

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 11/25/2025
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)		
F 0602 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on interview and record review, the Facility failed to establish procedures to purchase Resident personal items and prevent staff from the unauthorized use/theft of a Resident's debit card, without the Resident's permission, for one of four Residents (R2) reviewed for Misappropriation of Resident property in a sample of four. This failure resulted fraudulent charges on R2's personal financial debit card account causing R2 mental distress. Findings include: The Facility Abuse Prevention Program Policy, updated 6/5/25, documents: this Facility affirms the right of our Residents to be free from abuse and misappropriation of resident property; prohibits mistreatment and abuse; has attempted to establish a secure environment; the Facility is doing all that is within its control to prevent occurrences of mistreatment and abuse of our Residents; pre-employment screening and orienting and training employees; establish an environment that promotes Resident security and prevention of mistreatment; is committed to protecting our Residents from abuse by anyone including but not limited to Facility staff; Misappropriation of Resident property is the deliberate misplacement, exploitation, wrongful/temporary/permanent use of a Resident's belongings or money without the Resident's consent; supervisors will monitor the ability of the staff to meet the needs of Residents; mistreatment or misappropriation of Resident property will be handled through counseling, training or the Facility's progressive discipline policy; and employees of this Facility who have been accused of abuse or misappropriation of Resident property will be removed from Resident contact immediately until the results of the investigation have been reviewed by the Administrator. The Facility Resident Rights Policy, undated, documents the Facility: must provide services to keep your mental health and sense of satisfaction; must not be abused by anyone, financially; must make reasonable arrangements to meet your needs and choices; and the Facility may not become your money manager without your permission. The Facility Activity Director Position Description, undated, documents: escorts Residents to and from special activity areas, to include off campus trips and assists in providing for the personal needs while participating in all aspects of the activity program; and performs other duties as special circumstances demand. V7's (Police Officer) Police Report, dated 9/10/25, documents R2 gave V3 (Activity Director) R2's personal debit card to purchase tobacco products. V3 purchased the incorrect flavor of tobacco and R2 asked V3 to purchase the correct flavor. V3 did not return with R2's debit card and R2 did not see V3 until days later Monday morning (9/8/25), wherein V3 told R2 that the debit card had been lost. The investigation is ongoing. Attempts to contact V7 were unsuccessful. V3's (Activity Director) Personnel File documents a date of hire as 7/20/23, for a Certified Nursing Assistant/CNA position. The Personnel File also documents V3 successfully completed the Activity Director Course on 5/13/25 and assumed the role of the Activity Director. V3's Orientation Information Form, dated 7.20.23, documents V3 received: Code of Contact; Employee Handbook; General Guidelines; Abuse Prevention Policy; and Resident Rights Policy. V3's Core Values Policy, dated and signed by V3 on 10/5/23, documents: provide high quality health care, honesty and integrity; employees Code of Professional Conduct and Work Ethics to foster, maintain, enhance trust, confidence and a culture of safety; provides guidance on how and in which manner should the conduct of the employee be when they are performing work on behalf of the Facility; ethical obligations defined as rules of conduct that are used (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 0602 Level of Harm - Actual harm Residents Affected - Few	in regard to behaving correctly and morally in a particular group situation; comply with all applicable laws and regulations; and fraud or the intent to steal, deceive or lie in most cases is criminal and some examples of fraud are misappropriating assets or misusing Facility property and unauthorized handling or reporting of transactions.V3's Receipt/Acknowledgement Form, dated 7/2/25, documents V3 received the Employee Handbook.V3's Personnel File documents V3's Employee Report, dated 9/8/25, as self-discharge from employment after V3 sent a message to V1 (Administrator/ADM) that V3 needed a leave of absence with no advance notice. V1 attempted to contact V3 after the text message and V3 did not respond. V3 took all personal items and left the Facility key, therefore interpreted as self-termination from employment.R2's Contract Between Resident and Facility, dated 7/1/22, documents, Facility Standards are defined as the Rules and Regulations of the local State Agency, applicable Federal Rules and Regulation and the local State Department of Human Services and the Department of Healthcare and Family Services; the Facility shall offer personal care and activities as identified in the Resident's Plan of Care. R2's Facility's local State Agency Final Report/Report, dated 9/17/25, documents on 9/10/25 at approximately 4:00 pm, R2 inquired as to V3's (Activity Director) location. R2 stated that R2 had given R2's debit card to V3 a few weeks prior to do some shopping and to pay R2's court fine. V3 told R2 that V3 lost the debit card and was getting R2 a replacement card. V3 told R2 that V3 paid for R2's court fine and cigarettes with V3's own money until R2 received the new card. On 9/10/25, V15 (Social Service) assisted R2 with checking on the status of the new card and at that time they were informed that a new card had not been requested, and that at that time R2's debit card balance was \$2.20.R2's Report also documents that initially when V3 (Activity Director) purchased tobacco