STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146097	A. Building B. Wing	04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
El Paso Health Care Center	850 East Second Street El Paso, IL 61738

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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. 33973 Based on interview and record review the facility failed to provide evidence of facility's refusal to readmit a resident was not based on the resident's status at the time of transfer and failed to provide documentation by a physician regarding the basis of a resident's involuntary transfer/discharge with indications for why a resident should not return to the facility or what resident needs could not be met at the facility for one (R2) of three residents reviewed for Involuntary Discharge in a sample of three. Findings include: Facility Resident Rights for People in Long Term Care Facilities, revised 11/2018, documents You must be allowed to return to your facility after you are hospitalized as long as you still need that level of care. If you get Medicaid and are hospitalized for ten or fewer days, your facility must let you return when you leave the hospital even if the facility has given you a written discharge notice. If you are hospitalized for more than ten days, your facility must let you return if it has a bed available and you still need that level of care. If your facility is full, you must be allowed to have the first available bed, if you still need that level of care. The facility's undated Resident Involuntary Discharge policy documents It is the policy of this facility to only initiate involuntary discharge proceedings when the below listed situations exist. The facility's primary concern is for the health and safety of the affected resident and for the health and safety of other residents, visitors, and staff members. Criteria for Involuntary Discharge: 1. The discharge is necessary to meet the resident's welfare and the resident's welfare cannot be met in the facility. a. The justification must be documented in the resident record by the resident's physician .3. The safety of individuals in the facility would otherwise be endangered. a. The details must be documented in the record. 4. The health of individuals in the facility would otherwise be endangered. a. This must be documented in the resident record by any physician. R2's current Physician Order Sheet/POS diagnoses include Bipolar Disorder, Auditory Hallucinations, Suicide attempt, Antisocial Personality Disorder, Generalized Anxiety Disorder, and Schizoaffective Disorder Bipolar Type. R2's current Care Plan includes (R2) is known to display fluctuations in mood related to Bipolar, Schizoaffective Disorder, and (R2) is/has potential to be verbally aggressive related to ineffective coping skills. (continued on next page)

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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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Progress note, dated 3/3/24, documents R2 had increased confusion and hallucinations, was in an altercation with a peer, and sent out to the hospital for evaluation. R2's Progress note, dated 3/8/24 by V4 Social Service Director/SSD, documents Resident was taken to (named) hospital in (location) at approximately 4:30pm on 03/08/24 for psych evaluation per (V11 R2's facility physician and V12 R2's psychiatrist's) recommended hospitalization (after a session today) due to resident having delusions, suicidal and homicidal ideations, as well as engaging in self-harm by using her fingernails to cut herself. R2's clinical record does not include the reason for R2 not being readmitted to the facility, interventions/attempts to meet the resident's needs, notes of communication with the hospital, or what R2's status/condition was upon the hospital's request for return. R2's Hospital Medical Doctor/MD Psych Progress note, dated 3/19/24, documents Coherent, no psychotic or inappropriate thought content. R2's Hospital MD Psych Progress note, dated 4/16/24, documents recommendations that include Continue current inpatient psychiatric admission; Provide safe and secure environment .Patient is open to explore nursing homes. On 4/23/24, between 10:20am - 2:50pm, V2 Administrator in Training/AIT stated the following: (R2) was not accepted back due to not being able to meet her needs of needing a private room which we do not have. (R2) requires a private room due to her behaviors and aggression; threats and aggression against her roommate which is the reason we sent her out (on 3/8/24). (V2) is unsure of (R2's) status/condition on 4/5/24 when the hospital reached out .There were phone calls to the nurse (V5 LPN), V1 Administrator and V5 Social Service Director/SSD but no documentation was completed. V1 is out all week and unavailable for interview. On 4/24/24, at 11:19am, V4 Social Service Director/SSD stated the following: I was told no by Administration that we would not be able to take (R2) back due to not meeting her needs. At this time, V4 denied documenting what danger (R2's) return would pose or what needs needed to be met. I don't see where I documented anything after the note of (R2) going out .I don't know what (R2's) status was when they (hospital) called. I can't be 100% and don't have it documented .I dropped the ball on the notes for sure. On 4/25/24, at 12:29pm, V2 AIT stated As for an involuntary discharge, this was not an involuntary discharge. This was a 10-day bed hold discharge. After the 10 days, we no longer had a private room available to accommodate this resident. This resident required a private room to protect the other residents at (named facility) due to her homicidal ideation. V8 Hospital LCSW's e-mail, dated 4/25/24 at 11:40am, documents (V1) initially faxed us the (involuntary discharge) paperwork and wanted us to give it to (R2). We did not give it to the patient (R2) as we were under the impression that the (named facility) should be doing that in person. The facility's fax cover letter faxed to the hospital and dated 3/20/24, documents: Attention to (V8 LCSW), from (named facility), for (R2). R2's undated and unsigned Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents has State Proceeding marked. (continued on next page)

