FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ COMPLETED IL6007306 B. WING 08/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3611 NORTH ROCHELLE** SHARON HEALTH CARE ELMS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident Investigation -IL136405 of 7/27/21 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)3) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Illinois Department of Public Health

6)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

All necessary precautions shall be taken

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6007306 B. WING 08/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3611 NORTH ROCHELLE** SHARON HEALTH CARE ELMS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not meet as evidenced by: Based on observation, interview and record review, the facility failed to provide supervision for a resident identified as a high risk for falls and implement and follow fall interventions for two residents of (R5, R43) of four reviewed for falls in a sample of 35. This failure resulted in R43 experiencing an unwitnessed fall, subsequently sustaining a Subarachnoid hemorrhage and a well-circumscribed compression deformity of the anterior superior C7 vertebral endplate requiring hospitalization. Findings include: The facility's Smoking Safety Policy and Procedure, revised 7/18/19, documents that Supervised individuals have demonstrated that they are incapable or unwilling to use tobacco products safely, and/or have had significant or repeated violations of the rules/regulations concerning tobacco use. These individuals will be given 1 cigarette at a time during the designated smoke time. Smoking times for supervised smokers are: 9:30am, 11:00am, 1:30pm, 3:00pm, 5:00pm, 7:00pm and 8:30pm. These residents may obtain tobacco products from activities on an as needed basis provided there is a staff member available to supervise the individual. During the spring and summer months, independent smokers are allowed to go outside at any time during the day. The door to the patio area will be

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6007306 B. WING\_ 08/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SHARON HEALTH CARE ELMS 3611 NORTH ROCHELLE PEORIA, IL 61604 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 left unlocked until 10:30pm. If residents want to go outside to smoke after 10:30pm a staff member will unlock and supervise the door. Supervised smokers will only be allowed to go outside and smoke when staff is available to go outside and sit with them. The facility's supervised smoking times are 9:30am, 11:00am, 1:30pm, 3:00pm, 5:00pm, 7:00pm, and 8:30pm. The facility's Fall Policy and Procedure, revised 1/2/19. documents that the resident is not to be moved until the Nurse has had the opportunity to assess the resident 1. R43's Fall Risk Evaluation, dated 6/22/21 documents that R43 is at risk for falls with a score of 20. R43's Smoking-Safety Screen dated 3/23/21, documents that (R43) requires supervision while smoking due to her impaired safety awareness. R43's current Care Plan documents that R43 is a smoker. This form documents that R43 will be on supervised smoking for staff supervision. The Care Plan documents R43's intervention include staff to monitor (R43) while smoking to ensure she does not receive injury or harm. R43 needs assistance at times due to confusion, poor vision, and tremors. This form documents that (R43) is at risk for falls and R43 has poor vision and will run into things and trip over things. R43 will also sit down thinking a chair is there and fall. R43's interventions are to have staff assist R43 when trying to sit on the bench outside and redirect back inside until staff are available. R43's Accident/Incident Report, dated 11/12/20, at 6:45pm, R43 fell on the patio. R43 was in the sitting position and assisted up, no injuries were

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: \_ COMPLETED IL6007306 B. WING 08/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3611 NORTH ROCHELLE** SHARON HEALTH CARE ELMS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 noted during the assessment. R43 was assisted up and remained on the patio, smoking, unsupervised. This form documents that no new interventions due to confusion, cognition and visual impairment. R43's Accident/Incident Report, dated 4/25/21 at 4:00pm, documents that (R6) reported that R43 was going to sit down on the bench on the patio, unsupervised, when R43 tripped and landed on both knees. R43 rolled over to her buttocks, in a sitting position. Upon assessment, R43 had abrasions to her bilateral knees. This report documents that the new intervention put into place is for staff to assist R43 when trying to sit on a bench on the patio, and for staff to redirect R43 to go back inside the building. R43's Accident/Incident Report, dated 5/12/21 at 9:45pm documents that R43 was outside, on the patio, smoking unsupervised, and went down (fall) between the table and the bench. This report documents that there were no injuries noted during the assessment. R43's new intervention is to follow up with the eye doctor. R43's Accident/Incident Report, dated 7/22/21 at 11:25pm documents that R43 was on the patio, unsupervised, sitting on the ground, bleeding noted from R43's left elbow. This report documents that R28 reported that R43 was attempting to sit on the bench, missed and landed on the ground. The report documents the new intervention in place is to lock the patio door at

Illinois Department of Public Health

10:00pm.

