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 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	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 Annual Licensure	S0000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.615 f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This requirement in not met as evidence by: Based on record review and interview the facility failed to complete the required Sex Offender website checks for seven of ten residents (R8, R9, R10, R11, R12, R13, and R14) reviewed for Residents Background Checks in the sample of 17. Findings Include: The Identified Offender Policy dated 6/2022 documents Policy “It is the policy of the facility to provide a criminal background screening for all residents to be admitted to the facility in accordance with state and federal regulation.” Procedure “The facility will as part of the admissions screening process: Complete a check of the two sexual offender websites as mandated. The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.”	S9999		

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

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 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	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 1. R8's Face Sheet documents R8 was admitted to the facility on 3/6/25. R8's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. 2. R9's Face Sheet documents R9 was admitted to the facility on 9/16/25. R9's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. 3. R10's Face Sheet documents R10 was admitted to the facility on 5/6/25. R10's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. 4. R11's Face Sheet documents R11 was admitted to the facility on 5/29/25. R11's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. 5. R12's Face Sheet documents R12 was admitted to the facility on 3/6/25. R12's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. 6. R13's Face Sheet documents R13 was admitted to the facility on 3/6/25. R13's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. 7. R14's Face Sheet documents R14 was admitted to the facility on 4/24/25. R14's Admission Record does not document that Illinois Sex Offender Registry and Department of Corrections background checks were completed as of 10/15/25. On 10/15/25 at 9:10 AM, V1/Administrator confirmed that Criminal History Background website checks were not completed for R8, R9, R10, R11, R12, R13, and R14. V1 stated that he does the background checks and was doing the National Sex Offender check instead of the Illinois	S9999		

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 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	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 Sex Offender Registry and Department of Corrections check. (C) 2 of 2 300.625 c) 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 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 evidence by: Based on interview and record review the facility failed to arrange for a fingerprint-based criminal history record inquiry request on the identified offender resident within 72 hours for one of ten residents (R9) reviewed for background checks in a sample of 17. Findings Include: The Identified Offender Policy dated 6/2022 documents “If the results of a resident’s criminal history background check reveal that the resident is an identified offender the facility shall do the following: Within 72 hours, arranged for a fingerprint based criminal history record inquiry to be requested on the identified offender resident.” R9’s CHIRP (Criminal History Information Response Process) documents R9’s CHIRP was done on 9/10/25. R9’s fingerprint-based criminal history record inquiry was not requested until 10/14/25. R9’s Admission Record printed 10/15/25 documents that R9 was admitted to the facility 9/16/25.	S9999		

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 10/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	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 An E (Electronic)-Mail written by V3/Social Service Director dated 10/14/25 at 11:27 AM, sent to V12/Fingerprint Scheduler documents “Are you still (the facility) contact person for scheduling fingerprints? If so, I have a resident who needs fingerprinted.” On 10/15/25 at 1:32 PM V1/Administrator verified R9 did not have his fingerprint- based criminal history record inquiry conducted within 72 hours of the HIT on R9’s CHIRP (Criminal History Information Response Process). V1 stated that he does the background checks then passes them off to V3/Social Service Director to request the fingerprinting if needed. The request for R9 somehow got missed and was not requested until 10/14/25. C	S9999		