

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Facility Reported Incident of 7/12/25/IL2577374						
	Complaint Investigation 2526374/IL2561260						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	300.610a)						
	300.1210c)						
	300.2040b)2)						
	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.						
	300.1210. General Requirements for Nursing and Personal Care						
	c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.						
	300.2040. Diet Orders						
	b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian						
	2) The diet shall be served as ordered.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 1 These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow diet orders for residents who receive mechanical soft diets, failed to document residents' noncompliance with mechanically altered diets, and failed to educate facility staff on residents who are on mechanically altered diets. These failures resulted in R1, who has a history of choking and requiring the Heimlich Maneuver, being able to purchase snacks from V5 (Medical Records) that were not part of R1's physician ordered diet texture. These failures have the potential to affect all 20 residents (R1, R4 through R22) who reside in the facility that receive a mechanically altered diet. Findings include: The facility Inservice Training Handout: Understanding Diet Types in Skilled Nursing Facilities (SNFs), not dated, documents, "Mechanical Soft Diet (Mechanically Altered) Definition: Soft, moist foods that require minimal chewing. Meats are ground or finely chopped. No hard, crunchy, or sticky textures. Important Guidelines: Always follow speech-language pathologist recommendations. Do not serve foods outside of resident's prescribed texture level. Use visual cues, consistency checks, and documentation." The facility training policy, titled "What is a texture Modified Diet", not dated, documents, "Mechanically altered or soft diets is used when there are problems with chewing and swallowing. Changes the consistency of a regular diet to a softer texture. Includes chopped or ground meats as well as chopped or ground raw fruits and vegetables. Foods to avoid on a Mechanical Soft Diet: Nuts and seeds, non-ground meats, breads with hard crust, hard candy, and raw, crunchy fruits and vegetables." R1's Admission record documents R1's date of admission to the facility was 8/9/22 and his diagnoses included: Diabetes Mellitus due to underlying condition without complications, Dementia in other diseases classified elsewhere moderate with agitation, Hyperlipidemia, Personal History of Transient Ischemic Attack (TIA), and Cerebral Infarction without residual deficits. R1's Minimum Data Set (MDS) assessment, dated 7/1/25, documents R1 has a Brief Interview for Mental Status (BIMS) score of 9/15, indicating moderate cognitive impairment. R1's progress notes dated 7/12/25 documents, "RN		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 2 (Registered Nurse) called to dining room with reports of "Resident choking" RN reported to the dining room, observed resident sitting in chair at table and taking several bites of food without swallowing between bites, color is good, V/S (vital signs) stable, afebrile, breath sounds are clear to auscultation bilaterally, SAO2 (arterial oxygen saturation) 98% (percent) on room air, resident reports "I don't know why I choked this was the first time that has happened." RN completed assessment and remained with the resident to observe eating pattern and noted that resident was eating fast and taking several bites of salad without swallowing after each bite, RN encouraged resident to swallow after each bite and to follow up with a drink of water before taking additional bites, resident demonstrated appropriate swallowing. Dr. (doctor) V6 informed at 2000 (8:00pm), POA (Power of Attorney) (V7), brother notified at 2010 (8:10pm) per phone conversation, RN contacted (Contracted Diagnostic Company) services for STAT (immediate) chest X-Ray, spoke with (Contracted Diagnostic Company) staff, STAT chest X-Ray ordered. Facility manager on duty, V3 (Assistant Director of Nursing/ADON) notified." On 8/5/25 at 10:30am, V8 (Certified Nursing Assistant/CNA) stated, "I was serving the supper meal in the dining room when I heard another resident yell 'He's choking.' I immediately went to R1 and saw that he was unable to breathe so I got him (R1) to stand up and performed the Heimlich Maneuver on him. It took approximately four good thrusts before a small piece of food was dislodged and he started coughing so I stepped back and let him continue and he was able to cough up the rest of the lettuce up by himself (R1) and began breathing and talking. After I knew he (R1) was ok I went and got his nurse who completed an assessment on him." R1's facility SBAR (Situation, Background, Assessment, Recommendation) Communication Form and progress note dated 7/12/25, documents, "resident (R1) had a swallowing issue." R1's Physician Orders dated 7/14/25 document that R1's diet was changed to CCD (Controlled Carb Diet) diet Mechanical Soft texture, Regular/Thin consistency, no lettuce, or green leafy vegetables for diet related to Diabetes Mellitus due to underlying condition without complications. R1's current care plan documents, "(R1) is a risk for aspiration and choking related to impaired swallowing function evidenced by actual choking incident requiring Heimlich Maneuver and (R1) requires a modified diet		