicable, based on safe food handling guidelines. For pre-packaged items opened in the facility, label with the date opened and discard date if applicable.The facility's Sample Cleaning Schedule Policy, dated 2017, documents Refer to Housekeeping: Ceilings.On 8/25/25 at 9:10 AM a kitchen tour was conducted with V6/Dietary Manager. During this tour, inside a three-door refrigerator, a five-pound tub of cottage cheese, which was one-quarter full, was found to be undated and past its August 20, 2025, expiration date. Three gallon-sized plastic bags of thawed, pre-cooked chicken, and a gallon bag of thawed, precooked hamburger patties were stored without dates. Additionally, two boxes of waffles, which are to be kept frozen according to the packaging, were observed thawed and undated. Three sealed, undated packages of bologna were found thawed in the freezer. The kitchen's freezer thermometer registered 42 degrees Fahrenheit. V6 stated the unit had failed that morning and a maintenance request had been submitted. V6 verified the packages of bologna should have been thrown away and the freezer should have been put out of order until Maintenance could address the issue. On the preparation table, next to the stove, a plate with a piece of ham and two pancakes, covered in plastic wrap were observed undated. On the dry storage rack a 24-ounce container of gravy mix powder was found opened, half-full, and undated. On 8/25/25 at 9:16 AM V6/Dietary Manager verified the cottage cheese was expired and should have been disposed of, the three gallon-sized bags of thawed pre-cooked chicken and the gallon bag of precooked hamburger should have been labeled and dated with the date it was thawed, and the two boxes of waffles should have been labeled with the date opened and stored in the freezer not refrigerator. V6 also verified the plate of ham and two pancakes with plastic wrap covering it should have been dated, and the 24-ounce container of gravy mix powder should have been dated after opening. On 8/25/25 at 9:23 AM, during drink preparation, heavy accumulation of black, stringy dust was observed hanging from the ceiling vent and surrounding tiles directly over the uncovered prepared beverage area. V6 verified the black stringy dust on the ceiling vent and tiles. V6 stated, Maintenance is responsible for cleaning the kitchen ceiling and vents. They have been aware of it.The facility's Center's for Medicare and Medicaid Services Long Term Care Application, dated 8/25/25 and signed by V1 (Administrator), documents there are 110 residents residing in the facility.

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation and interview the facility failed to ensure the facility maintained an effective pest control program. This has the potential to affect all 110 residents. Findings include:The facility's Pest Control Policy, dated 4/25/25, documents Purpose: Ensure a safe, healthy, and comfortable living, environment for residents, staff, visitors, and guests by managed and preventing pest infestations. 2. Scope: Applies to all buildings and grounds owned, leased, or operated by the facility, including resident rooms, common areas, kitchens, dining areas, laundry, maintenance spaces, and storage areas. Covers all staff, contractors, vendors, volunteers, residents, and visitors. 3. Definitions: Pest: Any unwanted animal (insects, rodents, birds, etcetera) or related hazard affecting health, sanitation, and comfort. Integrated Pest Management: A holistic approach combining prevention, monitoring, sanitation, exclusion, mechanical and cultural controls, and limited, targeted use of pesticides as a last resort. 5. Policy Statements: Prevention and Sanitation: Maintain high standards of cleanliness, waste management, food storage, and routing cleaning schedules. 6. Procedures: Prevention: implement sanitation protocols (containerized waste, clean dining areas, promptly remove food attractants). The facility's Pest Control Invoices for March, April, May, June, July, and August 2025 does not include evidence of the facility being treated for flies. On 8/25/25 at 9:18 AM, during a kitchen tour with V6/Dietary Manager, multiple flies were observed in the vicinity of the juice machine, preparation sink, and cup storage area. V6 identified the frequent opening of the dining room door as the likely contributing factor to the flies being in the kitchen. V6 verified the flies at this time and stated she was unaware of any pest control preventatives the facility was doing to try to keep flies out of the kitchen. On 8/25/2025 at 10:16 AM R7 was sitting in her wheelchair at a table in the dining room. R7 reported that flies are constantly landing on her when she eats in the dining room. During this time, two flies were observed landing on her left arm, which prompted R7 to swat them away. On 8/25/2025 at10:54 AM R4 stated a trash can with no lid is located at the beginning of C-Hall where staff dispose of residents dirty depends. R4 stated, Flies are constantly swarming the trashcan. They are so annoying. On 8/25/25 at 10:58 AM a trashcan filled with soiled disposable resident undergarments was found without a lid at the entrance of C-Hall, attracting a swarm of flies.On 8/25/25, during the noon meal, a fly infestation was observed in the kitchen with flies landing on the steam table and food-contact surfaces.On 8/26/25 at 11:05 AM a trashcan remained at the entrance of C-Hall, filled with soiled disposable resident undergarments. Multiple flies were present around the bin.On 8/28/25 at 8:48 AM V1/Administrator verified the facility has not been treated by a pest control service for flies, but they are switching pest control companies and will start getting treated for flies around the facility.The facility's Center's for Medicare and Medicaid Services Long Term Care Application, dated 8/25/25 and signed by V1(Administrator), documents there are 110 residents residing in the facility.

