



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

January 25, 2021

Gary A. Weintraub, Registered Agent
Sharon Health Care Willows, Inc.
465 Central Avenue, Suite 100
Northfield, Illinois 60093

RE: Complaint #: IL128539
 Survey Date: 11/13/20
 Docket # 20-C0369
 Violation Type: B Violation with fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Sharon Health Care Willows.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Alfonso Cano III
Bureau Chief, Long-Term Care
Office of Health Care Regulation
Illinois Department of Public Health

Enclosure

cc: Administrator

File

Sharon Health Care Willows/11/13/21//RegAgent/S. Hobson

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)	Docket No. NH20-C0369
STATE OF ILLINOIS,)	
Complainant,)	
)	
v.)	
)	
SHARON HEALTH CARE WILLOWS, INC.,)	
D/B/A, SHARON HEALTH CARE WILLOWS,)	
Respondent.)	

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED;
NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF
VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint Investigation conducted by the Department on 11/13/20, at Sharon Health Care Willows, 3520 North Rochelle, Peoria, Illinois 61604. On January 20, 2021, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.

- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of \$ 2,200.00, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)5), 300.1220b)3), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5), and 300.3240a).

Fine = \$2,200

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Attn: Scott Hobson
Illinois Department of Public Health
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers can be emailed to the following email address: DPH.LTCOA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Scott Hobson, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Alfonso Cano III
Bureau Chief, Long-Term Care
Office of Health Care Regulation
Illinois Department of Public Health

Dated this 25 day of January, 2021.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS


THE DEPARTMENT OF PUBLIC HEALTH)
STATE OF ILLINOIS) Docket No. NH 20-C0369
Complainant,)
v.)
SHARON HEALTH CARE WILLOWS, INC.,)
D/B/A, SHARON HEALTH CARE WILLOWS,)
Respondent.)

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Gary A. Weintraub
Licensee Info: Sharon Health Care Willows, Inc.
Address: 465 Central Avenue, Suite 100
Northfield, Illinois 60093

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
25 day of January, 2021.



Scott Hobson
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007272	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/13/2020
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NAME OF PROVIDER OR SUPPLIER
SHARON HEALTH CARE WILLOWS

STREET ADDRESS, CITY, STATE, ZIP CODE
**3520 NORTH ROCHELLE
PEORIA, IL 61604**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Complaint Investigation: #2028870/IL128539			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1210b) 300.1210d)5 300.1220b)3 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>a)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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>		<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>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.</p> <p>d) 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:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement skin breakdown prevention interventions for three residents (R1, R2, and R3) and prevent worsening of a pressure ulcer for one (R1) of three residents reviewed for pressure ulcers in a sample of three. This failure resulted in the progression of R1's right posterior upper thigh pressure ulcer to an unstageable wound that required surgical excisional debridement due to necrosis.</p> <p>Findings include:</p> <p>Undated facility wound policy documents "Upon admission and at least weekly, residents identified to have pressure ulcers will have the following: 1) turn and position as needed of individual needs. 5) Supportive device i.e. waffle boots."</p> <p>1. R1's medical record dated 9/9/20 documents, "No skin issues."</p> <p>R1's Braden Skin Risk Assessment (8/12/2020, 9/9/2020 and 9/23/2020) documents R1 was at</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>moderate risk for skin breakdown.</p> <p>R1's medical record dated 9/23/20 documents, "Right gluteal fold pressure ulcer measuring 4.0 centimeters (cm) x 2.0 cm and Right gluteal fold pressure ulcer measuring 2 cm x 2 cm.</p> <p>R1's medical record dated 10/15/20 documents, "Right gluteal fold pressure ulcer measuring 5.0 cm x 7.0 cm and left heel pressure ulcer."</p> <p>R1's medical record dated 10/29/20 documents "Unstageable pressure ulcer (due to necrosis) measuring 2.5 cm x 1.3 cm of the right posterior upper thigh requiring surgical excisional debridement."</p> <p>R1's care plan does not address R1's pressure ulcer to right posterior upper thigh, pressure relieving device or need for turning and repositioning.</p> <p>On 11/12/20 at 10:20 am, V5, certified nursing assistant (CNA) stated "There's a task called "safety check" in our point of care (POC) charting that tells us when a resident is to be turned and repositioned every two hours."</p> <p>On 11/12/20 at 11:50 am, V6, CNA, stated "We know which residents to turn and reposition every two hours because they'll have a "safety check" task in POC."</p> <p>R1's medical record does not document a task in POC for turning and repositioning to prevent or reduce pressure ulcers.</p> <p>2. On 11/12/20 at 11:14 am, R2 observed with dark circular spot on right heel with no pressure relieving boots in place. R2 stated he uses his</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>right heel to propel himself around the facility due to his left leg amputation. R2 stated that it usually doesn't hurt, but can when he gets in a hurry.</p> <p>R2's medical record dated 10/24/20, documents "Resident noted with 4.0 cm x 3.5 cm circular dark spot on his right heel, non fluid filled. Medical doctor notified. New order for betadine and bordered dressing daily."</p> <p>R2's care plan does not document R2's right heel pressure ulcer, pressure relieving device or need for turning and repositioning.</p> <p>3. R3's medical record dated 10/7/20 documents "new onset suspected 4 cm x 4 cm deep tissue injury to left heel."</p> <p>On 11/12/20 at 11:27 am, R3 observed to have pressure ulcer on left heel and coccyx.</p> <p>R3's current care plan does not document left heel or coccyx pressure ulcer.</p> <p>R3's POC does not include a turning and repositioning task for CNAs.</p> <p>On 11/12/20 at 1:32 PM, V2, Director of Nursing (DON), stated "It is the expectation that those things (pressure ulcers, turning and repositioning, and skin integrity interventions) are documented in the care plan."</p> <p>On 11/12/20 at 2:33 PM, V2, Director of Nursing (DON), stated "Unfortunately the turning and repositioning task was not added in POC for (R1, R2 and R3)."</p> <p>On 11/13/20 at 7:50 am, V3, Wound Doctor (WD), stated "The facility should be offloading</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>pressure points for residents at risk for skin breakdown and turning and repositioning at least every two hours. They should also have a pressure boot on (R2)'s heel. I've told them this before. It's in my notes that residents with pressure ulcers on the heels should have pressure boots on to offload the pressure. This helps prevent the heels from getting pressure sores. I have issues with a lot of the pressure ulcers in that facility. I tried doing my wound rounds last time and they didn't have the staff to assist me so I was unable to do my wound rounds."</p> <p>On 11/13/20 at 8:50 am, V2, DON, stated "I don't think the facility policy states how often the resident should be turned and repositioned. It should be documented in the care plan and a task added to the CNAs POC documentation. The POC charting is set up to have the residents turned and repositioned every two hours."</p> <p>On 11/13/20 at 11:04 am, V2, DON, stated "turning and repositioning is every two hours regardless of whether they are moderate or high risk and regardless of what type of wound they have."</p> <p style="text-align: center;">" B "</p>	S9999		

FAC. NAME: SHARON HEALTH CARE WILLOWS
LIC. ID #: 0032797
DATE COMPLAINT RECEIVED: 11/10/20 16:49:00

COMPLAINT #: 0128539

IDPH Code	Allegation Summary	Determination
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104	NEGLECT	2
105	IMPROPER NURSING CARE	1

The facility has committed violations as indicated in the attached*
 No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.