STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F 490	Continued From page 31 review the facility took the following actions to remove the Immediate Jeopardy. 1. Offender poster is in place. All staff will be reminded to refer to residents' care plans for information/instructions about the felony offenses. 2. Facility-wide inservice was conducted 8/17/06, 10 a.m. to 11 a.m. regarding documentation and reporting of the various forms of sexual abuse. 3. Inservice by Psychosocial Consultant of 5 Administrative personnel, the abuse team, regarding abuse policy, revised behavior monitoring tool, compliance with sex offender rules, took place 8/22/06. 4. Social Service Director has contacted Center for Prevention of Abuse. All-staff inservice is to be scheduled.	F 490		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS Public Act 094-0752 Sec. 2-201.6 Criminal History Analysis 7(d) The Department shall prepare a Criminal History Analysis Report based on the analysis conducted pursuant to subsection (c). The Report shall include a summary of the Risk Analysis and shall detail whether and to what extent the identified offender's criminal history necessitates the implementation of security measures within the long-term care facility. If the identified offender is a convicted or registered sex offender or if the Department's Criminal History Analysis reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be required to have his or her own room within the facility.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 32 300.3240f) Section 300.3240 Abuse and Neglect f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act) These regulations were not met, as evidenced by the following: Based on record review, interview and observation, facility failed to (1) report a 7/24/06 impending sexual assault by R1 of R2 to Administration, (2) investigate the 7/24/06 impending sexual assault by R1of R2, (3) supervise A Wing Dining Room after this impending sexual assault, resulting in R1's being unsupervised around R2 and having his hand in R2's vaginal area on 8/4/06, (4) report the 7/24/06 impending sexual assault by R1 of R2 to State Agency, and (5) instruct staff of what constitutes reportable behavior, resulting in R1 taking advantage of R5's compliant nature, paying him for oral sex. The facility also failed to have 4 of 6 sex offenders (R1, R4, R9, R10) in private rooms. Findings include: 1. According to August, 2006, Physician Order Sheet (POS), R1 is a 56-year-old male resident, who has been at the facility since 8/8/2000. This	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ____ B. WING ____	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 33 POS outlines the following diagnoses: Dysarthria (difficult and defective speech), Cerebrovascular Accident, Depression, Schizophrenia, Bipolar Disorder, among others. Care Plan of 5/12/06 outlines problem "Resident has Hx (history) of criminal sexual assault." The goal is for resident not to have any incidents of inappropriate sexual behavior of any kind through 10/23/06. Approaches/Interventions include: "Medicate as ordered. Monitor and record response. Psych (psychiatric) consult prn (as needed). Tell resident calmly and firmly that this behavior is not acceptable whenever it occurs. Redirect resident when observed displaying any type of sexual inappropriate bx (behavior). Encourage resident to attend and participate in p/s (psychosocial) programming. Encourage resident to attend and participate in Act (activities) programming. Staff will avoid all high risk areas if resident is in community with facility on structured outings. A new approach was added 7/25/06 (the day after the 7/24/06 incident) "Provide res. (resident) with reality orientation explaining consequences of bex (behavior) when res. observed beginning to show s/s (signs and symptoms) of inappropriate sexual bex." Author of this new approach was identified as E3, Director of Social Services. E3 was interviewed 8/22/06, 1:50 p.m. He said that reality orientation regarding sexual touching would be to make resident aware that police and family would be called, that there would be "social problems" for him. E3 said that all staff, but particularly psychosocial staff, would be responsible to provide reality orientation. Assessment of 7/18/06 shows that R1 needs supervision because of poor decision making. This same assessment states R1 needs extensive assistance of one staff member to move from place to place, such as bed to chair	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 34	F9999		

and chair to chair. According to the assessment, R1 does not walk and needs a staff member to push his wheelchair. However, several staff members including E18, Licensed Practical Nurse (LPN), and E6, Certified Nurses Assistant (CNA), said that R1 could move the wheelchair himself. These interviews took place 8/17/06, 1:55 p.m., and 8/16/06, 9:32 a.m., respectively. Risk Assessment for Past Felony Offenses filled out by facility 5/12/06 outlines that R1's offense had been "aggravated criminal sexual abuse -- 1986 (non registered offender)." Per observation, this information was kept in the Identified Offender Book in Administrator's office.

