STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	IL6007298	B. WING	C 09/19/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHARON HEALTH CARE PINES

3614 NORTH ROCHELLE DEODIA II 61604

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(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		
	Facility Reported Incident Investigation to incident of 09-03-22/IL151050.			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:			:5
4. FR	300.610a) 300.1210b) 300.1210d)6) 300.3210t)	,		
·	Section 300.610 Resident Care Policies			
3.2	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.		\$4 24	
	Section 300.1210 General Requirements for Nursing and Personal Care		zi(
	b) 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		Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
		IL6007298	B. WING			C 1 9/2022
NAME OF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SH V DUY	HEALTH CARE PINE	3614 NOR	TH ROCHEL	LE		
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	•	e total nursing and personal				
:	nursing care shall in	subsection (a), general nclude, at a minimum, the practiced on a 24-hour, basis:				
· e	to assure that the re as free of accident nursing personnel s	ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents			2.5	
	Section 300.3210	General =		×.		
	not subjected to phy	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or property.				
	These requirements	s are not met as evidenced by:				
	review, the facility factor resident to resident to resident resident to reside resident with a histor directed toward othe separated following evening of 09/03/22 later, another verba R1 and R2 that escaller cation. This resident head with a metal of R1 was subsequent hospital for treatme a bite wound to his prescription for an action of the side with a metal of the second to his prescription for an action of the side wound to his prescription for an action of the side with the side wound to his prescription for an action of the side with th	ew, observation and record alled to prevent an occurrence ent physical abuse from a pry of physical behaviors ers. R1 and R2 were a verbal altercation on the c. Approximately three hours all altercation ensued between alated into a physical sulted in R2 striking R1 in the purp and biting R1 on the hand. Ity transported to a local int of a left eyebrow laceration, right hand requiring a antibiotic and was also ft orbital fracture. R1 and R2		eri		

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STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE	SURVEY LETED
		IL6007298	B. WING		09/1) 9/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		- 2377
SHARON	HEALTH CARE PINE	S 3614 NOR PEORIA, I	TH ROCHEL L 61604	LE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999		24	
	were two of four res the sample of six.	sidents reviewed for abuse in				
	review, the facility fresident checks as additional supervisi occurred. R1 and Fverbal altercation of Approximately threaltercation ensued escalated into a physubsequently transtreatment of a left owned to his right hwith a left orbital fres	ew, observation and record ailed to perform 15 minute indicated and provide on after a verbal altercation R2 were separated following a n the evening of 06/03/22. The hours later, another verbal between R1 and R2 that sysical altercation. R1 was ported to a local hospital for eyebrow laceration, a bite hand, and was also diagnosed acture. R1 and R2 were two of eyed for abuse in the sample				
		Investigation (dated 09/03/22)				

documents R1 and R2 had a verbal altercation in the dining room around 5:30 PM, and R2 was removed from the dining room at that time. This same report also documents approximately three hours later, R1 and R2 had a verbal altercation on the facility's patio that escalated into a physical altercation, and R1 was sent to a local hospital for evaluation and treatment for the injuries he sustained.

The facility's Behavior Monitoring policy (updated 1/2/22) documents the following: "At any time the interdisciplinary team may initiate resident checks for increased monitoring, either on an hourly, 15 minute or one-to-one staff basis."

R1's Progress Note (dated 09/03/22) documents the following: "Resident in verbal altercation that

FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 09/19/2022 IL6007298 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3614 NORTH ROCHELLE SHARON HEALTH CARE PINES PEORIA, IL 61604** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG DEFICIENCY**) S9999 S9999 Continued From page 3 turned physical. Resident hit with a cup and has laceration to left eye. Resident also bit on his right hand. Resident sent to (local hospital) for evaluation." R1's Progress Note (dated 09/04/22) documents the following: "Resident returned from (local hospital) following an altercation with peer. Resident was brought back to this facility traveling with EMT (emergency medical transport). (R1) has a laceration to left eyebrow. The resident diagnosis was an Orbital Fracture, closed, initial encounter. Resident's skin is pink, warm and dry. This nurse cleaned dried blood from left area of face with normal saline. Vitals are stable. Resident complains of pain he rates his pain six out of ten. This nurse gave resident two Tylenol 325 mg (milligrams). (R1) has a new order for Augmentin 875-125 for possible infection from a bite on his right anterior surface of palm he received in the altercation. Resident is to take one tablet twice a day for 10 days. Initial dose will start today 9/4/22 at 4:00 PM. Resident is resting in bed with call light in reach." R1's local hospital After Visit Summary (dated 09/04/22) documents the following: Diagnosis: Injury due to Physical Assault. Fracture of left side of orbital floor. Facial laceration repaired with adhesive. Take Augmentin as directed for bite wound. R1's current care plan documents, "(R1) is to start on antibiotic for a prophylactic related to human bite on right hand." This same care plan documents the following problem: "(R1) has a history of criminal behavior. (R1) was convicted of

