

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 07/23/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>32189</p> <p>Based on observation and interview the facility failed to provide accommodations for shaving preferences for one of 19 residents (R35) reviewed for accommodation of needs in a sample of 37.</p> <p>Findings include:</p> <p>On 7/22/24 from 1:00 PM through 1:15 PM, four of four resident shower rooms were observed and did not have mirrors.</p> <p>On 7/21/24 at 10:40 AM, R35 stated he could not shave because there were no mirrors in the shower rooms to facilitate shaving.</p> <p>On 7/22/24 at 12:45 PM, V18 (Certified Nurse Aide) stated The mirrors in the shower rooms were removed when they (facility) remodeled a few months ago. The residents could ask the staff (to shave) and we would have to take them a razor and stand with them in their room since there were mirrors. The shower room is where they (residents) usually shave though.</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>32189</p> <p>Based on record review and interview, the facility failed to acknowledge and comply with the resident's request to discard odorous urine at the bedside for 1 of 19 residents (R60) reviewed self-determination in a sample of 37.</p> <p>Findings include:</p> <p>The Residents' Rights policy, revised 11/2018, documents Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must be safe, clean and homelike.</p> <p>On 07/22/24 at 9:30 AM, R60 stated They (staff) do not empty my urinal at night. I call them to come empty my urinal, but they don't come. I have to sit in there (R60's room) and smell it (urine) all night long. That's gross.</p> <p>On 7/22/24 at 12:10 PM, V18 (CNA/Certified Nursing Assistant) stated Many times, the urinal is full when I get here. I see how (R60) might be wet and refuse to be changed at night, but the urinal should be emptied. I wouldn't like to smell my urine when I'm trying to sleep.</p>

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061</p> <p>Based on interview and record review the facility failed to protect facility residents from physical abuse by another resident (R32) for nine of nine residents (R2, R43, R55, R56, R57, R58, R67, R68, R89) reviewed for abuse, in a sample of 37.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Abuse, Prevention and Prohibition Policy, dated (revised) 01/24 directs staff, 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 resident, family members or legal guardians, friends, or other individuals. Resident-to-Resident Altercations: Resident to resident abuse includes the term willful. The word willful means that the individual's action was deliberate (not inadvertent or accidental), regardless of whether the individual intended to inflict injury or harm.</p> <p>R32's current Physician Order Sheet, dated July 2024 documents that R32 was admitted to the facility on [DATE] and includes the following diagnoses: Bipolar Disorder and Generalized Anxiety Disorder.</p> <p>R32's current Care Plan, dated 2/20/24 includes the following Focus Areas: (R32) is known as displaying inappropriate behavior. Specific behavior exhibited-Spitting on others, especially during mealtime. Also included are the following Interventions: Approach (R32) in a calm, non-threatening manner. Keep (R32) out of reach of other residents, provide a cup for her to spit.</p> <p>R32's Facility Incident Log, dated 4/14/24 at 8:30 P.M. documents, It is concluded that (R32) made physical contact with fellow resident (R68). Residents separated and (R32) sent to local hospital.</p> <p>R32's Facility Reported Incidents, dated 5/26/24 documents, (R32) and (R56) were eating lunch together, exchanged words and (R32) spat on (R56). (R32) continues to be on 1:1 supervision. (R32) will also sit by herself at meals to prevent further similar incidents.</p> <p>R32's Facility Incident Log Report, dated 6/7/24 documents, The investigation shows (R67) was sitting in a chair and (R32) wanted to sit in that chair. (R32) got upset and spit on (R67). The facility will continue 1:1 supervision and encourage (R32) to wear a surgical mask when in common areas.</p> <p>R32's Facility Incident Log Report, dated 6/9/24 documents, (R32) and (R58) were in the dining room and (R32) spat on (R58). The facility will encourage (R32) to wear a surgical mask when in common areas.</p> <p>R32's Facility Incident Log Report, dated 6/10/24 documents, (R32) was upset on the smoking area and spat on (R2 and R55) on her way back into the building. Waiting on psychiatrist to evaluate (R32).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R32's Facility Incident Report, dated 6/12/24 documents, (R32) made unwanted physical contact and spit on (R89). The 1:1 will encourage (R32) to spit in a cup. The facility will attempt to keep (R32) out of reach of other residents.</p> <p>R32's Facility Reported Incident Report, dated 6/14/24 documents, (R32) made unwanted physical contact with (R57). The investigation shows (R57) went to sit down in a chair and (R32) pushed (R57) from in front of the chair, so (R32) could sit in it. The facility rearranged furniture so there is no chair in the location the incident occurred.</p> <p>R32's Facility Reported Incident Report dated 6/15/24 documents, (R32) spat on (R43). Encourage (R32) to wear a mask in common areas.