STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210b) 300.3240e) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for Nursing and Personal Care 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 1	S9999		

care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Section 300.3240 Abuse and Neglect

e) 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 requirements were not met as evidenced by:

Based on interview and record review, the facility failed to prevent and protect residents from verbal, mental, and physical abuse from occurring for 15 (R8, R12, R25, R41, R46, R72, R77, R82, R87, R89, R91, R96, R108, R110, and R113) of 15 residents reviewed for abuse in the sample of 51. This failure resulted in R41 being punched in the nose causing R41's nose to bleed and R25 being pulled down a hallway by her hair.

Findings include:

The facility's Abuse Prevention Program, dated 11/28/16, documents, "This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined below. This includes, but is not limited to, freedom from corporal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 2	S9999		

punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This facility therefore prohibits mistreatment, exploitation, neglect or abuse of its residents, and has attempted to establish a resident sensitive and resident secure environment. This facility is committed to protecting our residents from abuse by anyone including; but no limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends, and any other individuals."

1. R110's Face Sheet, dated 2/7/24, documents R110's diagnoses including Paranoid Schizophrenia, Suicidal Ideation's, Hallucinogen Dependence with Induced Psychotic Disorder, Anxiety, Huntington's Disease and Major Depressive Disorder.

R110's Facility local State Agency Report, dated 12/3/23, documents an altercation between R110 and R8. R8 notified staff that R110 laid in R8's bed and R110 struck R8's leg. The Report also documents an Incident Investigation Form, dated 12/3/23 at 9:50 am, stating that R110 was in the hallway having a verbal outburst and "jumped over the counter at the desk and started kicking and thrashing." No injuries were noted and all parties were notified.

R110's Nursing Note, dated 12/3/23 at 10:31 am, documents that R110 was involved in an altercation with (R8) and R110 was kicking objects and jumped over the Nurses' Station Desk. The Nursing Note also documents that R110 had been kicking and hitting R110's roommate (R8). No injuries were noted.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 3	S9999		

R110's Facility local State Agency Report, dated 12/26/23, documents an altercation between R110 and R91. R110 "was in a state of delusion, being disruptive in room. Staff went to check on (R110) at this time. (R110) exits room and directed outburst towards staff." The Report documents that R91 stated that R110 was "yelling at the nurse and (R110) approached (R91) and began swinging her arms, making contact." R72 states that "there was shouting" and that R72 tried to help staff. The Report's Incident Investigation Form, dated 12/26/23 at 10:45 am, documents that R110 was in R110's room shouting and came charging out of R110's room swinging R110's arms, then R110 shoved R72, and proceeded down the hallway, and started slapping R91. No injuries were noted and all parties were notified.

R110's current Care Plan documents that R110 has the potential to be physically aggressive related to poor impulse control.

2. R113's Face Sheet, dated 2/7/24, documents R113's diagnoses including Schizophrenia, Major Depressive Disorder, Anxiety Disorder and Catatonic Disorder due to known Physiological Condition.

R113's current Care Plan documents that R113 has the potential to respond physically when provoked by peers, is known to display fluctuations in mood and uses Psychotropic medications (Haldol) related to behavior management.

The Facility local State Agency Report, dated 1/27/24, documents that R41 has diagnoses including Schizoaffective Disorder/Depressive Type, Major Depressive Disorder, Recurrent

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 4	S9999		

Severe Without Psychotic Feature, Attention Deficit Disorder, Insomnia and Anxiety.

Facility local State Agency Report, dated 1/27/24, documents an altercation between R113 and R41. R113 and R41 were on the Facility Smoking Patio, and that "(R41) punched (R113) in the back of the head, so (R113) punched (R41) in the face and R41's face was bleeding." The Report's Incident Investigation Form documents that R41 stated, that R113 was making fun of R41's girlfriend and "was trying to get her in bed" and "(R113) would not stop saying things, so I palmed (R113) in the back of the head and (R113) punched me in the nose."

R113's Nursing Progress Note, dated 1/27/24 at 9:45 am, documents that R113 and R41 were involved in an altercation on the Smoking Patio and that (R113) states that "another Resident (R41) hit him."

R113's Quality Assurance Progress Note, dated 1/30/24, documents an altercation on 1/27/24, between R113 and R41, wherein R41 struck R113 and that R113 struck R41 back.

On 2/6/24 at 10:45 am, V11 (Certified Nursing Assistant/CNA) stated, "(R113) was out smoking on the patio and someone yelled at me that (R41) had a bloody nose. (R41) said that (R41) hit (R113) in the back of the head, so (R113) hit (R41) in the nose."

On 2/6/24 at 11:50 am, V20 (Certified Nursing Assistant/CNA) stated, "(R113) and (R41) were on the smoking patio and (R41) had a bloody nose. I was told that (R41) smacked (R113) in the back of the head and that (R113) punched (R41) in the face and (R41) got a bloody nose.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 5	S9999		

They were fighting over a girl."