According to the Physician Order Sheet of August, 2006, R2 is a 77-year-old female resident with Dementia due to OBS (organic brain syndrome), Seizure Disorder, Macular Degeneration and Cancer of both breasts, among other diagnoses. Assessment of 7/26/06 indicates R2 never or rarely makes a decision and R2 is dependent upon staff for all her care needs. R2 cannot move herself in her wheelchair from place to place and cannot walk. Per observation, R2 is a thin resident with many involuntary movements of her face, head, hands, feet and the rest of her body. Resident was observed 8/15/06, 12:12 p.m. in the A Wing Dining Room (ADR) and again 8/16/06 at breakfast and after breakfast. 8/16/06 after breakfast, staff rolled her wheelchair to the area in the Main Dining Room where the television set is located. Per observation, resident is not capable of moving wheelchair herself, nor did she even attempt to answer any questions.

E10, Rehabilitation Aide, was interviewed 8/16/06, 10:25 a.m. E10 said that R1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 35 observed to be sitting in his wheelchair close to R2 in the A Wing Dining Room 7/24/06, "10 - 15 minutes" before lunch. R1 had his hand on R2's upper thigh. R2's pants were pulled down 2 inches from the waist with the upper part of the diaper slightly exposed. R1 "appeared to get ready to slip his hand down to" R2's "vaginal area." E10 continued that she had seen "on the same day before breakfast," R1 "was sitting by" R2, but that she did not see any inappropriate sexual behavior at that time. E10 also said, both times there were no staff in the A Wing Dining Room (ADR). According to E10, both times R1 and R2 were probably brought from E wing, where they lived, to the ADR at the same time "10 - 15 minutes" before the meal. E11, Certified Nurses Assistant (CNA), was interviewed 8/16/06, 7:45 a.m. E11 witnessed the 7/24/06 lunchtime incident, describing that she saw R1 "paw at" R2's "vaginal area" in the ADR. E11 continued that R1 did not get into R2's diapers. Both E10 and 11 said that they notified E9, Licensed Practical Nurse (LPN). E9 was interviewed by phone 3 times on 8/16/06, at 12:05 p.m., 12:15 p.m. and 4:05 p.m. E9 said that she does not recall R1's "actually touching someone," but that she passed on the information of R1 being "inappropriate" in report. E16, Assistant to Social Service Director, was interviewed 8/17/06, 11:32 a.m. E16 said that E9 had told him that R1 had been "sexually inappropriate" with R2 and wanted him to talk to R1. "I found resident in a different area from" R2 "and counseled him." R1 "indicated that he understood what I said. I left it at that. No investigation was done." Social Progress Notes, dated 7/24/06, outline that resident was observed by staff "being	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 36 sexually inappropriate toward a female peer" and that resident was counseled regarding this and consequences for inappropriate behavior. Review of R1's Nurses Notes show that there are no entries dated 7/24/06. Review of R2's Nurses Notes show that there are no entries regarding this incident. This was verified with E1, Administrator on 8/22/06, at 2:00 p.m. Another incident took place 8/4/06, as outlined in Incident Report -- faxed to State Agency -- stating that "Res. (resident) #1 observed touching Res. #2 inappropriately in A-wing Dining Area (ADR)...." E5, Rehabilitation Aide, was interviewed 8/16/06, 8:07 a.m. E5 said that she saw R1 have his hand in R2's "vaginal area." E5 continued that R1 had "torn the top of the diaper off for better access to the area." E5 said that there were no staff in the ADR at this time. R1's Nurses Notes outline 8/4/06, 8:10 a.m., "Res. (resident) was observed in A-Hall dining room fondling another resident on her private areas -- police was immediately notified of incident -- Rehab Aide witnessed incident." Nurses Notes continue that R1's family was called at 9:45 a.m. and that at approximately 11:00 a.m. resident left the facility for the county jail via a police car. Per 11:55 a.m. Nurses Notes , resident returned from the county jail via police car. From 8/4/06 12:00 p.m. until 8/10/06 8:25 p.m., when resident was discharged to a hospital in the Chicago area, Nurses Notes outline that resident remained on one on ones. R2's Nurses Notes outline 8/4/06, 10:10 a.m., that resident was transported to a local hospital for "evaluation due to being fondled" by a peer. 8/4/06, 12:05 p.m. Nurses Notes outline that R2 returned from the emergency room of the hospital with no new orders. "Resident resting quietly in room" with no	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 37	F9999		

signs and symptoms of distress noted.

During 8/17/06, 12:15 p.m., Daily Status Meeting, E1, Administrator, E2, Assistant Administrator, E3, Social Service Director, E17, Director of Nurses, said that they did not know that the victim of 7/24/06 incident was R2. E16, Assistant Social Service Director, also present at this meeting, had said during 8/17/06, 11:32 a.m., interview that he knew. E3, who is also the Compliance Officer of the Abuse Prevention Compliance Committee, was interviewed regarding the 7/24/06 incident on 8/22/06, 1:20 p.m. E3 said that he thought the victim was an ambulatory resident and named another resident. E3 also said that it was his understanding there was no "sexual touching." If he had thought the incident was a "sexual attempt" of any kind, he would have informed Administration and they would have decided upon the next appropriate steps. E3 pointed out during this interview that the 8/4/06 incident was viewed as a sexual abuse case and R1 and R2 were kept separate "permanently," until R1 left the facility.