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battery/bodily harm in 2019, and unlawful use of a weapon in 1982. Interventions: 1:1 if necessary; Attempt to identify any triggers that illicit negative

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
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NAME OF PROVIDER OR SUPPLIER

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SHARON HEALTH CARE PINES

3614 NORTH ROCHELLE PEORIA, IL 61604

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	behavior; When the resident becomes agitated, intervene before agitation escalates, guide away from source of distress, engage calmly in conversation. If response is aggressive, staff to walk calmly away and approach later." On 09/12/22 at 3:00 PM, R1 was sitting in a chair			*0
	in the hallway near the building's front entrance. R1 was dressed and groomed and had a cane in his possession that he stated he utilized to assist when ambulating. R1 had a large purple scabbed			===
	area present on his left eyebrow. A dark purple area of bruising was present in R1's left orbit area underneath R1's left eye. R1 stated, "The doctor at the hospital glued the cut by my left eye and			
ar	told me that it needed to be glued instead of getting stitches because the cut was so close to my eye. I have a broken eye orbit on the left side of my face. I have been blind in my left eye for quite some time. I have a headache and the	ī		
	entire left side of my face is numb all the way down to my jawbone. I saw an eye doctor, and he said I need to see an ENT (ear, nose and throat) doctor about the orbit fracture." R1 then lifted his right hand exposing an oval-shaped scabbed		<i>-</i> 4	
	area resembling a tooth imprint pattern. R1 stated, "He bit me here on my hand." R1 then stated the following occurred on 09/03/22: "I was in the dining room around 5:30 PM. There were a couple of empty chairs at a table, and I sat in one		• 	
	of them. (R2) was seated at the table and he told me that I couldn't sit there. He started cussing at me. They took him out of the dining room at that point. Around 9:30 PM, I went out for a cigarette.			
:	(R2) was outside near the door. He started running his mouth at me, and the next thing I knew I was on the ground bleeding." R1 then stated, "I have been avoiding (R2). He came after		c	
	me again a few days ago. The supervised smokers came out early, and I was already			

PRINTED: 11/27/2022

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: COMPLETED A. BUILDING: C B. WING IL6007298 09/19/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE SHARON HEALTH CARE PINES **PEORIA, IL 61604** (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 outside. He came out and I told him to get back. Staff (unable to identify) sent him back inside. I do not feel safe. I cannot defend myself with the way my leg is. Every day someone is fighting here. All day every day." R2's Progress Note dated 09/03/22 documents the following: "Resident in verbal altercation that turned physical. No apparent injury. Cup taken away that he hit the other resident with. Resident in room. VSS (vital signs stable)." R2's current care plan documents the following: "Focus: (R2) has potential to be verbally/physically aggressive related to poor

impulse control. (R2) will use racial language directed at staff and peers. (R2) displays a delusional thought process. (R2) is attention seeking at times, may hit/punch himself or bang his head on the wall. (R2) will provoke fights and put himself in a situation to where he can be injured from a fall because he gains attention from staff. (R2) will make false accusations and fabricate stories. (R2) had aggression with a weapon. Interventions: Analyze of key times, places circumstances, triggers, and what de-escalates behavior and document; Educate on importance of not calling peers names and risk factors that could occur; Resident on 15 minutes checks. Staff to check room for weapons; (R2) triggers for verbal aggression and his behaviors are de-escalated by removing him to a quiet area to assess the situation with reality orientation; When (R2) becomes agitated, intervene before agitation escalates, guide away from source of distress, engage calmly in conversation, allow (R2) to vent his feelings, encourage (R2) to avoid the source of his frustration to prevent escalation."

