| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 146097 | A. Building<br>B. Wing | 05/26/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| El Paso Rehabilitation and Health Care Center | 850 East Second Street<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.

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| F 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>Based on interview and record review, the facility failed to notify the State Guardian of an elopement of a cognitively impaired resident for one of three residents (R1) reviewed for notification in a sample of three. Findings include: The facility's Significant Condition Change and Notification policy, approved 12/2014, documents to ensure that the resident's family and or representative and medical practitioner are notified of resident changes, such as those listed below: an accident or incident, with or without injury that has the potential for needed medical practitioner interventions. A significant change in the resident's physical, mental, or psychosocial status. This form documents an incident of wandering or elopement. The facility's Past Noncompliance Statement, dated 5/10/26, documents that staff became aware that R1 had exited the building, without signing out or staff directly observing his departure through a secured exit. The staff were unsure as to how this had occurred, as the doors to the facility are magnetically locked and require a code to disengage the system to exit the facility. R1's Progress Notes does not contain documentation that V18, State Guardian, was notified of R1's elopement from the facility on 5/10/26. On On 5/18/26 at 8:40am, V18, State Guardian, stated that she was not notified of R1 leaving the facility unsupervised. On 5/20/26 at 10:30am, V1, Administrator, stated that V18 was not notified of R1's leaving the facility until he did on 5/20/26. |

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 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>Based on interview and record review, the facility failed to accurately assess a cognitively impaired resident with known exit-seeking behaviors as an elopement risk for one of three residents (R1) reviewed for accuracy of assessments in a sample of three. Findings include:The facility's Elopement Policy, approved 09/2025, documents that all residents will be assessed for behaviors or conditions that put them at risk for elopement. All residents so identified will have these issues addressed in their individual care plans. The facility's Care Planning policy, approved 12/2024, documents that every resident will be assessed using the Minimum Data Set (MDS) according to the guidelines set forth in the Resident Assessment Instrument (RAI) manual. R1's current care plan or MDS does not address R1's exit-seeking behaviors.R1's Elopement Risk Assessment, dated 3/5/26, documents a. Is the resident cognitively impaired and independently mobile (with or without a device)? Yes is checked. History of elopement. b1. Does the resident have a history of elopement, 2. a desire to leave the building? 3. exit seeking with a purpose. 4. wandering activity. ba. If any of the above are checked, the resident is at risk for elopement. Proceed with elopement interventions and elopement risk care plan.On 5/19/26 at 10:55am, V17, Social Service Aide, stated that she does the elopement risk assessments. V17 stated that R1 has a diagnosis of Alzheimer's and Psychosis. V17 also stated that R1 has a history of delusions, hallucinations, and fixates on the family farm from the past. V17 also stated that R1 states that his family is coming to pick him up to take him to the farm. V17 and V4, Licensed Practical Nurse/Care Plan Coordinator, both verified that after reviewing the elopement risk assessment, R1 should have been triggered as an elopement risk, and interventions should have been put into place, but were not. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>Based on observation, interview, and record review, the facility failed to implement elopement interventions to prevent an elopement of a cognitively impaired resident for one of three residents (R1) reviewed for care plans in a sample of three. Findings include:The facility's Care Planning policy, approved 12/2024, documents every resident will be assessed using the Minimum Data Set (MDS) according to the guidelines set forth in the Resident Assessment Instrument (RAI) manual. This form documents that the purpose is to assess each resident's strengths weaknesses, and care needs. To use this assessment data to develop a comprehensive plan of care for each resident that will assist a resident in achieving and maintaining the highest practical level of mental functioning, physical functioning, and well-being as possible. R1's Care Plan, dated 5/15/26, does not contain goals or interventions for exit-seeking or elopement risk behaviors. On 5/15/16 at 3:30pm, R1 sat up on the side of his bed and stated that he was waiting for his mom, dad, and brother to come pick him up to take him to the farm. R1 was unable to give any specific information concerning leaving the day he left the building. On 5/16/26 at 11:45am, R1 was sitting on the side of his bed, stated that he is waiting for his mom and dad to come pick him up, to go to the farm. At 1:30pm, R1 was sitting in a chair at the front door, stating he was waiting for the tractors to go by.On 5/18/26 at 12:35, R1 stated that he just got a loan for 4 million dollars so he and four of his neighbors can start a dairy farm. R1 stated that it wall make 1,4 million dollars a year. At 12:55pm, R1 was sitting in a chair at the front door and stated that he was waiting for his family to come pick him up. At pm, 1:55pm, R1 remained in the same chair, waiting for his family. On 5/19/26 at 1:45pm-3:00pm, R1 sat in a chair by the front door. R1 stated that his family is coming to pick him up. On 5/16/26 at 11:00am, V4, Licensed Practical Nurse/Care Plan Coordinator, stated that R1 has a long history of sitting by the front doors waiting for his family to pick him up to take him to the farm. V4 also stated R1's behaviors of sitting at the door on a daily basis and talking about visiting his friends in the neighborhood should have been care planned. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>Based on observation, interview, and record review, the facility failed to ensure adequate supervision and implement effective interventions to prevent the elopement of a cognitively impaired resident with known exit-seeking behaviors for one of three residents (R1) reviewed for elopement in a sample of three. Findings include:<br><br>The facility's Elopement Policy, dated 9/2025, documents that it is the policy of this facility that all residents are afforded adequate supervision to provide the safest environment possible. All residents will be assessed for behaviors or conditions that put them at risk for elopement. All residents so identified will have these issues addressed in their individual care plans. This form documents that an elopement is generally characterized as any unplanned departure from a designated safe environment. For the purpose of this policy, Missing resident shall be defined to mean a resident who has left the facility grounds without signing him/herself out of the facility. This form also documents that Wandering is defined as traveling with or without a known purpose. Residents who are at risk for elopement shall be provided with at least one of the following safety precautions by the facility: Door alarms on facility exits and or a personal safety device that will alert facility staff when the resident has left the building without supervision and staff supervision. This form documents that, using the MDS (Minimum Data Set) resident assessment schedule, all residents shall be reviewed for safety concerns and precautions. Residents at risk for elopement shall be identified and documented in the individual plan of care. Unless otherwise identified in a plan of care, residents who are at risk for possible elopement shall be accompanied when leaving the facility grounds. The resident representative shall sign the resident out of the facility on the resident sign-out sheet. This form also documents that procedures for missing residents and or elopements or attempted elopement include a designated someone to record the sequence of events as they occur and the specific time of notifications of each person/agency in this procedure. Contact the residents' representative.<br><br>R1's electronic medical record documents the following diagnosis: Schizophrenia, Hypercholesterolemia, unsteadiness on feet, Sepsis, Weakness, other abnormalities of gait, Atrial Fibrillation, Asthma, Type 2 Diabetes, abnormal findings in cerebrospinal fluid, anticoagulant use, Orthostatic Hypotension, Hypothyroidism, Supraventricular Tachycardia, Retention of Urine, Benign Prostatic Hyperplasia, Alzheimer's disease, Gastro-Esophageal Reflux Disease, Psychotic disorder, Hyperlipemia.<br><br>R1's Order for Guardianship, dated 10/12/21, documents in the matter of the guardianship of (R1), a high-risk adult. This form documents that the Office of State Guardian is hereby appointed as guardian for (R1) for his person.<br><br>R1's Elopement Risk Assessment, dated 3/5/26, documents a. Is the resident cognitively impaired and independently mobile (with or without a device)? Yes is checked. History of elopement. b1. Does the resident have a history of elopement, 2. a desire to leave the building? 3. exit seeking with a purpose. 4. wandering activity. ba. If any of the above are checked, the resident is at risk for elopement. Proceed with elopement interventions and elopement risk care plan.<br><br>R1's current care plan includes the following focus areas: a potential psychosocial well-being problem: Inability to problem solve, ineffective coping, lack of motivation, and social isolation. One of R1's interventions for this focus area is to allow R1 time to answer questions and to verbalize feelings and fears as accepted and needed. R1 has impaired visual function. R1 has impaired cognitive<br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | function related to Alzheimer's Disease. An intervention for this focus area includes ensuring R1 takes his prescribed antipsychotic medications to manage his delusions, hallucinations, and disorganized thinking. R1 has a brief psychiatric disorder. R1 has a need for 15-minute safety checks. R1's care plan documents that R1 may experience altered mood, impaired judgement, confusion, related to the diagnosis of Alzheimer's disease, brief psychotic disorder, and schizophrenia. This form also documents that R1 has an impaired cognitive function or impaired thought process related to Alzheimer's. R1's Care Plan does not include any interventions to address R1's exit-seeking or risk for elopement.<br><br>The facility's Past Noncompliance Statement, dated 5/10/26, documents that staff became aware that R1 had exited the building, without signing out or staff directly observing his departure through a secured exit. The staff were unsure as to how this had occurred, as the doors to the facility are magnetically locked and require a code to disengage the system to exit the facility.<br><br>R1's Progress Notes did not document that R1 left the building unsupervised, nor did they document a physical assessment following his return on 5/10/26.<br><br>On 5/15/16 at 3:30pm, R1 sat up on the side of his bed and stated that he was waiting for his mom, dad, and brother to come pick him up to take him to the farm. R1 was unable to give any specific information concerning leaving the day he left the building.<br><br>On 5/16/26 at 11:45am, R1 was sitting on the side of his bed, stated that he is waiting for his mom and dad to come pick him up, to go to the farm. At 1:30pm, R1 was sitting in a chair at the front door, stating he was waiting for the tractors to go by.