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Sharon Health Care Pines	3614 North Rochelle Peoria, IL 61604

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct mandatory training, for all staff, on the facility?s Quality Assurance and Performance Improvement Program. Based on record review and interview the facility failed to ensure all staff received annual QAPI (Quality Assurance and Performance Improvement) in-service training. This failure has the potential to affect all 110 residents residing within the facility. Findings include:The facility's Center's for Medicare and Medicaid Services Long Term Care Application dated 8/25/25 and signed by V1 (Administrator), documents there are 110 residents residing in the facility. The facility's List of Staff In-services, dated 8/8/24 through 8/25/25, do not include documentation of facility staff receiving annual QAPI training.On 8/28/25 at 12:55 PM V21/Administrative Assistant verified no staff at the facility has received the annual QAPI training.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview and record review, the facility failed to document medications at the time of administration for nine of nine residents (R3, R4, R6, R8, R13, R15, R18, R61 and R89), reviewed for medication administration, in a sample of 40. FINDINGS INCLUDE: The (undated) facility policy, Medication Administration directs staff, Documentation: Initial Medication Administration Record immediately after administering medications. No pre-signing or post-signing. A review of R4's current Medication Administration Record, dated August 2025 includes the following medications Aspirin 81 MG (milligrams), Escitalopram 15 MG, Fenofibrate 200 MG, Fluticasone Inhalation Aerosol, Incuse Ellipta Inhalation Aerosol 62.5 Mcg/ACT, Loratadine 10 MG, Omeprazole 20 MG, Oxybutynin Extended Release 10 MG, Albuterol Sulfate Inhalation 108 MCG/ACT 2, Eliquis 5 MG, Hydroxyzine 25 MG, Lasix 40 MG, Metformin 1000 MG, Risperidone 1 MG, Divalproex Delayed Release Sprinkle 125 MG and Pregabalin Oral Capsule 100 MG, not documented as administered 10+ times from August 1- August 25, 2025. A review of R6's current Medication Administration Record, dated August 2025, includes the following medications Amlodipine 10 MG, Apiprazole 5 MG, Aspirin 81 MG, Benztropine 1 MG, Docusate Sodium 100 MG, Fentanyl Transdermal Patch 25 MCG/HR, Flonase Nasal Suspension 50 MCG/ACT, Haldol Decanoate 50 MG injection, Isosorbide Mononitrate ER 60 MG, Lamictal 25 MG, Lasix 80 MG, Lexapro 10 MG, Lipitor 80 MG, Mirtazapine 30 MG, Tizandine 4 MG, Cardura 2 MG, Carvedilol 6.25 MG, Keppra 500 MG, Metformin 850 MG, Potassium Chloride ER 20 MEQ, Quetiapine 50 MG, Hydralazine 50 MG, and Lorazepam 1 MG not documented as administered 10+ times from August 1- August 25, 2025. A review of R8's current Medication Administration Record, dated August 2025, includes the following medications Apiprazole 20 MG, Aspirin 81 MG, Lactobacillus, Buprenorphine Transdermal 10 MCG/HR patch, Depakote 250 MG, Effexor 75 MG, Fenofibrate 160 MG, Folic Acid 1 MG, Insulin Lispro, Lantus Solostar Insulin, Levothyroxine 25 MCG, Omeprazole 40 MG, Ascorbic Acid 500 MG, Depakote 500 MG, Ipratropium- Albuterol Solution, Tolterodine 2 MG, Gabapentin 300 MG, Midodrine 5 MG not documented as administered 10+ times from August 1- August 25, 2025. A review of R13's current Medication Administration Record, dated August 2025 includes the following medications Atorvastatin, Benztropine 1 MG, Duloxetine 40 MG, Fenofibrate 160 MG, Ferrous Sulfate 325 MG, Paliperidone Palmitate 234 MG, Loratadine 10 MG, Memantine 5 MG, Norvasc 2.5 MG, Tamsulosin 