products for R2, V3 purchased a menthol flavor and V3 wanted regular tobacco. V3 then left again with R2's debit card to purchase the correct tobacco and during this time V3 took the debit card home, over the weekend, and the debit card was allegedly lost while in V3's possession. At that time, V3 told R2 that V3 ordered a new debit card.R2's Report also documents R2's balance in August 2025, was around \$2600.00. R2 stated V5 (R2's Daughter) purchased food and miscellaneous items prior for R2. The local Police Department was notified and initiated an investigation. On 9/10/25, V1 (Administrator/ADM) attempted to contact V3 (Activity Director) and V3 did not answer or return phone calls. On 9/8/25, V1 (ADM) received a cellular text message from V3 stating V3 needed to take two months off suddenly. V3 had cleared out V3's office and returned V3's work keys, and V3 was terminated. R2's Debit Card Statement, dated 6/2025, documents an ending balance of \$967.00 and no transactions.R2's Debit Card Statement, dated 7/2025, documents an ending balance of \$1,934.00 and one transaction for a deposit of \$967.00.R2's Debit Card Statement, dated 8/2025, documents a starting balance of \$1,924.00 and an ending balance of \$2.92. The Statement documents: 8/8/25, four (local bank) transactions totaling \$1012.95; 8/9/25 totaling \$61.85 for food purchase (local restaurant) and \$89.60 for tobacco; 8/9/25 for tobacco totaling \$30.15; 8/11/25, four automated teller machine/ATM transactions totaling \$348.20; 8/12/25 for tobacco totaling \$120.23; 8/13/25 (local bank) transactions \$204.60; 8/13/25 14 transactions to a local video gaming facility totaling \$906.88; 8/14/25 online shopping website totaling \$15.23; 8/29/25 seven transactions to a (local video gaming facility) totaling \$874.51; 8/29/25 transaction for (local clothing store) totaling \$177.80; and 8/29/25 transaction for cash purchase at (local gas station) totaling \$20.00.R2's Debit Card Statement, dated 9/2025, documents a starting balance of \$2.92 and an ending balance of -\$1.08.R2's Face Sheet, dated 11/25/25, documents diagnoses including Antisocial Personality Disorder, Schizoaffective Disorder and Post-Traumatic Stress Disorder. On 11/22/25 at 12:34 pm, V6 (R2's friend) stated, (R2) lived with me for two and a half years and I speak with him still. (V3) told me that something happened to his debit card, and he thinks it was (V3) because the money has been missing since he gave it to her.On 11/25/25 at 10:57 am, V14 (R2's friend and insurance company) stated, I used to work at the Facility as a Registered Nurse and I still go and visit. When I talked to (R2) on 9/18/25 at the Facility, (R2) told me about (R2's) debit card getting lost and about all the money (R2) lost. (R2) told me that a few (continued on next page)		

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F 0602 Level of Harm - Actual harm Residents Affected - Few	weeks prior, (V3) took his debit card to buy him some cigarettes and ended up taking the card home and apparently losing the card, which is questionable. Right around that time (R2's) account was drained and all these charges for gambling and extra stuff showed up on (R2's) statement. When I worked at that Facility, most of the Residents have psychological needs and are clueless to the financial aspect of their needs, so the staff usually do their shopping for them. There was never a process for taking Resident's money and shopping for them. Some Residents would also use cash and employees would go shop with their cash. On 11/25/25 at 9:44 am, V12 (Office of Attorney General Medicaid Fraud Control Unit) stated, We have a current investigation for (R2) over the debit card transactions. I am still investigating these charges and waiting for further documentation. On 11/25/25 at 8:45 am, V3 (Activity Director) stated, Part of my job duties was to shop for the Resident, I had to shop for many of the Residents tobacco and stuff. I did take (R2's) debit card and I misplaced it over the weekend when I was moving. I do not remember when all this happened, but I think it was a couple weeks before my last day on 9/8/25. On 9/8/25, I had to take a leave of absence for personal issues, and I no longer work there. On 11/22/25 at 9:09 am, R2 stated, I have an active police investigation because a couple months ago, I gave my debit card to (V3) because (V3) was buying my tobacco for me. I really think that (V3) spent my money on that card. There are charges for liquor stores and gambling places. (V3) bought me the wrong kind of tobacco, so (V3) told me that (V3) would just keep the card and go after work and get me the right kind of tobacco, but (V3) ended up taking my debit card home over the weekend and lost it. (V3) told me that (V3) was moving that weekend and does not know where it got lost at. (V3) did not help me get a new card issued, someone else helped after I never got the first one. I had around \$2600.00 on that card and after a month it was in the negative. I filed a police report on Wednesday 9/10/25 and (V3) quit shortly after that. My card was never found, but I did get a new card finally. It was so wrong that I could not trust (V3) and it has been a real pain and has caused me many problems. I just want my money back. On 11/23/25, V1 (Administrator) stated, (R2) does not have a community pass and normally does not leave the Facility, so usually (V3) would go shopping for (R2's) tobacco products. A week or so before (V3's) last day (9/8/25), (V3) took (R2's) debit card home over a weekend and lost the debit card. We requested a copy of the debit card statements and there were multiple charges for gambling establishments, clothing, and other business. The police were notified, and the investigation is still ongoing. We have had a hard time getting ahold of (V3) and (V3) is not returning my phone calls. We do not have a safe process in place for our employees to do personal shopping for our Residents. It is probably not a good idea that an employee take cash or a debit card from the Residents.		