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 09/19/2022 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) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 6 S9999 R2's Smoking Assessment (dated 07/12/22) documents R2 was assessed as an independent smoker. R2's Smoking Assessment (dated 09/06/22) documents R2's smoking status was assessed as supervision required. On 09/14/22 at 08:55 AM, V2 (Director of Nursing) stated R2 was an independent smoker, and following the 09/03/22 incident, R2 was re-assessed and now requires staff supervision when smoking. On 09/13/22 at 09:35 AM, R2 was sitting in a chair in the front lobby near the building's entrance. R2 stated the following regarding the 09/03/22 incident: "I was sitting by the cigarette butt can by the door on the AB patio. (R1) approached me and started rapidly punching me. I swung my water bottle at him to block him. I lunged at him, bit him and did everything I needed to get him away from me." V3's (Human Resources) Written Statement (dated 09/12/22) documents the following: "After watching camera surveillance for the incident between (R1 and R2) that occurred 09/03/22. The incident takes place on the AB Patio. I was unable to see what resident initiated the fight, however. within minutes both residents pull into view of the patio. Both residents were tussling and holding each other until (R2) appears to let go; in which (R1) looks to stumble, losing balance going face forward on the concrete. Afterwards several CNAs (Certified Nursing Assistants) come to, what appears diffuse the situation. Within minutes a nurse arrives to assess/assist (R1), who was sitting up and talking with staff." On 09/12/22 at 01:42 PM, V3 (Human Resources) verified her written statement dated 09/12/22 and stated, "I watched the video footage

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from the AB Patio where (R1 and R2's) physical

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 09/19/2022 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)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 altercation occurred. Most residents go smoke there. It was around 9:30 PM. The camera lens was dirty and has since been cleaned off. I could not see the area clearly where the altercation began. They (R1 and R2) came into view and appeared to be tussling and holding onto each other. (R2) let go causing (R1) to stumble and fall, and his face struck the concrete patio. (R1) got up pretty quickly and was sitting there holding his head. No staff members were out there, but soon (V4 and V5, Certified Nursing Assistants) responded. By this time, (R2) was walking away. (V5) attended to (R1) and (V4) went to get additional help. Then, (V5, V6 and V7) (Certified Nursing Assistants) and V8 (Registered Nurse) all came out to the patio. (V8) assessed (R1), who was still sitting up at that point." V3 then stated that (R1) does not have a community pass. "He is a newer resident and I do not know of any physical or verbal altercations he has been involved in. (R2) just earned a grounds pass. which gives him access to go outside on the grounds, but he cannot leave the grounds. I know (R2) has a history of verbal altercations. I am unsure if he's ever had a physical altercation." This surveyor observed video footage with V3 on 09/13/22 at 8:00 AM, V3's above written statement correlates with the video footage, as the beginning of altercation was out of view. A metal tumbler cup was observed rolling across the patio before R1 and R2 move into view. On 09/12/22 at 2:38 PM, V4 (Certified Nursing Assistant) stated she responded to the altercation that occurred between R1 and R2 on 09/03/22. V4 stated, "(R1 and R2) had an argument around 5:30 PM at dinner. They were at the dining room table. (R1) sat down in one of the chairs and (R2) told him that he couldn't sit there. (R1) sat down

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLIN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6007298 09/19/2022 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 (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 anyways. (R1 and R2) started arguing. (R2) was removed from the dining room and was taken to the front of the building. (R1) stayed at the table and ate his dinner. Later around 9:00 PM, one of the residents (unable to identify) was yelling. Me and (V5, Certified Nursing Assistant) went out on the patio. (V5) stayed with (R1) and I went back in to get more help. When I returned, (R2) was walking away. V6 (Certified Nursing Assistant) and V8 (Registered Nurse) came out. (R1) was sent to the hospital to get looked at." On 09/12/22 at 3:20 PM, V5 (Certified Nursing Assistant) stated on the evening of 09/03/22 at approximately 9:30 PM, she overheard R5 yelling the following: 'There's a fight outside! They are hitting each other! Someone's bleeding!' V5 stated, "When I got outside, (R1) was on the ground holding his head and was bleeding. (R2) was standing directly over (R1) with his hand balled up in a fist and when he saw me, he unclenched his fist and began rubbing his other forearm. The lid to the metal tumbler cup was on the ground. After (R2) hit (R1) he must have thrown his metal cup because it was out in the grass beyond the patio. I tried to get (R2) to go inside at that point, and he ignored me and walked out to the grass to retrieve his cup. (V8. Registered Nurse) had come outside and was assessing (R1). EMT (emergency medical transport) was contacted and (R1) was sent to