R43's Accident/Incident Report, dated 7/27/21 at 6:35am, documents that (R5) reported that R43 had fallen on the patio. R43 was up in the chair, when staff arrived, R28 assisted R43 up into the

	NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
Envior Controllor		IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED 08/02/2021	
	IL6007306						
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE		02/2021	
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S9999	Continued From pag	ge 4	S9999				
	on right eye, abrasion abrasion on her right report documents the emergency room for This form also documents.	sment, R43 had a laceration ons to bilateral knees, and tenek and temple. This at R43 was sent to the an evaluation and treatment. The ments that R43 was being or hospital due to a brain			*	**	
	7/27/21, documents assessment is R43 to fell and hit her knee a (bleeding) present from abrasion on her left a (Computed Tomograph showed a Subarachn right sylvian fissure. It is showed a well-circum	ripped over landscaping and land head. R43 has epistaxis om the right nostril, an interior knee. R43's CT phy) test of R43's head, sold hemorrhage within the					
s f t	that R43 was on the particular that R43 trippe fell. V1 stated that the he patio at all times. Vallowed to smoke unle	n, V1, Administrator, stated patio unsupervised. V1 d over the landscaping and facility cannot have staff on V1 verified that R43 is not ess staff are present. V1 ure why R43 was on the e morning.	0,0				
(I d e C m	(R15) is the one who R43) had fallen (on 7, loors are unlocked at ither 10:00 p.m. or 12:NAs (Certified Nursinorning when the fall ut to the patio, (R43)	PM, V24 LPN stated, came to me and said that /27/21). The smoke patio 6:00am and they close at 2:00 a.m. We only had four ng Assistants) working that happened. By the time I got was already up in a chair. above her right eye and	77				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED IL6007306 B. WING 08/02/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3611 NORTH ROCHELLE** SHARON HEALTH CARE ELMS **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 abrasions on her face. I got her back into the building and set her in a chair to assess her. The bleeding wouldn't stop so I called 911." On 07/28/21 at 1:49 PM, V1 (Administrator) stated, "I'm not really for sure of the exact times of the patio doors to be locked. The times on the smoking policy are conflicting. I believe the staff open it at 6:30 a.m. and it's locked at 10:30 p.m." On 7/29/2021 at 11:50am, R28 stated that he was in the TV room, when R15 came in and said that (R43) fell on the patio. R28 stated that R43 always followed R15 on to the patio, to attempt to smoke. R28 stated that when he got out to the patio, R43 was on all fours attempting to get up. R28 stated that he assisted R43 up to a chair. At that time, R28 pointed to a chair about 10 feet from where R43 fell. R28 stated that R43 tripped over the same flower bed edging last week but at night. R28 stated, "(R43) told me she is going blind". R28 stated that R43 should not be on the patio without staff. R28 stated that the last supervised smoke time is 8:30pm, but residents are allowed to go onto the patio any time. R28 also stated that the facility does not have enough staff to keep an eye on residents in general, let alone while they are out sitting on the patio. On 7/29/21 at 11:55 am, R15 was alert and oriented smoking on the patio. R15 stated, "(R43) followed me out to the patio, and was asking me for a cigarette like she always does. (R43) has to have staff with her when she smokes. (R43) was walking towards me when she tripped on this flower bed edging (pointing to the edging along the sidewalk that was raised approximately six inches). (R43) fell down to her knees first, but she fell so hard that then she hit her head, and was bleeding. No staff were outside, so I ran inside to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE, ZIP CODE				08/02/2021	
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	R28 was not visible re-entered the buildi	ram, R28 was on the pation by the wall, under an awning. from inside the building. R28 and the patio door stayed and the were no staff in the	S9999		ï			
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