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F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/26/24, at 12:52pm, V11 R2's facility doctor stated the following: I could have very well been notified that they weren't taking (R2) back. However, I was not involved in whether or not (R2) was coming back so nothing is documented by me. V11 stated V11 is unaware that the facility did not accept (R2) back and that (R2) is still in the hospital waiting for nursing home placement. V11 stated they probably referred to (R2's) status at the time (R2) left if they said they couldn't meet (R2's) needs. On 4/26/24, at 2:50pm, V2 AIT denied knowing that on 3/20/24, V1 faxed Involuntary Discharge paperwork over to the hospital for R2 to sign.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33973 Based on observation, interview, and record review, the facility failed to permit resident (R2) to be readmitted to the facility from the hospital after inpatient psychiatric hospitalization for psychiatric assessment and treatment and failed to develop and implement a policy for Transfer/Discharge that addresses permitting residents to return to the facility after a hospital or therapeutic leave for one (R2) of three residents reviewed for facility-initiated transfers in a sample of three. This resulted in the resident (R2) remaining in the hospital for more than 30 days while waiting for nursing home placement. Findings include: Facility Resident Rights for People in Long Term Care Facilities, revised 11/2018, documents You must be allowed to return to your facility after you are hospitalized as long as you still need that level of care. If you get Medicaid and are hospitalized for ten or fewer days, your facility must let you return when you leave the hospital even if the facility has given you a written discharge notice. If you are hospitalized for more than ten days, your facility must let you return if it has a bed available and you still need that level of care. If your facility is full, you must be allowed to have the first available bed, if you still need that level of care. On 4/23/24, at 10:00am, R2 was not residing in the facility and the facility's Resident Room Roster, dated 4/23/24, does not include R2. R2's Face Sheet documents R2's payer source as Medicaid. R2's current Physician Order Sheet/POS diagnoses include Bipolar Disorder, Auditory Hallucinations, Suicide attempt, Antisocial Personality Disorder, Generalized Anxiety Disorder, ands Schizoaffective Disorder Bipolar Type. R2's Progress note, dated 3/8/24 by V4 Social Service Director/SSD, documents Resident was taken to (named) hospital in (location) at approximately 4:30pm on 03/08/24 for psych evaluation per (V11 R2's facility physician and V12 R2's psychiatrist's) recommended hospitalization (after a session today) due to resident having delusions, suicidal and homicidal ideations, as well as engaging in self-harm by using her fingernails to cut herself. R2's Minimum Data Set/MDS assessment, dated 3/8/24, documents the following: Discharge assessment-return not anticipated; Type of discharge=unplanned; admitted [DATE]; discharge date [DATE]; and no active discharge planning already occurring for the resident to return to the community. (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/23/24, between 10:20am - 2:50pm, V2 Administrator in Training/AIT stated the following: (R2) was not accepted back due to not being able to meet her needs of needing a private room which we do not have. (R2) requires a private room due to her behaviors and aggression; threats and aggression against her roommate which is the reason we sent her out .The last we heard was on 4/5/24 when a nurse took a call from (named hospital) requesting belongings and that (R2) was accepted at (named) Mental Health hospital. (V2) is unsure of (R2's) mental status at that time .We weren't planning on discharging (R2) until the 10-day bed hold kicked in (3/18/24) and then we could decide whether or not to accept (R2) back. V2 stated that V1 Administrator is out of the facility all week and unavailable for interview. On 4/24/24, at 11:19am, V4 Social Service Director/SSD stated the following: (R2) had been saying (R2) was suicidal so I did that assessment. Initially (R2) was cooperative then she couldn't answer correctly and was in psychosis. Because of this I arranged for (R2) to see (V12) our psychiatrist through tele-health in the facility. After their session (V12) was very concerned and said (R2) needed to be hospitalized . (V12) sent us (V12's) recommendation then we sent (R2) out to the hospital. The hospital reached out about (R2) coming back after a couple of days, but we had told them we would be sending over (V12's) recommendation and wouldn't be able to care for (R2) at this point because of (R2's) homicidal and suicidal ideations. I was told no by Administration that we would not be able to take her back due to not meeting her needs. R2's HPI (History of Present Illinois) note, dated 3/8/24 and signed by V12, documents After discussion with the resident and clinical assessment, this writer recommends the resident be admitted voluntarily or involuntarily for psychiatric hospitalization . This would be for