0.4 MG, Vitamin B Complex, Albuterol Sulfate Aerosol Solution 108 MCG/ACT, Cyclobenzaprine 10 MG, Docusate Sodium 100 MG, Famotidine 20 MG, Ibuprofen 600 MG, Symbicort Inhalation 160-4.5 MCG/ACT, Gabapentin 600 MG, Tramadol 50 MG and Levsin 0.125 MG not documented as administered 7+ times from August 1- August 25, 2025. A review of R15's Medication Administration Record, dated August 2025 includes the following medications Amlodipine 5 MG, Escitalopram 10 MG, Melatonin 5 MG, Olanzapine 10 MG, Pantoprazole 40 MG, Valacyclovir 500 MG, Vitamin C 500 MG, Risperdal 2 MG, Keflex 500 MG and Tums 500 MG, not documented as administered 10+ times from August 1- August 25, 2025. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of R18's Medication Administration Record, dated August 2025 includes the following medications Aripiprazole 2 MG, Escitalopram 20 MG, Ingrezza 40 MG, Levothyroxine 150 MCG, Insulin Glargine, Trazadone 25 MG, Vitamin B Complex, Benztropine Mesylate 2 MG, Lacosamide 100 MG, Lamictal 100 MG, Metformin 500 MG, Tramadol 50 MG and Insulin Aspart not documented as administered 5+ times from August 1- August 25, 2025. A review of R61's Medication Administration Record, dated August 2025 includes the following medications Anoro Ellipta Inhalation Aerosol 62.5- 25 MG/ACT, Vitamin C Complex, Duloxetine 30 MG, Flomax 0.4 MG, Lamotrigine 125 MG, Melatonin 15 MG, Mirtazapine 15 MG, Multiple Vitamin, Omeprazole 20 MG, Quetiapine 650 MG, Trazadone 100 MG, Clonazepam 0,5 MG, Metformin 850 MG, Symbicort Inhalation 160-4.5 MCG/ACT, Tylenol with Codeine 30 MG, Ipratropium ibuterol Solution 20-100 MCG/ACT and Carafate 1 GM (gram) not documented as administered 8+ times from August 1- August 25, 2025. A review of R89's Medication Administration Record, dated August 2025 includes the following medications Vitamin B Complex, Benztropine 1 MG, Cetirizine 10 MG, Clonazepam 0.5 MG, Desmopressin Acetate Nasal Spray, Escitalopram 20 MG, Flonase Suspension 50 MCG/ACT, Lithium Carbonate 600 MG, Melatonin 10 MG, Montelukast 10 MG, Guaifenesin 400 MG, Multivitamin Tablet, Oxybutynin 5 MG, Paliperidone 9 MG, MiraLAX Powder, Trazadone 150 MG, Wellbutrin 150 MG, Albuterol Sulfate Solution 108 MCG/ACT, Docusate Sodium 250 MG, Fish Oil Capsule 1000 MG, Cephalexin 500 MG, Gabapentin 400 MG and Tylenol with Codeine 30 MG not documented as administered 10+ times from August 1- August 25, 2025. On 8/28/25 at 10:20 A.M., V2/Director of Nurses verified the missing staff documentation of the medications for R4, R6, R8, R13, R15, R18, R61 and R89. At that time, V2 stated she doesn't have enough staff, so therefore the staff aren't able to document medications administered. R3's Face Sheet dated 8/28/2025 documents, R3 has a diagnosis of Type 2 Diabetes Mellitus without complications. R3's Physician Orders dated 8/28/2025 documents, Humulin R Injection Solution (Insulin Regular) Inject 5 units subcutaneously with meals, and Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 74 units subcutaneously two times a day. R3's MAR (Medication Administration Record) dated August 1st-August 27th, 2025, documents Humulin R was not given on August 7th, 8th, 10th, 15th, 23rd, and 24th, and Lantus Solostar was not given on August 7th, 8th, 10th, 15th, 23rd, and 24th. On 8/27/2025 at 9:45 AM, V23 (Registered Nurse) stated I was (R3) nurse that weekend and I do not know why I did not record giving Humulin R, and Lantus SoloStar that weekend. On 8/28/2025 at 9:20 AM, V2 (Director of Nursing) confirmed R3 did not have his Humulin R, and Lantus SoloStar recorded as given on the August 7th, 8th, 10th, 15th, 23rd, and 24th 2025.

