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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145319 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                            | (X3) DATE SURVEY COMPLETED<br><br>01/13/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Arc at El Paso |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>555 East Clay<br>El Paso, IL 61738 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
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| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>50627</p> <p>Based on observation, interview, and record review, the facility failed to ensure restorative services were being provided for 3 of 3 residents (R1, R2, R3) reviewed for restoratives and range of motion in a total sample of three.</p> <p>Findings include:</p> <p>The facility's Restorative Nursing Program policy revised on 01/2019 documents, Purpose: to promote each residents ability to maintain or regain the highest degree of independence as safely as possible. Includes, but is not limited to, programs in walking/mobility, dressing and grooming, eating and swallowing, transferring, bed mobility, communication, splint or brace assistance, amputation care and continence programs. Guidelines: Documentation of the interventions and the resident's response will be completed with each implementation.</p> <p>1. R1's Restorative: Active ROM (Range of Motion) done every shift dated 1/13/25 look back on the last 14 days show the following dates documented as not done. 12/31/24-1/13/25 only done on two shifts instead of three.</p> <p>R1's Restorative: Dressing/grooming done every shift dated 1/13/25 look back on the last 14 days, the following dates not done. 1/3/25: morning, 1/4/25: night, 1/6/25: morning, 1/9/25: evening, and 1/13/25: morning.</p> <p>2. R2's Restorative Bed Mobility done every shift dated 1/13/25 look back on the last 14 days, the following dates not done. 1/2/25: morning, 1/3/25: morning, 1/5/25: night, 1/6/25: morning, 1/8/25: morning, 1/12/25: morning, and 1/13/25: morning.</p> <p>R2's Restorative: Ambulation: R2 to ambulate with staff 2-3 times per day using with FWW and gait belt x (times) 1 assist with w/c (wheelchair) to follow. 100-200ft (feet), dated 1/13/25 look back on the last 14 days, the following dates not done. Dates 12/31/24-1/13/25 show less than 100-200 feet and not being done on several dates.</p> <p>3. R3's Restorative: Dressing/grooming, dated 1/13/25 look back on the last 14 days, the following dates not done. 1/2/25: morning, 1/4/25: night, 1/6/25: morning, 1/12/25: morning, and 1/13/25: morning.</p> <p>(continued on next page)</p> |

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.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 1/13/25 at 9 A.M., V4 (CNA) stated, I do not ever have time to get restoratives done or walking residents.</p> <p>On 1/13/25 at 11:30 A.M., R2 was in her room, dressed, in her bed, and pleasant to talk with. R2 stated she does not receive therapy anymore and she does not walk with her wheeled walker ever with any CNA. R2 stated she only uses her wheelchair and does not walk.</p> <p>On 1/13/25 at 11:45 A.M., R1 was in her room, in her bed, dressed, oxygen via nasal cannula on. R1 stated she does not have any CNA staff come in and help her with moving her arms or legs or help getting dressed.</p> <p>On 1/13/25 at 12:10 P.M., R3 was in his room, in bed, and dressed. R3 has a urinary catheter and had foot pillows on his feet to protect his heels from pressure injury since he cannot get out of bed without the use of a mechanical lift. R3 stated he does not have any type of restorative program done daily with staff asking him to assist with dressing/grooming and that staff does it for him.</p> <p>On 1/13/25 at 2:15 P.M., V2 (DON/Director of Nursing) stated, I agree that restoratives are not being done, and that we need to work on it.</p> |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>50627</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient staff to care for dependent residents. This failure has the potential to affect all 60 residents residing in the facility.</p> <p>Findings include:</p> <p>The Facility Assessment Tool dated 08/2024-07/2025, documents, Indicate the number of residents you are licensed to provide care for: 65. Average Daily Census Analysis states the average residents are 60, the minimum is 55, and the maximum is 64. This same document states that staffing units per shift should have one Registered Nurse (RN), one Licensed Practical Nurse (LPN), and six Certified Nursing Assistants (CNA's) for days. Evenings, one RN, one LPN, and six CNA's. Nights, one LPN, and five CNA's.</p> <p>The facility's Resident List Report, dated 1/13/25, documents that 60 residents reside in the facility.</p> <p>The facility's Daily Staffing Sheet, dated 1/13/25, documents that for 1st shift the facility staffed one RN and one LPN and five CNAs. The same sheet documents that for 2nd shift the facility staffed two LPN's and five CNAs.</p> <p>On 1/13/25 at 9 A.M., V4 (CNA) stated, They are always short staffed and that she never has time to finish her required assignments. That on average she has 10-15 residents to care for all by herself. V4 stated that she does not ever have time to get restoratives done or walking residents.</p> <p>On 1/13/25 at 9:10 A.M., there were four CNAs on the floor observed doing various job tasks. There was a strong urine smell coming from one of the rooms.</p> <p>On 1/13/25 at 9:15 A.M., V5 (CNA) stated, Most of the time I do not get my required assignments done, and when I do it is tight. On average I have 11 residents to myself.</p> <p>On 1/13/25 at 9:30 A.M., V6 (RN/Registered Nurse) stated, Current staffing needs are getting better, the facility has started using agency about two weeks ago, but we are all human and there are still call offs from staff being sick, or on vacation, and we are never fully staffed.</p> <p>On 1/13/25 at 11:30 A.M., R2 stated she does not walk, and she does not have any staff come in and help her with walking or any range of motion activities.</p> <p>On 1/13/25 at 11:45 A.M., R1 stated she does not do any range of motion activities, or any walking.</p> <p>On 1/13/25 at 12:10 P.M., R3 stated he does not have anyone come in and help him move around or helps them assist him getting dress and that he cannot walk.</p> <p>(continued on next page)</p> |   |  |

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| <p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>On 1/13/25 at 12:20 P.M., V2 (DON/Director of Nursing) stated she knew of the urine smell coming from the room and that she would speak to staff about this.</p> <p>On 1/13/25 at 2:30 P.M., after walking by the room, there was only a faint smell of urine indicating that staff had cleaned the room.</p> <p>On 1/13/25 at 1:45 P.M., V3 (Infection Presentationist/CNA (Certified Nursing Assistant) Scheduler) stated, We schedule based on the census, I was told if it is 62 or under to go 5 or over 62 to schedule 6. V3 stated that she took over her position in the beginning of January. V3 stated that yes, on 1/13/25 on day shift there were only 5 CNA's and on evening shift only 5 CNA's. V3 stated she did not know she was supposed to staff based on facility assessment.</p> <p>On 1/13/25 at 2:30 P.M., V7 (LPN/Licensed Practical Nurse) stated that the 1/13/2025 Daily Staffing Sheet was accurate, there were five CNAs, and two LPNs on staff working the unit halls and caring for the residents.</p> |   |  |