<br><br>On 5/18/26 at 12:35, R1 stated that he just got a loan for 4 million dollars so he and four of his neighbors can start a dairy farm. R1 stated that it wall make 1,4 million dollars a year. At 12:55pm, R1 was sitting in a chair at the front door and stated that he was waiting for his family to come pick him up. At pm, 1:55pm, R1 remained in the same chair, waiting for his family.<br><br>On 5/19/26 at 1:45pm-3:00pm, R1 sat in a chair by the front door. R1 stated that his family is coming to pick him up.<br><br>On 5/20/26 at 3:30pm, R1 was sitting in a chair at the front door.<br><br>On 5/16/26 at 11:00am, V4, Licensed Practical Nurse/Care Plan Coordinator, stated that she was passing medications on 5/10/26, when R1 came up to her and mumbled something to her. V4 stated that she told him, Yeah, yeah, and he walked away. V4 stated that later, she was talking with V5, Certified Nursing Assistant Coordinator, when V5 received a call on her personal phone from an ex-employee. V4 told her to answer the call, and it was a neighbor calling to say that a resident (R1) was at her door. V4 stated that both she and V5 ran to the door, and R1 was walking back across the street to the parking lot. V4 stated that she did not know that R1 was outside unattended. V4 stated that it is unknown how R1 got outside because the doors are locked. V4 stated that R1 could have followed the flower delivery person out or someone gave him the code to the door. V4 stated that R1 will sit by the front door, waiting for his family to come pick him up. V4 also stated that R1 says the family is coming to pick him up on the tractor, but he has not had any visitors in quite some time. V4 stated that she did not document in R1's electronic medical record that he was outside of the facility unsupervised. V4 also stated that she did not notify R1's State Guardian of the incident.<br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/16/26 at 11:10am, V22, Licensed Practical Nurse/Minimum Data Set Coordinator, stated that the last time she saw R1 on 5/10/26 was in the dining room. V22 verified that R1 has a history of sitting at the front door, saying that his family is coming to pick him up to take him to the farm. V22 stated that she did not document in R1's electronic medical record that R1 left the building unsupervised. V22 stated that it is unknown how R1 got out of the building.<br><br>On 5/16/26 at 12:50pm, V5 stated that she received a call on her personal phone from an old employee, so she answered it. V5 stated that it was V6, Neighbor, telling her that a resident (R1) was on her porch and rang the doorbell. V5 stated that she and V4 ran to the door, and R1 was standing at the edge of the property. V5 stated that R1 was assisted back into the facility. V5 stated that it is assumed that R1 followed a flower delivery person out the door unnoticed. V5 also stated that R1 has a long history of sitting at the doors, waiting for his family to come pick him up and take him to the family farm.<br><br>On 5/18/26 at 8:40am, V18, State Guardian, stated that R1 did not have the mental capacity to be outside of the facility unsupervised. V18 also stated that R1 has a diagnosis of Schizophrenia with delusional disorder and Alzheimer's, so he should not be out unsupervised at all. V18 stated that R1 is very confused and always talking about leaving the facility, to go to his friend's house a couple of blocks away, or to the family farm. V18 stated that she was not notified of R1 leaving the facility unattended.<br><br>On 5/18/26 at 11:00am, V4, Licensed Practical Nurse/Care Plan Coordinator, stated that no one is allowed to leave the facility unsupervised. V4 stated that if a resident is leaving with their family, or the staff has to sign them out before leaving. V4 also verified that R1's behavior, sitting at the door and stating that he is leaving with his family, was not care planned and should have been.<br><br>On 5/18/26 at 12:30pm, V13, R1's Family, stated that R1 is not capable of being out in the community without supervision. V13 stated that R1 has been in a long-term care setting since the 1970's. V13 also stated that the R1 sits at the door waiting for his wife and children to come pick him up, but he has never been married or had children. V13 also stated that R1 thinks that the family still owns the farm, but it was sold many years ago. V13 stated that both of R1's parents have passed away.<br><br>On 5/18/26 at 1:05pm, V6, Neighbor, stated that her doorbell rang at 12:06pm, when she answered the door, there was an elderly man with a walker on her porch. V6 stated that he started to ask her about the family that used to live there, she told him that they no longer live there, and he needed to go back across the street. V6 stated that she went to grab her phone, and when she went back to the door, R1 was already at the end of her driveway. V6 stated that she called the facility phone number, and there was no answer, so she called V5's personal number. V6 stated that V5 answered, so she told her that R1 was outside, unsupervised.<br><br>On 5/18/26 at 1:55pm, V12, Psychiatric Nurse Practitioner, stated that R1 has a diagnosis of Alzheimer's with delusions and hallucinations, so he is not safe to be out in the community unsupervised.<br><br>On 5/19/26 at 10:55am, V17, Social Service Aide, stated that R1 has a diagnosis of Alzheimer's and Psychosis. V17 also stated that R1 has a history of delusions, hallucinations, and fixates on the family farm from the past. V17 also stated that R1 states that his family is coming to pick him up to take him to the farm. V17 and V4 both verified that after reviewing the elopement risk assessment, R1 should have been triggered as an elopement risk, and interventions should have been put into place, but were not. |