

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  10/09/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, and record review, the facility failed to protect a resident from sexual abuse for one of four residents (R1) reviewed for abuse in a sample of four. Findings include: The facility's Abuse Prevention and Prohibition Policy, dated 03/2025, documents that each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants, or volunteers, staff of other agencies serving the residents, family members or legal guardians, friends, or other individuals. This form also documents that sexual abuse is defined as non-consensual sexual contact of any type with a resident. The facility's Initial Reportable, dated 10/6/25, documents that R2 was observed to have his hand on the breast of R1. R1 reported this contact as unwanted. The facility's Interview Template: Post-Altercation Event, dated 10/6/25, documents that R1 reported that while in the common area of the facility near the front door, resident 2 (R2) approached her and touched her chest with out her permission or consent. The facility's Interview Template: Post-Altercation Event, dated 10/6/25, documents that R2 reported that he approached the other resident (R1) and he touched her chest. V3, Social Service Aide/Certified Nursing Assistant, progress notes, dated 10/6/25, documents a one-on-one session following an incident involving another resident in the common area. It was observed that the other resident (R2) engaged in nonconsensual physical contact with the resident (R1). This note documents that R1 confirmed that the contact was nonconsensual. On 10/8/25 at 10:00am, R1 stated that another resident (R1) grabbed her breast when he was walking by her. R1 stated that she did not ask him to touch her, and it made her feel uncomfortable. R1 verified that she did not like the contact. On 10/8/25 at 10:45am, V4, Activity Aide, stated that he observed R2 reach out and grab R1's breast in the common area. V4 verified that he separated the two and reported the incident. On 10/8/25 at 1:00pm, V1, Administrator, stated that it was reported to him that R1 and R2 were passing each other, and R2 reached over and touched R1's chest. V1 stated that R2 told him that he did not know that the incident was wrong because R1 did not tell him to stop.:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 146097
		If continuation sheet Page 1 of 1