STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sharon Health Care Willows	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to prevent resident-to-resident physical abuse for one of three residents (R1) reviewed for abuse in a sample of three. Findings include: R1's current electronic diagnoses sheet includes DiGeorge Syndrome (genetic disorder), Schizoaffective disorder, Major Depression, Anxiety, and Epilepsy. R1's Progress Notes, dated 2/19/26, state that a male peer open hand hit R1 on the left side of her face in the dining room. R1's current care plan documents that R1 is noted with hearing loss. This form also documents that (R1) has DiGeorge Syndrome, causing intellectual and cognitive deficiencies. R2's current electronic diagnoses sheet includes Antisocial Personality and Schizoaffective Disorder, and Post-Traumatic Stress Disorder. R2's current care plan documents a history of battery. This form also documents that R2 can be physically aggressive and cause damage to property due to poor impulse control from schizophrenia and antisocial personality disorder. R2's Progress Notes, dated 2/19/26, documents that this resident (R2) struck another resident (R1). The facility's FRI (facility reported incident) Final Report, dated 2/19/26 at 12:25pm, documents that in the North Dining Room, (R2) hit (R1) on the left side of her face with a closed fist. Residents were immediately separated and counseled. (R1) was assessed and no injuries or complaints of pain noted. (R1) had (R2's) cup and (R2) tried to grab it away from (R1), (R1) is hard of hearing, and they both pulled at the cup, (R2) then hit (R1). (R2) was arrested and cited a ticket with a notice to appear in court. The facility's Incident/Accident Report, dated 2/19/26, documents that R1 stated that She (R1) snatched my cup! I took it from her, she yanked it out of my hand, then I punched her with a closed fist just once in her face. (R1) stated that it was her cup and asked for it back, then (R2) hit her when she was trying to get it back. On 4/8/26 at 2:00pm, V5, Certified Nursing Assistant, stated that she had seen R1 pick up R2's cup, then R2 punched R1 in the face twice. V5 stated that she separated the two, then told the nurse. On 4/8/26 at 2:10pm, V7, Certified Nursing Assistant, stated that R2 took his cup back from R1, then R1 grabbed the cup, and R2 punched her in the face. The facility's Abuse Prevention Program Facility Policy, updated 6/5/25, documents that the facility affirms the right of our residents to be free from abuse, neglect, exploitation, 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. This form also documents physical abuse, including hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.

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