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on interview, observation, and record review, the facility failed to provide physician ordered treatments to one of one resident (R108) reviewed for skin conditions in the sample of 40. Findings include: On 8/25/25 at 10:41 AM, R108 had multiple round, red, raised, and flaky areas scattered throughout his bilateral upper and lower extremities. R108 stated the areas are psoriasis and eczema. R108 also stated the areas have gotten worse recently. R108's care plan, dated 8/14/25, documents R108 has psoriasis on his body and interventions to apply Nystatin powder to abdominal folds as ordered and triamcinolone as ordered. R108's physician's order, dated 8/26/25, documents R108 has the following orders: triamcinolone acetonide external cream 0.1 % apply to R108's affected area topically two times a day every Monday, Tuesday, Wednesday, Thursday, Friday for diagnosis of psoriasis ordered 8/22/25; antifungal powder apply to R108's abdominal fold topically three times a day for excoriation ordered 7/5/23. R108's MAR (Medication Administration Record), dated August 2025 documents as of 8/26/25 R108's triamcinolone cream has not been administered since being ordered on 8/22/25. The MAR also has no documentation of R108 receiving R108's physician ordered antifungal powder 50 out of 73 scheduled opportunities. On 8/27/25 at 10:42 AM, V9 (Registered Nurse) confirmed the blank areas on R108's MAR indicates R108's triamcinolone cream and antifungal powder were not administered as ordered. On 08/27/2025 at 1:13 PM, V2 (Director of Nursing) verified R108's triamcinolone cream and antifungal powder not documented on the MAR indicate they were not given as ordered.

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Sharon Health Care Pines	3614 North Rochelle Peoria, IL 61604

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility failed to give medications as ordered by the physician to three residents (R4, R8 and R18) of eleven residents reviewed for medication pass. This failure resulted in three errors out of twenty-five opportunities for a 12% medication error rate.FINDINGS INCLUDE:The (undated) facility policy, Medication Administration directs staff, Follow the seven rights- right patient, right medication, right dose, right time, right route, right documentation and right to be informed. Medication Preparation: Follow special directions: Shake Well, Do Not Crush, etc. Medication Errors: Manufacturer specifications/Professional Standards: Failure to Shake Well. Inhalers should be given with 1 minute between puffs of the same med and 5 minutes between puffs of different medications. Metered dose inhalers should be shaken well, and resident instructed on correct technique. 1. R4's current Physician Order Sheet, dated [DATE] includes the following medication: Albuterol Sulfate Inhalation Aerosol Solution MCG (Micrograms)/ACT (Actuation) 2 puffs inhale orally four times a day for Asthma. Shake well before administration and rinse mouth and spit afterwards.On [DATE] at 12:11 P.M., V4/Licensed Practical Nurse (LPN) handed R4 an Albuterol inhaler without shaking to mix the active ingredients, stood by while R4 inhaled 2 puffs then placed the inhaler in the medication cart without instructing R4 to rinse her mouth and spit afterwards. At that time V4/LPN verified R4's inhaler included instructions to shake before use and to rinse and spit afterwards. 2. R8's current Physician Order Sheet, dated [DATE] includes the following medications: Insulin Lispro 100 Unit/ML (Milliliter) Inject as per sliding scale: 70-139= 0; 140-163= 2; 164-187= 4; 188-211= 6; 212-235= 8; 236-259= 10; 260-283= 12; 284-307= 14; 308-331= 16; 332-355= 18; 356+ give 20 Units and call MD (Medical Doctor) subcutaneously for Diabetes Mellitus.On [DATE] 8:51 A.M., V4/Licensed Practical Nurse (LPN) performed a blood glucose test for R8 with R8's blood glucose test result of 389. V4/LPN then administered 18 units of Lispro Insulin in R8's abdomen. At that time, V4/LPN confirmed she should have administered 20 units of insulin.3. R18's current Physician Order Sheet, dated [DATE] includes the following medications: Insulin Aspart Solution 100 Unit/ML (Milliliter) Inject 6 units subcutaneously three times a day due to Diabetes Mellitus and Insulin Aspart per sliding scale: if 71-200 = 5 units; 201-260= 6 units; 251-300 = 7 units; 301-350 = 8 units; 351- 400 = 9 units; 401- 450 = 10 units; 451+ give 11 units and notify provider.On [DATE] at 12:15 P.M., V5/Registered Nurse (RN) performed a blood glucose test for R18 with a result of 348. V5/RN administered 14 units of Aspart Insulin into R18's left upper arm. At that time, V5/RN confirmed the bottle of Aspart Insulin had expired on [DATE].