3. The current Care Plan for R108 documents "(R108) has behaviors that others may find disruptive/socially inappropriate. Others may seek reprisal against this Resident. Behavior exhibited: yelling, cursing, making animal sounds instead of words, throwing items, laying on the floor, and taking other's belongings. Type of reprisal to guard against: physical aggression toward others. Those who may seek reprisal: Other residents. Resident's specific information: Diagnosis: schizophrenia, anxiety, PTSD (Post-Traumatic Stress Disorder)."

The Facility Reported Incident, dated 1/31/24, documents a witnessed altercation occurred on 1/31/24 between R25 and R108 and the police were called. R25 was sitting in a wheel chair and R108 grabbed R25 by the hair and "pulled (R25) down the hallway approximately 5 feet."

The signed and dated witness interview statements, dated 1/31/24, from V5 Housekeeping Supervisor, V17 Activity Director, V16 and V21 CNA's (Certified Nursing Assistants) document R108 pulled the facility fire alarm and then began roaming the hallways. R25 was sitting in a wheel chair propelling in the hallway and R108 grabbed R25 by the hair and began pulling R25 backwards. These staff intervened and separated the residents.

The Progress Note for R108, dated 1/31/24 and 1:56 pm, documents "(R108) was being combative and we were not able to redirect her. (R108) involved in a physical altercation with another resident (R25). (R108) was sent out to hospital via ambulance."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 6	S9999		

On 2/6/24 at 3:00 pm, V4 Regional Director of Operations stated she did this investigation, sent the initial and final together because it was a witnessed incident. R108 was agitated that day, pulled the fire alarm and then was wandering the halls. When R108 passed R25 in a wheel chair, R108 grabbed R25's hair and began pulling her wheel chair backwards by R25's hair, about five feet. R25 and R108 were separated immediately, R108 was sent to a local hospital for a psychological evaluation, R25 was assessed for injury, the police were called, and a report was filed with report number 24-ECPA-00205. V4 Regional Director of Operations confirmed this allegation as substantiated due to being witnessed by staff.

4. The facility's final Abuse Investigation dated, 1/23/24, documents an alleged physical altercation occurred between R46 and R77. This report documents V1 Former AIT (Administrator in Training) was notified on 1/19/24 that R77 "impulsively reached arm out, made contact with R46 and R46 struck R77 back.

V9 RN witness interview statement, signed and dated 1/19/24, documents "(R77) sitting in w/c (wheel chair) hysterically laughing by Nurses Station. (R46) walking by, (R77) reached out arm impulsively and made contact with (R46). (R46) struck (R77) back on right arm/shoulder, was upset about situation."

V24 RN witness interview statement, signed and dated 1/19/24, documents "This RN observed (R77) reach out to strike at another Res (resident) as they walked past other Res. (R46) then turned and hit (R77) in the arm stating 'that's what you get for hitting me.'"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 7	S9999		

R77's signed and dated interview, dated 1/19/24, indicates R77 did not recall the incident. R77 made sexual comments to V2 DON (Director of Nursing) during interview. A second interview attempt was made on 1/20/24 with another related verbal response.

R46's Statement, dated 1/19/24, documents resident stating "The guy in the hallway punched me real hard so I hit him back."

On 2/6/24 at 3:00 pm, V4 Regional Director of Operations confirmed this allegation as substantiated due to being witnessed by staff.

5. R89's Care plan, dated 11/15/23, documents, "The Resident is known to display fluctuations in mood related to schizo-affective disorder, Parkinson. (R89) is noted to have inappropriate behaviors and responses such as spitting on/toward staff and peers, knocking over ice carts and laundry carts."

A Facility Final Report (to State Agency) for incident on 11/14/23, no date available, documents, "Original Complaint: It was reported to the abuse coordinator of an alleged altercation. While in the dining room R89 allegedly shouted at R96, R96 made contact with R89 after. Account: R96 states R89 was in the way. R96 asked R89 to move several times. R89 raised his voice at R96. R96 then made contact with R89 while making her way around him. Determination: It appears as the dining room was congested. R89 became over stimulated and started shouting. R96 was simply trying to pass by."

Incident Investigation Form with V20 (CNA-Certified Nursing Assistant), dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 8	S9999		

11/14/23, documents, "I heard yelling and came around corner to see (R89) have a hold of (R96's) arm."

On 2/6/24 at 11:20 a.m., V20 stated, "I just came around the corner and saw (R89) holding (R96's) arm."

Incident Investigation Form with V21 (CNA), dated 11/14/23, documents, "(R96) had pushed elbow into (R89) and (R89) grabbed (R96's) wrist."

6. A facility Final Investigation Report (to State Agency), no date available, documents, "It was reported to the abuse coordinator of an alleged altercation on 1/22/24. While in the common areas residents (R72 & R89) had a verbal disagreement that led to physical contact. Account: R89 states he was trying to retrieve a cup. R72 states she will not be disrespected in her house and shouted at R89."