Per observation, the facility consists of a North and South building, connected by a corridor. Access to the corridor requires a numerical code to be punched into a key pad. The North building generally houses younger residents with fewer medical problems than the South building. Most of the 205 residents either have Mental Incompetence (M.I.) as their main diagnosis now or had it in the past, now having more medical issues. Per observation, the A Wing Dining Room (ADR) of the South building is separated from the Main Dining Room by a wall with a doorway. Thus, only if one stands in this doorway in the Main Dining Room can one see

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	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) COMPLETION DATE
F9999	Continued From page 38 what it going on in the ADR. The ADR cannot be monitored from the Nurses Station, which is an estimated 60 feet away from the doorway. 2. A written statement about R1's roommates in the last 1 to 1 1/2 years was provided by E2, Assistant Administrator on 8/16/06, 2:55 p.m. R1 had 3 roommates during that time. One of roommates was R5. According to Physician Order Sheet of August, 2006, R5 is a 65-year-old resident with schizophrenia, catatonic type and depression, among other diagnoses. E6, Certified Nurses Assistant (CNA), was interviewed 8/16/06, 9:32 a.m. She said that R5 was R1's roommate about 7 months ago. E6 continued that R5 would help R1, getting paid in money or sodas. For example, R5 would push R1's wheelchair, help him transfer, etc. E6 had heard from several other CNAs that R5 would perform "sexual favors" for R1. E18, Licensed Practical Nurse (LPN), said that R5 "did whatever R1 said for 50 cents or a soda." E18 had heard that there was "sexual activity" between R1 and R5. During Daily Status Meeting 8/17/06, 3:25 p.m., when payment for services rendered by R5 to R1 was pointed out, E1, Administrator, said that the 2 residents had a "relationship." When surveyor pointed out, that R5 got paid for this relationship, E1 wanted to know which staff member had told surveyor this, that she did not know that this was happening and that she wanted to talk to these staff members When E1 was asked 8/22/06, approximately 1:10 p.m., whether she would have expected to have this payment for services reported to her, she said "yes." E3, Compliance Officer of Abuse Prevention Compliance Committee and Social Service Director, was interviewed about this matter on 8/22/06 at 1:50 p.m. E3 said that if he	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C 08/29/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	**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) COMPLETION DATE
F9999	Continued From page 39	F9999		

had known about this activity, he would have checked the medical records to see whether the 2 residents involved had guardians. If they did not, they were capable of giving consent. If he had known that R5 was trading sexual favors for money or sodas, he would have addressed this behavior in the care plan with the goal "resident will not trade sex for money or sodas." Also, the behavior would be tracked in the Behavior Log.

3. When asking E1, Administrator, during 8/16/06, 4:30 p.m., Daily Status Meeting, how facility handles the housing of sex offenders, E1 said that registered sex offenders were housed right away in private rooms, for example R3 and R7 were changed to private rooms 3/31/06 (before above Public Act 094-0752 became effective). E1 continued that facility did not have enough private rooms for the non registered sex offenders. Thus, they were housed in private rooms when they became available, for example R4. For R9 and R10 facility had to transfer residents to a sister facility because there were no private rooms at facility

a. According to the Nurses Notes, R1, a known sex offender with a conviction of aggravated criminal sexual assault and aggravated criminal sexual abuse, lived at the facility from 8/8/00 until 8/10/06. Per interview with E2, Assistant Administrator, on 8/16/06 at 2:55 p.m., R1 shared his room during his entire stay at the facility. The facility had known about resident's conviction since at least 4/10/06, when the background check from the State Police was faxed to them.

b. According to the face sheet, R4, a known sex offender, was admitted to the facility 10/18/04. R4 lived in the South building and had a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E888	A. BUILDING ______ B. WING ______	C **08/29/2006**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE WILLOWS	**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) COMPLETION DATE
F9999	Continued From page 40 roommate until 8/4/06, when he was transferred to the North building, where a private room had become available. c. According to information provided by the facility, R9 was admitted to the facility 10/11/04, sharing a room with someone until discharge to a sister facility 8/7/06. R9 has been in a private room at this facility since 8/7/06. d. According to information provided by facility, R10 was admitted to the facility 1/19/99, sharing a room with someone until discharge to a sister facility 8/4/06. R10 has been in a private room at the sister facility since 8/4/06. (A)	F9999		