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Sharon Health Care Pines	3614 North Rochelle Peoria, IL 61604

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to date an opened bottle of insulin for two of two residents (R8 and R101) reviewed for insulin administration, in a sample of 40.FINDINGS INCLUDE:R8's current Physician Order Sheet, dated August 2025 includes the following medications: Insulin Lispro 100 Unit/ML (Milliliter) Inject as per sliding scale.On 8/25/2025 8:51 A.M., V4/Licensed Practical Nurse (LPN) prepared to administer insulin for R8. V4/LPN withdrew 18 units of insulin from an opened, undated insulin bottle and administered it to R8 in her abdomen. At that time, V4/LPN verified the opened, undated insulin and stated she didn't know what date the insulin bottle was first accessed.R101's current Physician Order Sheet, dated August 2025 includes the following medications: Insulin Lispro 100 Unit/ML inject as per sliding scale.On 8/25/2025 8:51 A.M., V5/Registered Nurse (RN) prepared to administer insulin for R101. V5/RN withdrew 2 units of insulin from an opened, undated insulin bottle and administered it to R101 in the left arm. At that time, V5/RN verified the opened, undated insulin and stated she didn't know what date the insulin bottle was first accessed.On 8/27/25 at 8:34 A.M, V2/Director of Nurses stated the facility policy was to date insulin bottles when first accessed for a period of 28 days. At which time the remaining insulin should be disposed of.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on interview and record review the facility failed to maintain an accurate medical record by documenting physician- ordered blood glucose testing for one of four residents (R101), reviewed for blood glucose monitoring, in a sample of 40.FINDINGS INCLUDE:R101's current Physician Order Sheet, dated August 2025 includes the following medications: Insulin Lispro 100 Unit/ML inject as per sliding scale, from blood glucose monitoring before each meal for Diabetes Mellitus.On 8/25/25 a review of R101's current Medication Administration Record, dated August 1- August 25, 2025, documents facility staff failed to document R101's fingerstick blood glucose result on August 6, 8, 10, 15, 17, 20, 21, 22, 23 and 24, 2025.On 8/27/2025 at 8:40 A.M., V2/Director of Nurses confirmed R101's current physician order for fingerstick blood glucose monitoring twice daily. At that time, V2 stated staff were to perform the testing and record the results in R101's medical record, for R101's physician to monitor R101's blood sugar levels.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review facility staff failed to disinfect a shared blood glucose monitoring machine after use for two of two residents (R8 and R103) reviewed for blood glucose monitoring, in a sample of 40. FINDINGS INCLUDE:The facility policy, Glucometer Cleaning Policy and Procedure, dated 6/5/25 directs staff, This procedure should be done as needed, but is expected to be performed after each use of the equipment. Open (disinfectant) packet, removed pre-moistened towelette, wipe desired surface to be disinfected, allow a 5-minute dry time.R8's current Physician Order Sheet, dated August 2025 includes the following physician's orders: Blood Glucose Monitoring three times daily.R103's current Physician Order Sheet, dated August 2025 includes the following physician's orders: Blood Glucose Monitoring three times daily.On 8/25/2025 at 11:52 A.M., V4\/Licensed Practical Nurse (LPN) performed a blood glucose finger stick on R8. After V4/LPN completed the finger stick blood glucose testing, V4 cleansed the glucometer with an alcohol pad and immediately placed the machine in the top drawer of the medication cart.On 8/25/2025 at 11:59 A.M., V4\/Licensed Practical Nurse (LPN) performed a blood glucose finger stick on R103 utilizing the same glucometer that was used to conduct R8's blood glucose testing. After V4/LPN completed the finger stick blood glucose testing, V4 cleansed the glucometer with an alcohol pad and immediately placed the machine in the top drawer of the medication cart.On 8/27/2025 at 11:34 A.M., V2/Director of Nurses confirmed that the facility shared glucometer machines were to be disinfected with a disinfecting wipe after each use, not an alcohol wipe.