

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 14E888	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/12/2020
NAME OF PROVIDER OF SUPPLIER SHARON HEALTH CARE WILLOWS		STREET ADDRESS, CITY, STATE, ZIP 3520 NORTH ROCHELLE PEORIA, IL 61604	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, interview, and record review, the facility failed to have clinical rationale for residents to be in contact/droplet isolation for twelve (R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20) of twelve residents reviewed for resident rights in the sample of 20. Findings include: The facility's undated Resident Rights policy and procedure documents, Your facility must provide services to keep your physical and mental health, and sense of satisfaction with yourself at their highest practical levels. You have the right to participate in social and community activities that do not interfere with the rights of other residents. The facility resident roster, dated 8/7/20, highlights in yellow R9 through R20, indicating they are currently in contact and droplet isolation for precautionary measures of COVID-19. The facility tracking for Isolation Residents documents the dates R9 through R20 started and will end contact/droplet isolation. On 8/7/20 from 10:30 am to 12:30 pm, R9 through R20 were in their rooms in contact and droplet isolation. Medical Records for R9 through R20 do not include a clinical reason to warrant isolation precautions. On 8/7/20 at 11:00 am, V1 Administrator stated when a resident comes back from the hospital they are quarantined for 10 days. We also have to quarantine the residents that share that room and the residents that share that same bathroom. It's safer to quarantine everyone. R9, R11, R13, R14, R15, and R18 are roommates of residents who were placed in contact/droplet isolation. R12, R16, R17, R19 and R20 share a bathroom with a resident who was placed in contact/droplet isolation. V1 stated R9 through R20 will remain in contact and droplet isolation until the quarantine period is over. On 8/12/20 at 8:20 am, V2 DON (Director of Nursing) stated when a new admission comes or someone is readmitted back into the facility from the hospital all roommates and residents who share the same bathroom are placed in contact/droplet isolation for ten days and they can come out of their rooms on day eleven.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.