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the hospital. (R2) asked for his cup because we had taken it away. (V8) asked (R2) if he had hit (R1) with the cup and (R2) said, 'Yeah, I f*cking hit him with the cup.' Me, (V8), and (V7, Certified Nursing Assistant) heard him say it. (R1) also had teeth marks in his right hand and it was bleeding. It appeared that he had been bitten. There was blood all over. It was on the ground, on (R1's) face and on his hands. (R2) had been instigating

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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\$9999	and problematic all (R1) in the dining ro He also popped off smoking area after inside while (R2) wifight with (R1), (R2) staff. He could not for a couple of monmouth. He likes to noncompliant. He's picks and picks at picks and picks are arguing a was about 5:30 PM the dining room. Ar exchanged words it to keep those two sit to keep those	night. He started a fight with from at dinner around 6:00 PM. at (R4) in passing in the dinner. (R4) was coming as heading outside. After the was very mouthy with the be redirected. I've worked here of the and (R2) has a smart provoke people. He is very an instigator. He picks and	S9999			

(X2) MULTIPLE CONSTRUCTION

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		E SURVEY
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	Staff intervened and around 9:00 PM, on Nursing Assistants) was needed out on was sitting on the ginis left eyebrow. He him while he was whappened so fast. What (R1) started hit back. (R2) did not hwas not injured. (R2 was on the ground a ground several feet something to (R2) a with the cup and he (R2) went inside and I stayed with (R1). Heye had been cut the eye. On his right har a small amount of brould have been a brinto a chair outside of ambulance crew arripatio. We didn't wan since (R2) was in the took his cup. (R2) has aggression to other (R1) has no known a of trouble here. He to them apart as much ago, (R2) stabbed (Fin the abdomen. The Bears and the Packet on the packet of the packet	It told them to stop. Later be of the CNAs (Certified came in and said a nurse the patio. I went out and (R1) round. He was bleeding from said (R2) said something to alking out and then everything When I spoke to (R2), he said ting him and then he fought ave any marks or bruises and it's) metal tumbler cup's lid and the cup was on the away in the grass. I said and he admitted hitting (R1) said, 'Hell yeah I hit him.' It was trying to call somebody. It didn't even know that his at bad. He is blind in his left and, there was a skin tear with lood present, and it certainly be on the patio. When the it to take (R1) back inside to take (R1) back inside ere. (R2) was angry that we as a history of physical residents. As far as I know, aggression. (R2) starts a lot argets (R4). We try to keep as possible. A few months R4) with a metal butter knife ose two are rivals. Like the	59999			

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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		ding when I got outside. (R2)	1			
	was yelling and cus	sing. (V8, Registered Nurse)				
	went out and exam	ined (R1). We got him up in a				
		nd he went to the hospital. im, and (R2) admitted that.				
		is always using terrible				
		R4) don't get along at all."				
	language. He and \	14) don't got along at all.				
	On 09/13/22 at 11:1	I0 AM, R5 stated she				
		cation between R1 and R2 on				
	09/03/22, and state	d, "(R2) knocked (R1) on the				
		ight here every day."				
		PM, V9 (Social Service				
		ordinator) stated the following				
×		at altercation involving R1 and				
		blem with alcohol abuse. I am	1			4
		aving any history of verbal or n. (R2) has been in several	1			
	altercations lately.		İ			1
		ature. (R2) has been verbally	}			
		ility staff, and (R4). (R2) and				
		g. (R2) has been physical with				
		proximately four months ago,				
		n the abdomen with a metal				
	knife."					m (9.0)
		20 PM, V10 (Social Services)				
		in regard to the incident		<u></u>		
		2 on 09/03/22: "On 09/06/22,	ļ	A W		1
		e and stated what had				
		e altercation. (R2) stated that ne table and (R2) asked him to]
		, and then an argument				
		re separated. (R2) then stated				16
		ing his cane on a table,				V. T
		(R2) defended himself." V10				!
50		I interviewed (R1), he told me		=		10
		outside on the smoking patio		West:		
		de as well. (R1) stated that		4.		

