

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/08/2024
NAME OF PROVIDER OR SUPPLIER  El Paso Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>45395</p> <p>Based on interviews and record reviews, the facility failed to maintain a bookkeeping system to adequately record individual resident accounts by not recording the date and amount of all financial transactions and failed to maintain the ongoing balance for any resident's account. This failure affected all 93 residents currently residing at the facility.</p> <p>Findings include:</p> <p>Facility daily census report for 11/07/2023 showed resident census of 93 in-house.</p> <p>On 11/07/2024 at 11:43 AM, V1 (Administrator) said he could not provide the current balance for any resident account because a few weeks ago, a discrepancy was found in that balances were not being carried over. V1 added that the last balance report available was from 09/30/2023. V1 then said that V4 (Payroll/Human Resources) and V8 (Medical Records) handled the banking days, and that V4 was supposed to be keeping track of resident account balances. V1 (Administrator) then said that all resident financial documents were turned over to the corporate office so that an audit could be conducted, and current balances obtained.</p> <p>On 11/07/2024 at 12:57 PM, V5 (Regional Revenue Cycle Manager) said the facility was using an electronic account ledger system that was hacked so the facility was supposed to convert everything onto manual ledgers, but this was not being completed. At 1:55 PM, V5 then said that she is creating manual account ledgers for each resident from the last balance report dated 09/30/2024 through current using bank statements, withdrawal sheets, deposits slips, and/or receipts. V5 added that she will need approximately four weeks to complete this audit to obtain accurate resident account balances.</p> <p>On 11/08/2024 at 11:57 AM, V4 (Payroll/Human Resources) said resident's financial accounts were done electronically but then the program was no longer available as of October 2023. V4 then said she was supposed to manually keep the account ledgers but couldn't always keep up with this process. V4 also said that this manual process has been ongoing for approximately one year and that maintaining individual resident account transactions and balances is too much for one person to handle. V4 added that V8's (Medical Records) role with banking was being the second signature, and that she (V4) was keeping track of balances and transactions for each individual resident account the best that she could.</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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/08/2024 at 12:20 PM, V1 (Administrator) said there was no system being followed to adequately maintain resident accounts since the start of his employment in May of 2024 and added that he had recently discovered V4 was not adequately keeping track of all resident accounts or submitting the required documents to their corporate office monthly as of 09/30/2023.</p> <p>Review of Facility Resident Trust Fund Policy for Illinois last revised 09/20/2012 indicated the following:</p> <p>Policy: It will be the policy of the management company that the resident trust fund is managed and accounted for in accordance with state and federal regulations. Each facility should follow the state guidelines of the payment programs using the greatest level of specificity if requirements vary in state and federal programs.</p> <p>Procedure: All facilities handling resident trust must have it set up on their A/R system and on a manual ledger. The facility shall maintain a full and complete separate accounting ledger for each resident. The facility shall maintain current written individual ledgers of all financial transactions involving personal funds.</p> <p>The resident fund bank account must be reconciled monthly immediately upon receipt of the bank statement. The bank statement must be reconciled by someone other than the individual handling the day to day transactions. A check and balance system must apply for the security of personnel and residents. The completed reconciliation (form D) along with copies of the bank statement must then be sent to the corporate office. The corporate office must receive these by the 6th business day of the following month.</p> <p>The above balancing should be done as close to month end as possible, any discrepancies or variances should be resolved immediately.</p> <p>Upon request the facility shall provide a list or copies of resident trust statements to comply with state and federal governed agency and participating program requirements.</p> <p>Facility agrees to allow the inspection of the resident trust fund records by state and federal agencies. The resident trust authorization form acknowledges this requirement.</p>		