

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 02/09/2026
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>Based on observation, interview, and record review, the facility failed to prevent physical and sexual abuse for two of five residents (R4 and R6) reviewed for abuse in a sample of seven. 1.On 2/6/26 at 11:00am, R4 stated that she was slapped in the face in the dining room but was unable to give any specific details. At 12:45pm, R4 propelled herself by the nurses' station and stated, He (R7) grabbed my breast in the dining room. (R7) then walked behind R4 and said, Let's go, baby while attempting to kiss the top of her head. R4 yelled at him, and the staff intervened. The facility's Incident Investigation Report, dated 2/6/26, documents that R4 reported that a peer (R7) touched her breast and lower side without her consent. (R4) and (R7) were immediately separated. V9's, Certified Nursing Assistant, statement, dated 2/6/26, documents that she heard R4 yell stop touching me. V9 observed (R7) touching (R4) on her breast and lower back. V9 approached the two, and (R7) walked away. V9 stayed with (R4) to ensure her safety and reported the incident. R4's current care plan documents that R4 has the potential to be verbally and physically aggressive related to Schizophrenia disorder and Bipolar. R7's current care plan documents that R7 has a history of inappropriate sexual behavior, initiated 1/2/23. On 2/9/26 at 12:30pm, V9 verified that she seen R7 touch R4's breast, and he was rubbing her back and sides. V9 stated that he could not hear what he was saying to her. 2.The facility's Incident Investigation Report, dated 1/27/26, documents that at 1:10pm, (R3) hit (R4) on the mouth with an open hand. R3 and R4 were immediately separated. This form documents that (R3) admitted to hitting (R4) because she is always saying Nobody is holy. V4's, Registered Nurse, statement, dated 1/27/26, documented that she heard V4 yell, He hit me. Staff intervened and separated the two. R3's current care plan documents that R3 has a criminal history, including domestic battery, aggravated battery, and battery. R3's interventions are for R3 to search out social services to vent feelings. This form also documents for staff to monitor and redirect R3 from peers with whom he had a conflict. 3.The facility's Incident Investigation Report, dated 12/29/25, documents that at 9:16am in the south dining room, R5 hit R6 in the mouth with a closed fist. The two were separated. V10, Registered Nurse, statement, dated 12/29/26, documents that (R5) hit (R6) in the mouth, (R5) had punched her (R6). This form documents that upon assessment, R6 was noted to have a laceration and swelling to her lip. R5 did not have any injuries. On 2/9/26 at 9:15am, R6 was observed propelling herself around the south dining room. R6 did not display any signs of adverse behaviors. R6 was cooperative with V8, Licensed Practical Nurse, during medication pass. R5 was in her room, yelling out. At 9:40am R5 was in the main dining room, yelling out staff and residents in the area. R5's current care plan documents that R5 has daily behaviors of yelling out in her room and common areas due to hallucinations related to schizoaffective disorder. R5 may be physically aggressive at times and can be resistant to redirection and refuse any medical intervention.On 2/9/26 at 9:15am, V8, Licensed Practical Nurse, stated that R5 has been on one-on-ones since the incident with R6. V8 stated that R5 is very delusional and will yell and hit anyone who is around her. V8 verified that R5 has to be kept away from other residents while in common areas. On 2/9/26 at 1:00pm, V2, Director of Nursing, stated that R7 is going to be moved to the other side of the building for closer monitoring. V2 also stated that R5 has been under one-on-one supervision since the (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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>incident with R6. The facility's Abuse Prevention Program Facility Policy, updated 8/1/22, documents that the facility affirms the right of our residents to be free from abuse, neglect, exploitation, and misappropriation of resident property, corporal punishment, and involuntary seclusion. This form documents that abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm. This form also documents that physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. Sexual abuse is non-consensual contact of any type with a resident.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to notify the local police of allegations of physical and sexual abuse for two of five residents (R4 and R6) reviewed for reporting abuse in a sample of seven. The facility's Incident Report, dated 12/29/25, documents that at 9:15am, (R5) hit (R6) with a closed fist to her face. (R6) sustained a cut on her lip. This form documents that the police were not notified of the physical altercation between R5 and R6. The facility's Incident Report, dated 1/27/26, documents that at 1:10pm, in the North dining room, (R3) hit (R4) in the mouth with an open hand. (R4) alerted staff who separated the two. (R3) admitted to hitting (R4) because she said nobody's holy. This form documents that the police were not notified of the the physicall altercation between R3 and R4. The facility's Incident/Accident Report, dated 2/6/26, documents that (R4) stated that a peer (R7) touched her breast and lower side without her consent. This form has no documentation that the local police were notified of the unwanted touching. On 2/9/26 at 10:30am, V1, Administrator, verified that the police are not notified of any physical or sexual incidents unless there is a serious injury.</p>