PRINTED: 07/26/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: \_ C B. WING IL6007298 06/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident to 5/18/21, 6/3/21, IL134804 Facility Reported Incident to 5/13/21, 5/22/21. IL134689 Original Complaint Investigation #2124133/IL134921 **Final Observations** S 9999 S9999 Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210d)3)

Section 300.610 Resident Care Policies

300.1210d)6)

The facility shall have written policies and a) procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

Comprehensive Resident Care Plan. A a) facility, with the participation of the resident and the resident's quardian or representative, as

Attachment A Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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that each resident receives adequate supervision

These requirements are not met as evidenced by:

Based on observation, interview, and record review the facility failed to supervise a resident with known verbally and aggressive behaviors, failed to follow a resident's care plan interventions for aggression, failed to implement new care plan

and assistance to prevent accidents.

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checks for increased monitoring, either at an

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myself get out of there."

to the 1/4/21 incident states, "There was a lot of yelling, cussing, and the N-word, so I made

R1's "Incident/Accident Report", dated 3/1/21 at 7:30 P.M., states, "(R1) involved in verbal and physical altercation with another peer (R14) while outside during supervised smoking time. (R1) did not receive injuries; however peer (R14) received

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area and (R1) is now resting quietly in his room. Physician notified, sister notified per detailed

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cleansed and gauze applied by this nurse. Doctor

R1's Nursing Note dated 3/13/21 at 1:45 P.M. signed by V4, states, "(R1) was in an altercation with another patient outside in the smoking area at 1:20 P.M.(R1) was hit in the face with a closed fist. Nose swollen and bleeding, small laceration on the right side of nose. This nurse cleansed

and sister notified. Neuros started."

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R1's "Incident/Accident Report", dated 6/3/21 at 3:30 P.M. states, "On smoking patio reported to this writer by (R1) that he was involved in a physical altercation with male peer (R3). (R1) reported that (R3) approached (R1) and started striking him with a closed hand repeatedly in his face. (R1) placed on neuro checks." This same form documents types of injury as lacerations. bloody nose, and swelling. R1's witness statement on 6/3/21 at 4:00 P.M., states, "While speaking with (R17) outside on the smoking patio (R6) became upset and called (R1) a 'F\*cking bit\*h' (R1) responded by calling (R6) a 'b\*tch' which caused (R6) to throw a lit cigarette at (R1). Then (R3) stood up and said to (R1), 'Don't talk to my girlfriend or I will f\*ck you up!' (R1) said to (R3) that he wouldn't to which (R3) grabbed (R1) by the throat in an attempt to choke (R1). (R1) said something to (R3) but cannot recall what

retaliating." R2's witness statement states, "(R1) ran over my foot with his wheelchair and it set me off. They won't give me the meds I need, so I can't control my temper. I blacked out and don't

remember."

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On 6/11/21 at 12:02 P.M., V10 (Certified Nursing

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 C B. WING IL6007298 06/17/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE SHARON HEALTH CARE PINES **PEORIA, IL 61604** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 Assistant) stated, "(R1) is very combative and attention seeking. He falls almost everyday." On 6/11/21 at 12:25 P.M., R14 stated, "I don't feel safe when I am around him (R1). It feels like he wants to fight me every single day. Two weeks ago, I was already outside by the door. (R1) got up out of chair and said to me, 'I don't like you niggas.' I said 'go f\*ck yourself.' and then (R1) hit me in my left ear. That's the problem, every time (R1) starts fights, no one is around." On 6/11/21 at 12:39 P.M., R1 was not able to specifically recall altercations with residents in the facility or falls in the facility. R1 stated, "I don't know. I guess." At this time R1 removed R1's shirt, scattered bruising in various stages of healing were noted to R1's back, sides. abdomen, and arms. R1's left arm was noticeably swollen and bruised with scratches. The bridge of R1's nose, left side of forehead, and left eyebrow had a dried, scabbed areas noted. R1 winced in pain while moving left arm to take off R1's shirt. On 6/11/21 at 1:45 P.M. R11 stated, "(On 5/18/21. R2) just whooped (R1's) ass. They had to run inside and get staff to separate (R1) and (R2). (R2) didn't stop hitting (R1) until she got pulled off of him. (R1's) a problem child. I wanted to beat his ass several times." On 6/11/21 at 2:40 P.M. V6 (Social Service Director) stated that R1 makes a lot of racial remarks which leads to fights with the other residents. V6 was not aware of R1 ever being placed on increased supervision. On 6/11/21 at 2:55 P.M., video camera footage of the 5/18/21 and 6/3/21 altercations with R1 were reviewed with V6. Video camera footage shows

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
IL6007298		IL6007298	B. WING		C 06/17/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SHARON HEALTH CARE PINES  3614 NORTH ROCHELLE PEORIA, IL 61604						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	D BE COMPLETE	
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i.	R1's "Fall Follow Up" form on 3/15/21 documents R1 had a fall on 3/14/21 at 2:40 P.M. with an injury of laceration to left side of head. This same form documents any environmental causes, such as wet floor/obstacles as "No" and "Suggestions for Prevention" as "Use caution in room-keep room free of obstacles."					
	R1 had a fall on 5/11 injuries. This same f	"form on 5/12/21 documents 1/21 at 9:15 A.M. with no form documents "Suggestions use w/c (wheelchair) prn (as ist as needed."				
	R1 had a fall on 5/13 laceration over left e and back pain. This "Suggestions for Pre assist." R1's Nursing	"form on 5/13/21 documents 8/21 at 12:45 A.M. with ye and complaints of neck same form documents evention" as "ask for staff y note on 5/13/21 at 1:00 A.M. transferred to the local area treatment.				
44. 1	R1 had a fall on 5/22 injury of a scalp lace documents "Suggest w/c prn-take time. "S documents, "use w/c Nursing Note on 5/22	2/21 at 7:21 P.M. documents the local area emergency	00			
ICT:	verified that R1 is hig falling more often. V2 updated fall intervent resident's care plan a	A.M. V2 (Director of Nursing) h risk for falls and has been also verified new and ions should be added to a offer each fall. V2 could not had increased supervision				

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