

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 11/27/2024
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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38805</p> <p>Based on interview and record review, the facility failed to ensure resident to resident physical abuse did not occur for two residents (R2, R3) reviewed for abuse in a sample of four. This failure resulted in R2 being transported to the Emergency Department; and R2 sustaining a nasal fracture.</p> <p>Findings include:</p> <p>R2's diagnoses include Dementia, Psychotic Disturbance, Mood Disturbance, Anxiety, Bipolar Disorder, Major Depressive Disorder.</p> <p>R2's Minimum Data Set/MDS assessment dated [DATE] documents R2 as cognitively intact.</p> <p>R2's current Care Plan documents, (R2) has had verbal aggression that has escalated to physical threats of aggression towards staff and peers.</p> <p>R3's diagnoses include Schizoaffective Disorder Bipolar Type.</p> <p>R3's Minimum Data Set/MDS dated [DATE] documents R3 as cognitively intact.</p> <p>R3's current Care Plan documents: (R3) may be physically aggressive with peers at times.</p> <p>The facility's Initial and Final Reports to (State Agency) for R2 and R3 document, Incident Description: On 11/8/24, (R2 and R3) were noted on the ground on the outside patio engaged in a physical altercation with one another. (R2) sustained injuries to his hand, nose, and back of head. (R3) had no visible injuries.</p> <p>The facility's Information Report Dated 11/8/24 documents V6 Certified Nursing Assistant/CNA stated that R8 said fight and she ran out to the patio. V6 stated that R3 was on top of R2 hitting R2 in the face with a closed fist; and V6 stated that she got R3 up. V6 then stated that she did not know what started the fight.</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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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Information Report Dated 11/8/24 also documents, (V2 Assistant Director of Nursing/ADON) was alerted to the facility's South smoking patio by the staff; and once outside, (R2) was noted on his hands and knees calling for help. R2 was assisted up by staff and (V2) assessed (R2) and noted a 0.5 centimeter/cm laceration across the bridge of (R2's) nose and a 1.0 cm laceration to the back/center of his head. Orders were given for (R2) to be sent to the hospital for further evaluation. Police were contacted and gave (R3) a choice of going to jail or the hospital. (R3) was resistive to both, so the police took him to jail.</p> <p>The facility's Information Report Dated 11/8/24 documents: (R2) said (R3) pushed (R2) and just started hitting (R2) to the ground. (R2) didn't know why.</p> <p>R2's Hospital Notes Dated 11/8/24 documents: Diagnoses, Closed fracture of nasal bone, initial encounter; Assault.</p> <p>On 11/26/24 at 2:05pm, R2 stated that he was sent to the Emergency Department at the local hospital after the 11/8/24 incident with R3 and arrived back at the facility the same day. R2 stated that the hospital staff said he had a broken nose, and it still hurts. At this same time, R2 stated: He's (R3) a troublemaker; I am glad he's gone.</p> <p>On 11/27/24 at 10:30am, V6 Certified Nursing Assistant/CNA stated that on 11/8/24 she was sitting at the nursing station; stated that (R8) was near the patio door and shouted fight. V6 stated that R2 and R3 were on the ground in a physical altercation. V6 stated V6 immediately went to intervene between R2 and R3, separating the two residents.</p> <p>On 11/27/24 at 9:55am, V1 Administrator verified the physical altercation on 11/8/24 between R2 and R3. V1 stated the local police were notified and R3 was arrested.</p> <p>The Facility's Abuse Prevention Program Policy Dated 6/3/24, documents: 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.</p>		