intensive medication and psychiatric evaluation, including consideration of the thoughts expressed by this clinician. R2's Hospital Nurse Practitioner Psych Progress note, dated 3/15/24, documents Psych Evaluation - Patient arrives from (named facility) after making suicidal statements. Patient has a history of mental health diagnosis and mental health hospitalization s .No homicidal ideations (HI) or suicidal ideations (SI), coherent, relevant and logical thought processes. Recommendations: Continue current inpatient psychiatric admission . Given her recent psych admission, will opt for long-term observation on an inpatient setting for now. (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/24/24, at 1:21pm, V8 Hospital Licensed Clinical Social Worker (LCSW)/Case Manager stated the following: (R2) is still in the hospital looking for placement. (R2) came on 3/8/24 and was admitted due to HI (Homicidal Ideations) and SI (Suicidal Ideations) at the nursing home .On 3/12/24, (V4 SSD) stated (R2) was on day 5 of the bed hold, but not taking admissions until 5/1 and they would hold (R2's) bed hold until 5/1/24 to allow treatment (R2) needed. In my 3/13/24 note it states, met with patient (R2) and told (R2) that (named facility) would accept (R2) once (R2) was stable. On 3/15/24 I called to speak with (V4 SSD) but (V4) was unavailable. I got transferred to (V6 LPN) and wanted to stay in touch and give updates. I shared that (R2) might be ready for discharge next week and (V6) said thank you .V8 stated they (hospital Social Services) called and emailed the facility several times without any response. While this was going on our doctor tried to see if (R2) would qualify for a state hospital. On 3/20/24 we did a report to the court. The court did agree (R2) was appropriate for a state hospital. This can take a long time to get in to and we felt that (R2) may get better while waiting which she already has been .On 4/2/24 our psych doctor said (R2) is doing better and to see if (named facility) would accept (R2) back. We tried to call (V1 Administrator) on 4/2/24 to see and left message waiting to hear back. On 4/3/24 we tried to reach leadership of admissions at (named facility) for extension of bed hold and no call back. I emailed (V4 SSD) an update on 4/3/24 and asked for response back. On 4/4/24 did not receive any responses - called facility to speak with V1 Administrator around 11:20am and no answer at the facility's main line. V8 continued to state that (R2's Medical Doctor psych note) stated that (R2) was seen on 4/5/24 and that (R2) had moderate depression, no HI (homicidal ideations), no SI (suicidal ideations), no audio or visual hallucinations. Behavior normal and cooperative. Mood frustrated. Thought processes coherent. On 4/24/24, at 2:25pm V6 LPN stated the following: My last conversation about (R2) was on Friday (3/15/24) and (R2) was supposed to get discharged that day and come back to us, but (R2) did not come that day, but maybe would on the next Monday. That was my last conversation about that hospital stay .The next I heard was that (R2) got discharged from the facility and was somewhere else. The facility's March census summary documents R2 discharged /transferred to a Psychiatric Hospital on 3/18/24. R2's Hospital Medical Doctor/MD Psych Progress note, dated 3/19/24, documents Coherent, no psychotic or inappropriate thought content. On 4/24/24, at 4:05pm, V5 Licensed Practical Nurse/LPN stated the following: I took a phone call (on 4/5/24) in which a nurse from the hospital and a Social Worker were asking about (R2's) belongings. They asked if we were able to bring her stuff, but couldn't have much due to not much room on the ambulance transferring to (named Mental Hospital) .They did not say anything to me about (R2) coming back. I hadn't heard anything since (R2) left. There wasn't any reason why we wouldn't have taken (R2) back. (R2) was okay. So I wasn't sure if this was a temporary thing or what. As far as I knew they were just trying to get (R2) stable because (R2) wasn't in her right state of mind. I didn't know we weren't going to take (R2) back. No one had said we weren't .I expected (R2) to come back. I was surprised. On 4/25/24, at 2:35pm, V8 LCSW stated that (R2's) doctor is okay with nursing home placement and (R2) is stable to go to a nursing home. (R2) has reached her baseline. If a bed comes open at the state hospital, then we would send (R2). Otherwise, if a nursing home takes (R2) we would dismiss that court order. She has been waiting so long now she is appropriate for nursing home if she could get accepted to one. We send out multiple referrals (over 25) and they were all denied. (continued on next page)

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F 0626 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/26/24, at 12:52pm, V11 R2's facility doctor stated the following: I do get phone calls from the nursing home periodically stating they don't want to accept certain residents back. There isn't anything I can do about it. I am an ER (emergency room) doctor so I know that they have to go home and then they can do discharge planning. I could have very well been notified that they weren't taking (R2) back. I am sympathetic with nursing homes but realize hospitals can't always find a place for them to go and then they end up staying longer in the hospital. V11 continued to state V11 was not involved in whether or not (R2) was coming back, is unaware that the facility did not accept (R2) back, and that R2 is still in the hospital waiting for nursing home placement. The facility was unable to provide a Transfer/Discharge policy. On 4/26/24, at 8:46am, V2 Administrator in Training/AIT stated, We do not have a discharge/transfer policy.