R72's statement, dated 1/22/24, documents, "I won't be disrespected in my house. I got in his (R89's) face and yelled at him and he hit me for no reason."

V12's (Business Office Manager) written statement, dated 1/22/24, documents, "I was coming around the nurses station when I heard yelling in the living room. As I rounded the corner I saw (R89) and (R72) arguing. As I was walking towards them to separate them, (R89) reached out and struck (R72). I ran to them, (R89) had (R72) in a bent over hug from the side."

On 02/07/24 11:13 AM V12 stated, "I was coming from the nurses' station and heard yelling. When I got in the fireplace area, (R72's) back was to me,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 9	S9999		

but I could see that (R89) had struck (R72) in the chest area. Then, he had her in like a bent over hug like position."

7. The Facility's "Final report for Incident on 10/5/23" documents that R87 he asked R72 to stop talking. R72's written statement documents R72 told R87 if he asked again she would strike him. R72 then stuck R87 on the arm and R87 "backhanded" R72 across the face. The "Account" documented that the account of the incident was taken by R72 and R87 and written statements from peers in the dining room during the incident that R72 slapped R87's arm and R87 smacked R72 with the back of his hand across the face.

On 2/5/24 at 1:30 PM R72 stated " I was only joking around with (R87) and lightly tapped him on the arm and he backhanded me across the face. It hurt, but I didn't have any bruising or anything." "He apologized for over reacting."

8. The Facility's "Final Report for incident on 11/1/23" documents that on 11/1/23 R72 got in R12's "personal space and would not move." R12 then pushed R72 to the side. The "Account" section of the "Final Report" documented that the account of the incident was taken by R12 and R72 and V11(Certified Nurse Aide) who witnessed the incident and confirmed that R12 physically shoved R72 out of her way and walked past her.

9. The Facility's "Final Report for incident on 12/1/23" documents that R72 was in the living room talking with R82 and R12 began being verbally aggressive towards both R72 and R82. R12 then got up and "made contact with" R72's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 10	S9999		

arm before walking out of the room. The "Account" section of the "Final Report" documents the account of the incident by R12, R72 and R82 who witnessed the incident and V11 (Certified Nurse Aide) who overheard the incident and confirms that R12 "made contact with" R72's arm while walking away.

On 2/6/24 V11 (Certified Nurse Aide) stated "I didn't actually see (R12) make any sort of contact with (R72) but (all three residents) told me it was like (R12) just kind of bumped her arm against (R72)'s arm aggressively."

On 2/6/24 at 1:30 PM R72 stated "(R12) is just a b***h and thinks she runs this place, We can't sit by each other at anything anymore and our rooms had to get changed."

(B)

Statement of Licensure Violations (2 of 2)

300.625c)2)

SECTION 300.625 IDENTIFIED OFFENDERS

c)If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:

2)Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 11	S9999		

of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.

This requirement is not met as evidenced by:

Based on interview and record review, the facility failed to obtain fingerprints for an Identified Offender within 72 hours of admission for six of ten residents (R67, R75, R89, R102, R104, R109) reviewed for Identified Offender in the sample of 51.

Findings Include:

R67's CHIRP (Criminal History Information Response Process) dated 8/8/23, documents "Result: HIT."

R75's CHIRP dated 12/5/22, documents "Result: HIT."

R89's CHIRP dated 3/17/23, documents "Result: HIT."

R102's CHIRP dated 4/21/23, documents "Result: HIT."

R104's CHIRP dated 9/14/23, documents "Result: HIT."

R109's CHIRP dated 8/8/23, documents "Result:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 12	S9999		

HIT."

R67, R75, R89, R102, R104, R109's Medical Records and Business Office Records do not include a request for a live scan State and Federal Bureau of Investigation (FBI) fingerprint check.

A fingerprint request letter, completed by V12 (Business Office Manager), dated 2/5/24, states "Good morning, I have several residents who have qualifying Hits on their CHIRP. I need to set up a date and time as soon as possible to get them fingerprinted, preferably in the facility. I have listed the names of the residents that need their prints completed. (R67, R75, R89, R102, R104, R109)."

On 2/7/24 at 9:45 a.m., V3 (Vice President of Operations) stated he did not find a policy on "Identified Offenders." V3 stated the facility is expected to follow the state regulations and requirements for Identified Offender screening.

On 2/7/24 at 10:55 a.m., V12 (Business Office Manager) stated "We are behind on getting residents fingerprinted for their background checks. Our server went down, and we were not able to login to (the computer program) to request fingerprints or print that evidence. The fingerprint request should have been submitted within 72 hours of finding out the residents had a qualifying hit on their name-based background check that is done on admission. We don't accept sexual offenders here, so we check before they come in. We knew none of the admitted residents were high risk or identified sexual offenders from the first screen done by the company and from the receiving facility the resident came from. We have no high-risk residents in the facility at this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	02/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET EL PASO, IL 61738

(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 time." (C)	S9999		