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 3 (mechanical soft) with thin liquids." R1's Incident Report for Choking/Emergency Intervention dated 7/12/25, documents at approximately 6:45pm R1 choked requiring the Heimlich Maneuver, R1 was assessed post choking, chest X-Ray was ordered, R1 monitored every four hours for 72 hours for respiratory changes, a repeat chest X-Ray to be done 72 hours after initial chest X-Ray, diet temporarily downgraded to mechanical soft pending Speech Therapy evaluation, Speech Therapy referral for evaluation initiated, R1 to be supervised at all meals, R1's Care plan updated, entered on facility Risk Management log and POA (Power of Attorney) notified. On 8/1/25 at 11:50am, R1 noted to purchase a can of potato chips, chocolate wafer bar and a candy bar from V5 (Medical Records) at the snack room. R1 stated he does not have a swallowing issue and does not remember choking or getting the Heimlich maneuver a couple of weeks ago. On 8/1/25 at 12:00pm, V4 (Dietary Manager) stated, "If someone is on a Mechanical Soft Diet, they definitely should not be eating potato chips. However, we cannot deny someone something if they want to eat it, we can only educate them." On 8/1/25 at 12:10pm, V1 (Administrator) stated, "It's a double edge sword. Residents have the right to refuse orders and we can't keep them from buying snacks from vending. That would be impossible to supervise. All we can do is educate when we see them not following dietary orders." R1's progress notes dated 7/17/25 at 5:17pm, documents, "Resident was noted in the dining room eating flaming hot (brand name of type of chip) that he purchased from another resident. Resident was educated that he is a mechanical soft diet and that he should not be eating those at this time d/t (due to) risk of choking. Resident was reminded of choking incident and why his diet has been modified. Resident refused to stop eating Cheetos but was supervised while eating and had no issues during this time. MD (Medical Doctor) notified." No further documentation noted in R1's medical record regarding education on diet. On 8/1/25 at 1:40pm, V3 (Assistant Director of Nursing/ADON) stated, "We do not have vending machines. We have a staff member who opens a snack room for a period of time during the day so the residents can buy snacks."		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 4 On 8/5/25 at 10:20am, V7 (R1's Power of Attorney) stated, "I'm not recalling them calling me to notify me of (R1) choking and requiring the Heimlich Maneuver. They haven't called me about buying snacks that are hazardous either. They have called me recently about fights he (R1) has and suggestions on looking at places closer to me with a dementia unit but nothing about him (R1) choking, his diet or needing to see Speech. I have my faculties about me, and I would remember a call like that." V7 also stated that he would be willing to come to the facility if needed to get the Speech evaluation done if the facility would give him prior notice to get there. V7 stated, "Ultimately I want him to be safe so whatever is in his best interest I'm willing to do." On 8/5/25 at 10:35am, V6 (Medical Director/Physician) stated, "I had been made aware of his (R1) choking episode, but the facility has not contacted me about his (R1) noncompliance with following his down-graded diet or to speak with him (R1) or his family to go over the risk of not following the prescribed diet. It would be futile to attempt to educate him (R1) on the risk of not following his diet due to his poor cognition, he (R1) would forget within an hour anything I've told him. The staff should provide him with safe food options in accordance with his diet but I'm not sure how they will be able to manage that with his (R1) cognitive impairments." On 8/5/25 at 10:50am, V5 (Medical Records) stated, "I am in charge of opening the snack room so residents can buy snacks. I have been given no guidance on resident diets up until last Friday (8/1/25) when I was told that I let a resident (R1) purchase chips and he was not supposed to have them but prior to that they have said nothing to me about resident diets. I'm familiar with therapeutic diet consistencies like Mechanical Soft or Pureed but I have no clue what residents in this building are receiving those types of diets." V5 also stated that he opens the snack room from 11am-1pm on Monday, Wednesday, and Fridays and 12-1 on the other days typically. R1's Speech Therapy Evaluation dated 8/4/25, documents, "The ST (Speech Therapist) discussed with the DON (Director of Nursing) and the dietary manager about continuing to provide mechanical soft solids, and thin liquids, as tolerated. Cut up solids prior to placement on the table and try placing solids in individual bowls to assist with reduced rate of intake. ST also encouraged the staff to remind the patient at each meal to slow down and take sips of liquids every 2-3 (two-three) bites."		