Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6007306 03/21/2023 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 PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID, PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 **Initial Comments** S-000 Complaint Investigation 2322057/IL157426 Facility Reported Incidents Of 3/9/23/IL157563 S9999 **Final Observations** S9999l Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3) 300.3210t) 300.3240e) Section 300.610 Resident Care Policies The facility shall have written policies and 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 The facility shall provide the necessary b) Attachment A care and services to attain or maintain the highest Statement of Licensure Violations practicable physical, mental, and psychological

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

TITLE

(X6) DATE

Illinois D	epartment of Public	Health	- 1	0 8	7	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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85 5	well-being of the re	esident, in accordance with		£.*	10.5	
		mprehensive resident care		2		13
. H., "		d properly supervised nursing	1.0			***
250		care shall be provided to each ne total nursing and personal		W 4 0 15 100	10	1
5	care needs of the		45			<u> </u>
	, j	34	5			
	d) Pursuant to	o subsection (a), general		100		
		include, at a minimum, the be practiced on a 24-hour,		36		
	seven-day-a-week					99
	Seven-day a week	a badio.				
		observations of changes in a	Chin	54		
20		n, including mental and	100			
		s, as a means for analyzing and equired and the need for		W 5 5 7	9	_
		aluation and treatment shall be		76	,a 8	155
		staff and recorded in the				
η_h	resident's medical	record.	70	12		70
	Section 300.3210	General		12.		
	00011011 000.0210	osnora.		. 80		
		shall ensure that residents are	=======================================	" Sea II je		0.0
		hysical, verbal, sexual or				
	misappropriation of	se, neglect, exploitation, or		h = **		354
- 88	imodphophation	or property.		92.00		
e ten	Section 300.3240	Abuse and Neglect	7.	F 85 10		
3,000	la Nathanan i	in continuition of a paper of				- RE V
		investigation of a report of of a resident indicates, based	64 00	=		
	upon credible evid	dence, that another resident of	E	, W _ E		
	the long-term care	e facility is the perpetrator of the				
		ent's condition shall be				_S 55
(See) 1.1	immediately evalu	nated to determine the most and placement for the resident,	12 A	W1 E:		
	considering the sa	afety of that resident as well as	110	22		
	the safety of other	r residents and employees of	11	- N		5
	the facility. (Section	on 3-612 of the Act)				10 10

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3611 NORTH ROCHELLE PEORIA, IL 61604 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007306		(X2) MULTIPL A. BUILDING: B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 03/21/2023	
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accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment."		attention. Physica slapping, pinching	l abuse includes hitting, g, kicking, and controlling			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 03/21/2023 IL6007306 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3611 NORTH ROCHELLE** SHARON HEALTH CARE ELMS **PEORIA, IL 61604** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 R7's Medical Record documents she was admitted on 1/19/23 with diagnosis of Dementia, Anxiety, history of suicidal behavior, Delirium due to a known physiological condition, Psychosis not due to a substance or known physiological condition. R7's BIMS (Brief Interview for Mental Status) Score was a 5/15 on admission, indicating severe cognitive impairment for R7... R1's Medical Record documents he was admitted on 10/19/2022 with diagnosis of Vascular Dementia with behavioral disturbances after a CVA (Cerebral Vascular Accident) and Depression, R1's BIMS score on 2/9/2023 was 3/15, indicating severe cognitive impairment for R1. An "Abuse investigation" form dated 3/9/23 documents "(R7) was heard screaming (V8/LPN/Assistant Director of Nursing) ran down the hall and saw (R1) strike (R7) across the face." On 3/16/23 V8 (LPN/ADON) stated "When I entered the room (R1) had (R7)'s shirt grabbed up in his left hand and he struck her closed fist with his right." An Abuse Investigation Report dated 3/12/13 documents at 1:30 P.M. V14 (RN) saw R1 enter R7's room, R7 began screaming "Get out!" V14 heard R1 state "Shut the f*ck up" and saw him strike her right cheek with a closed fist and then began fighting with staff when they intervened. In addition, it documents a written and signed statement from V18 CNA (Certified Nursing Assistant) "I was sitting in the breakroom, and I heard (R7) screaming loud yelling 'stop'. I ran into her room and witnessed (R1) hitting her and

Illinois Department of Public Health

yelling "shut the f*ck up."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING: C B. WING IL6007306 03/21/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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X X	On 3/16/23 at 10:30 A.M. R7 stated "I am so scared." R7 tearful and crying. Repeatedly stating "I don't know why" when asked anything regarding R7 striking her. R1 mimed being	was e		3 2 2 5
2.4 ₄₅	punched in the face and said, "kept doing it, three times." R7 did articulate that R1 had "chased me down in my own place (room) twice." R7 stated she did not want to come out of her room "just in	# E		
	case he's out there. I go places only with other people."	174	to the second se	
**************************************	R7's Medical Record does not include documentation of a psychosocial assessment or R7 being offered any counseling or behavioral health services.			
*	On 3/21/23 at 9:15 AM V4 (Social Services Director) stated "I spoke to (R7) after both incidents of being hit, she was very unclear about what she wanted." V4 confirmed that there has been no counseling or behavioral health services offered to R7 after being hit by R1. "I think (V16/Assistant Administrator) has talked to her some about it (incidents on 3/9/23 and 3/12/23).			
	On 3/21/23 at 9:20 A.M. V6 (Assistant Administrator) stated "I spoke to (R7) once about her feelings regarding incidents (being hit by R1 two times.) (R7) was confused and couldn't seem to recall details regarding being hit by (R1) either time." V6 confirmed that no increased monitoring, counseling, or behavioral health services have been provided for R7 since the first incident on 3/9/23.	× × ×		,
40 120 111	On 3/21/23 at 10:00 AM, V17 (Medical Director) stated "For anyone with PTSD (Post Traumatic Stress Disorder) being hit could remind them of their original trauma. (R7) would benefit from	ee:	: S 246	1.50

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: **B. WING** 03/21/2023 IL6007306 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3611 NORTH ROCHELLE** SHARON HEALTH CARE ELMS **PEORIA, IL 61604** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 some sort of behavioral health or group counseling sessions now that she has been retraumatized." A "Final Abuse Investigation Report" dated 3/6/23 documents that on 3/3/23 at 10:24 PM "(R6) wandered into (R5)'s room. (R5) pushed (R6) and closed the door. (R6) had fallen to the ground, got herself up and opened (R5)'s door again and (R5) slammed the door in (R6)'s face causing her to stumble backwards and grab the right side of her face." This "Abuse Investigation Report" documents "On 3/4/23 (R6) had increased bruising to eye and jaw area and was sent to the emergency room for evaluation. Emergency Room reported "a mildly depressed fracture of the right nasal bone and a nondisplaced fracture of the right zygomatic arch. Mildly displaced fractures involve anterior and lateral walls of right maxillary sinus and the lateral wall of the right orbit as well as the right orbital floor." An "Abuse Investigation" form dated 3/3/23 documents a written and signed statement from V19 (CNA) "(R6) entered (R5)'s room and (R5) pushed (R6) by the upper body then she fell, she got herself back up to enter his room again and he slammed the door on her and it her in the face." On 3/16/23 at 2:00PM V15 (Insurance Representative) stated "(R5) called our office and wanted to make it clear that whatever happened on 3/3/23 was an accident, that he just wanted (R6) to get out of his room and leave him alone, he did not mean for her to get hurt." V15 stated "(R5) told me that he pushed a lady and she fell then he shut his door in her face."

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CTATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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