Illinois Department of Public Health	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DA	TE SURVEY MPLETED
IL6007298 B. WING 09	C 9/19/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
SHARON HEALTH CARE PINES 3614 NORTH ROCHELLE PEORIA, IL 61604	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
(R2) continued to argue about the dining room incident and then attacked him, struck him with a metal tumbler cup, and bit him on his right hand." V10 then stated, "I went back through their care plans and reviewed the notes. (R2) has a history of previous altercations, both verbal and physical. So, I determined the incident occurred as a result of (R2's) mood disorder." On 09/12/22 at 01:20 PM, R3 was standing outside near the front entrance to the facility. R3 stated the following: "I'd like to go somewhere else. There is always fighting here. I am not violent and do not like all the fighting." On 09/13/22 at 08:30 AM, R4 was sitting in a wheelchair in the hall outside his room. R4 stated he has issues with R2, "All he wants to do is start a fight with me all the time. He is always running his mouth. R2 lifted his shirt up exposing a scar on his abdomen and stated, "He stabbed me with a metal knife a while ago." R4 then stated, "He was talking sh't to me about a week ago." R2's electronic Tasks document the following: "15 Minute Safety Checks due to monitoring. Check resident's room for weapons (date of initiation 06/10/22). R2's Task History (dated 09/03/22) document no 15 minute checks were completed for the remainder of 09/03/22 after 3:30 PM. On 09/14/22 at 12:00 PM, V2 (Director of Nursing) stated that 15 minutes were not completed on R2 on 09/03/22 and should have been. V2 confirmed that no additional supervision was implemented after the verbal altercation occurred between R1	

The facility's Abuse Investigation (dated 06/04/22) documents the following: "On 06/04/22, in the dining room (R2) and (R4) engaged in a verbal tillinois Department of Public Health

and R2 at the dinner table on 09/03/22.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
	IL6007298	B. WING	C 09/19/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SHARON HEALTH CARE PINES

3614 NORTH ROCHELLE

(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
S9999	Continued From page 13	S9999		
	altercation. During the course of the altercation,			
	(R2) picked up a butter knife and poked (R4) in			
	the left side of his stomach causing an abrasion		i e	
	to (R4's) stomach. (R2) then proceeded to stab			
	(R4) again. Both residents were separated." This			
	same investigation also documents, "(R4)	ı'	†	
	became angry because of verbal words			
	exchanged between he and (R2). (R2) became			
	delusional, believing peers were speaking and			
	using derogatory language believing he was being threatened. (R2) picked up knife and began			
	swinging the knife. Records show (R2) has poor			
	impulse control." This same investigation			
	documents the following statement was taken			1
	from R4: "(R4) says that (R2) started yelling at			
	him, 'I'm going to f*ck you up.' (R4) says he told			
	(R2) to get the hell away from him. (R4) says at			
	this time (R2) picked up a butter knife and			
	stabbed him in the left side of his stomach. (R4)			
	says he backed away from (R2) at this time. (R4)			
	says (R2) then yelled, 'I'm going to kill you, n*gger.' (R4) says at this time (R2) stabbed him			
	again on the right side of his stomach."			
	again on the right side of this stomatori.			
	On 09/15/22 at 08:25 AM, R6 was sitting on the			
	picnic table bench on the AB Patio. R6 was			
	dressed and groomed and stated he had just			
	woken up and he is about to smoke a cigarette.			
	R6 stated he recalls the altercation that occurred			83
	between R2 and him back in late May. R6 stated,			
	"(R2) was sweeping the patio, and I was sitting in			
	a chair on the patio that was on the right side of the door. (R2) started sweeping sh*t at me, and I			
	told him to stop. He continued to do it, so I got up,			
	pushed him down and held him there. He bit me			
	in the stomach while he was on the ground. He is			
	a big troublemaker who is always trying to			
	instigate people. He has issues with a lot of		===	
	residents, especially (R4). Those two are always			
	fighting. (R2) and I don't speak now. We just			

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:** COMPLETED A. BUILDING: _ C B. WING IL6007298 09/19/2022 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 (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 14 avoid each other." The facility's Abuse Investigation (dated 05/29/22) documents the following, "(R2) was sweeping up cigarette butts on the patio outside the main dining room and got too close to (R6) and they began arguing. (R6) got up and began pushing against (R2) causing them both to fall to the ground where (R2) somehow bit (R6's) stomach with minimal injury." This same investigation documents R2's written statement as follows: "(R2) reports that he was outside sweeping the patio because, 'somebody has to do it' and said that (R6) was getting upset that (R2) was too close to him. (R2) said he told (R6) to move but (R6) did not move and (R2) kept sweeping. (R2) stated that (R6) came toward him and hit him. After this, (R2) says staff helped him up. (R2) reported no injuries and said he was not hurt or in any pain from the incident. (R2) said he did attempt to hit (R6) with a broom." (A)