

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Sharon Health Care Willows		STREET ADDRESS, CITY, STATE, ZIP CODE 3520 North Rochelle Peoria, IL 61604	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>32061</p> <p>Based on interview and record review, the facility failed to protect a resident from physical abuse by another resident, for two of three residents (R1 and R4), reviewed for abuse, in a sample of eight.</p> <p>FINDINGS INCLUDE:</p> <p>1. The (facility) Incident Investigation Report, dated 5/23/24 and completed by V3/Licensed Practical Nurse (LPN) documents, (R4) was yelling at (R3) in a wheelchair and approached (R3) while out on the patio area. (R3) kicked (R4), causing (R4) to lose his balance and fall unto (R4's) buttocks. Witnesses stated (R4) did not hit (R4's) head upon falling.</p> <p>The (facility) Witness Statements for R5, R6, R7 and R8, dated 5/23/24 and attached to the Incident Report between R3 and R4 all document that (R4) was yelling at (R3) and approached (R3) at which time (R3) kicked (R4) who fell to the ground.</p> <p>On 7/1/24 at 11:10 A.M., V1/Administrator confirmed the physical altercation between R3 and R4 resulted in R3 kicking R4, who fell to the ground.</p> <p>2.) The Facility Incident Investigation Report, dated 6/12/2024, documents the following: On 6/5/24 at 7:10AM on south unit, (R1) approached (R2), picked (R2) up from sitting in a chair and pushed (R2) to the ground. (R2) complained of pain in his hands. Residents were separated and counseled by V9/PRSA (Psych Rehab Service Assistant). V10/Police were notified. V10/Police Officer and staff spoke to residents involved. (R1) told (R2) to turn around When (R2) was looking at him. (R2) asked, why, and (R1) lifted (R2) from the chair and pushed him to the ground. (R1) has a diagnosis of Schizophrenia, Bipolar Type.</p> <p>R1's Progress Notes, dated 6/5/2024 at 7:10AM documents, (R1) was in the dining room. (R1) stated, he approached (R2) and grabbed (R2) by the jacket and threw (R2) to the floor. Residents Immediately separated. When (R1) was asked about the events that occurred (R1) ambulated to his room and refused to tell any events. No apparent injuries. No witnesses noted.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Progress Notes, dated 6/5/2024 at 7:10AM documents, (R2) stated, (R1) approached him as he sat in the dining room chair, grabbed (R2) jacket and threw (R2) to the floor. (R2) got himself up from the floor and reported incident. Both residents were immediately separated. Head to toe assessment done with no injuries noted. No complaints of pain voiced. Called V10/Police and awaiting arrival.</p> <p>On 7/1/2024 at 9:35AM V1/Administrator stated, After I did the investigation on this altercation, I learned that (R2) was sitting in a chair in the dining room and (R1) with a diagnosis of Schizophrenia felt that (R2) was staring at him. (R2) was asked to turn around by (R1). (R1) then went over to where (R2) was sitting and grabbed his jacket and pushed him to the floor. There were no injuries noted. V10/Police were called. There are times that (R1) is delusional. It is possible that (R1) was thinking that (R2) was staring at him for some reason and did not like it.</p> <p>The facility policy, Abuse Prevention Program, (updated 6/3/24) directs staff, This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, corporal punishment and involuntary seclusion. This facility is committed to protecting our residents from abuse by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment.</p>		