FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007298 11/23/2021 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 PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident Investigation IL140409 from 9/29/21, 10/7/21, 10/8/21, 10/8/21, 10/9/21 and 11/4/21. S 9999! Final Observations S9999 Statement of Licensure Violation: 300.690c) Section 300.690 Incidents and Accidents c) The facility shall, by fax or phone, notify the

Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695. notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

> Attachment A Statement of Licensure Violations

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

Based on interview and record review, the facility

failed to notify the State Agency of one resident's (R2) fall with injury within 24 hours of the injury, and failed to send a narrative summary of

These REQUIREMENTS are not met as

evidenced by:

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007298 11/23/2021 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 PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 reportable accidents/incidents within seven days following an accident/incident for six residents (R1-R6) reviewed for accidents/incidents in the sample of six. Findings include: On 11/19/21 at 2:00pm, V2, Director of Nursing, stated she did not send R1-R6's final investigation reports to the State Agency (SA) until last week, date unknown, when the SA called to request the final investigation reports. V2 stated she was not aware that a final/follow-up report was required. On 11/19/21 at 1:40pm, the SA had not received the final report of R1-R6's reportable investigation reports. 1. R1's Incident Report Form dated 9/29/21 documents R1 fell on 9/29/21, twisted his ankle. and received x-rays of his ankle at the facility. R1's investigation report documents the SA was initially notified on 9/30/21, and there is no document the SA was sent a final report. 2. R2's Incident Report Form dated 10/9/21 documents she fell on 10/29/21 at 6:15pm and sustained a hematoma to her left evebrow. R2's fall investigation dated 10/9/21 documents the SA was initially notified on 10/11/21 at 4:23pm, and there is no documentation that a final report was sent to the SA. 3. R3's Incident Report Form dated 10/8/21 documents she fell on 10/8/21 while having a seizure, was sent out to the Emergency Department (ED), and later returned to the

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facility. R2's investigation report documents the SA was initially notified of the incident on 10/9/21,

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