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 5 On 8/5/25 V10 (Certified Nursing Assistant/CNA), V11 (Licensed Practical Nurse/LPN), and V12 (Registered Nurse/RN) all stated that they had just received in-servicing on R1's diet. On 8/6/25 at 11:20am, V14 (Speech Therapist) stated, "I evaluated (R1) this past Monday for swallowing concerns due to his recent choking. He (R1) was downgraded by the facility and his (R1's) physician to a Mechanical Soft diet. He (R1) was not very receptive about my recommendations while watching him eat, he (R1) ate extremely fast and is very impulsive. Potato chips would not be part of a Mechanical Soft diet. If he (R1) were to get a bag of potato chips from a vending machine and eat them unsupervised there is a potential for him to choke, aspirate, or even die from choking because of the way he eats." On 8/6/25 at 11:30am, V12 (Registered Nurse/RN) stated, "I don't have all my residents' diets memorized, so no I would not know if they were eating what they shouldn't be without going to look at their orders and unless they were having issues when I saw them snacking, I wouldn't question their diet." On 8/6/25 at 11:45am, V17 (Certified Nursing Assistant/CNA) stated, "I do not know everyone that receives a Mechanical Soft diet, but I do know a few. I also know that they should not be eating anything hard." On 8/6/25 at 2:19pm, V18 (Registered Nurse/RN) reports that the vending room causes problems because the residents buy whatever they want. 2. R4's Admission record documents R4's date of admission to the facility was 2/24/20 and his diagnoses included: Diabetes Mellitus due to underlying condition with Diabetic Autonomic (Poly)Neuropathy, Type 2 Diabetes Mellitus without Complications, Magnesium Deficiency, Hyperlipidemia, Gastro-Esophageal Reflux Disease without Esophagitis, Heartburn and Constipation. R4's Minimum Data Set (MDS) assessment, dated 7/1/25, documents R4 has a Brief Interview for Mental Status (BIMS) score of 13/15, indicating cognition is intact. R4's Physician Orders dated 2/4/25, documents R4 has an order for Regular Diet Mechanical Soft texture, Regular/Thin consistency. On 8/6/25 at 11:20am, R4 observed in his room with bag of chips, bag of cheese curls, and a chocolate candy		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 6 bar on his bed. R4 reports that staff do not tell him what snacks he shouldn't purchase due to diet restrictions. On 8/8/25 at 10:30am, V22 (Minimum Data Set/Care Plan Coordinator) verified that R4's current care plans lacked non-compliance with diet textures prior to 8/7/25. 3. R5's Admission record documents R5's date of admission to the facility was 7/26/22 and his diagnoses included: Type 2 Diabetes Mellitus without Complications, Hyperkalemia, Deficiency of other specified B Group Vitamins, Hyperlipidemia, and Gastro-Esophageal Reflux Disease without Esophagitis. R5's Minimum Data Set (MDS) assessment, dated 7/2/25, documents R5 has a Brief Interview for Mental Status (BIMS) score of 15/15, indicating cognition is intact. R5's Physician Orders dated 2/4/25, documents R5 has an order for Regular Diet Mechanical Soft texture, Regular/Thin consistency. On 8/6/25 at 11:16am, R5 observed sitting in his room with 2 cans of potato chips, 2 Chocolate candy bars, 2 bottles of soda unopened in front of him on bedside table. R5 states that he does purchase items from the vending room, and he usually gets cans of chips, candy bars, and soda. R5 stated that staff do not advise him on what he should not purchase or any risk to eating what I buy. On 8/8/25 at 10:30am, V22 (Minimum Data Set/Care Plan Coordinator) verified that R5's current care plans lacked non-compliance with diet textures prior to 8/7/25. 4. R9's Admission record documents R9's date of admission to the facility was 2/10/21 and his diagnoses included: Type 2 Diabetes Mellitus without Complications, Hyperkalemia, Deficiency of other specified B Group Vitamins, Hyperlipidemia, and Gastro-Esophageal Reflux Disease without Esophagitis. R9's Minimum Data Set (MDS) assessment, dated 6/9/25, documents R9 has a Brief Interview for Mental Status (BIMS) score of 15/15, indicating cognition is intact. R9's Physician Orders dated 3/5/25, documents R9 has an order for Regular Diet Mechanical Soft texture, Regular/Thin consistency, supervision for all meals. On 8/6/25 at 11:30am, R9 observed lying in bed with		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055806		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/08/2025	
NAME OF PROVIDER OR SUPPLIER EL PASO HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 850 EAST SECOND STREET , EL PASO, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 7 head elevated. R9 reports that he purchases popcorn and drinks from the vending room. R9 stated, "They tell me I shouldn't have popcorn, but it is my life, and I am going to live it." On 8/8/25 at 10:30am, V22 (Minimum Data Set/Care Plan Coordinator) verified that R9's current care plans lacked non-compliance with diet textures prior to 8/7/25. 5. R12's Admission record documents R12's date of admission to the facility was 5/1/04 and his diagnoses included: Type 2 Diabetes Mellitus without Complications, Dysphagia Oropharyngeal Phase, Unspecified Dementia Unspecified Severity without Behavioral Disturbance, Psychotic Disturbance. Mood Disturbance, or Anxiety, and Constipation. R12's Minimum Data Set (MDS) assessment, dated 6/24/25, documents R12 has a Brief Interview for Mental Status (BIMS) score of 14/15, indicating cognition is intact. R12's Physician Orders dated 3/5/25, documents R12 has an order for Regular Diet Mechanical Soft texture, Regular/Thin consistency. On 8/6/25 at 1:42pm, R12 reports that he purchases food items from the vending room, but staff do not advise him on what food items to avoid because of dietary restrictions. On 8/8/25 at 10:30am, V22 (Minimum Data Set/Care Plan Coordinator) verified that R12's current care plans lacked non-compliance with diet textures prior to 8/7/25. (B)		S9999				