</p> <p>R32's Facility Reported Incident Report, dated 6/21/24 documents, (R32) threw ice on (R67). (R32) was sitting in a chair dropping ice out of a cup on to the floor. When her 1:1 (staff) asked her to stop, (R32) reached around her 1:1 (staff member) and threw the cup of ice on (R67), which was sitting on a chair close to (R32).</p> <p>On 7/22/24 at 2:30 P.M., V1/Administrator verified the multiple occurrences of R32 spitting on other residents, kicking other residents, and throwing ice on a resident. At that time V1 stated the facility was having difficulty in meeting (R32's) needs and were attempting new interventions, almost daily, to prevent further instances of R32 abusing facility residents.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>33985</p> <p>Based on record review and interview the facility failed to give a bed hold notification to a resident that was transferred to the hospital for one of three residents (R14) reviewed for hospitalization in a sample of 37.</p> <p>Findings Include:</p> <p>The facility policy named, Bed Hold Policy and Agreement, dated February 2024, documents, Policy: Bed Hold Policy of the Management Company that the facility will establish a system to notify the resident/responsible party/resident representative of the facility bed hold policy. The daily rate required holding a Resident's bed is specific to the room and payment program criteria of the resident. Procedure: The Bed Hold Agreement is to be obtained for each occurrence- hospital or therapeutic home leave.</p> <p>R14's Progress Notes dated 3/13/2024 documents the resident was sent out to the hospital and admitted .</p> <p>R14's Progress Notes dated 3/15/2024 at 2:01PM documents, (R14) returned to the facility per company transport. R14's vital signs within normal limits. New orders for antibiotic/urinary tract infection.</p> <p>On 7/23/2024 at 9:00 AM, V1/Administrator stated, We could not locate that (R14) was ever given a Bed Hold notification for R14's stay in the hospital on 3/13/2024.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189</p> <p>Based on record review and interview the facility failed to follow their elopement policy to update a resident's elopement risk care plan and failed to assess a resident's elopement risk quarterly for one of one (R20) resident reviewed for elopement in a sample of 37 residents.</p> <p>Findings include:</p> <p>The Elopements policy, reviewed 5/2023, documents 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 individualized care plans. 1. Residents who are at risk for elopement shall be provided at least one of the following safety precautions by the facility: 1. 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/or Staff supervision. 1. 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 individualized plan of care.</p> <p>On 4/1/24, R20's Care plan documents R20 was admitted on [DATE] with the diagnoses of paranoid schizophrenia, anxiety disorder and lack of expected normal psychological development in childhood and is hard of hearing and blindness. R20's careplan documents R20 has the potential to be physically aggressive related to poor impulse control and has an intervention that the Interdisciplinary Team will educate staff to redirect R20 when found wandering. R20's care plan does not include an intervention to ensure R20 is wearing a personal safety device and/or ensuring facility doors are alarmed, as directed by the facility's Elopement policy.</p> <p>The Wandering-Elopement Evaluation Scale, last conducted on 11/6/23, documents to complete the evaluation quarterly, with change in condition and/or change in wandering habits. On 11/6/23, R20's evaluation scored a 14.0 High Risk to Wander/Exit Seek.</p> <p>R20's Medical Record does not include a completed wandering-elopement risk assessment since the last one completed on 11-6-23.</p> <p>R20's 2/20/24 Progress Note documents (R20) noted walking out front door and standing in front of building, R20 stated R20 was waiting to get in a car.</p> <p>R20's 5/1/24 Progress Note documents (R20) then went and sat by front door for a few minutes before exiting front door.</p> <p>R20's 6/25/24 Progress Note documents (R20) noted attempting to exit front door.</p> <p>R20's 6/26/24 Progress Note documents (R20) attempted to exit D wing door this morning.</p> <p>R20's 6/27/24 Progress Note documents (R20) attempted to exit B wing door this morning. (R20) stated (R20) was going out on a dinner date.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/21/24 at 2:00 PM, V17 (Registered Nurse) stated R20 has gone outside the facility's doors. V17 stated the facility does not use personal safety devices or alarms.</p> <p>On 7/22/24 at 2:30 PM, V1 (Administrator) stated the Wandering-Elopement Evaluation Scale was last conducted on 11/6/23. V1 confirmed the Wandering-Elopement Evaluation Scale should be conducted quarterly.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>32189</p> <p>Based on record review, observation, and interview the facility failed to ensure dialysis (artificial kidney treatment) care was provided per policy, communicate with the dialysis facility before and after treatments, collaborate with the Interdisciplinary Team and ensure a resident's care plan documents detailed dialysis care and required services for a resident receiving renal hemodialysis for one of one resident (R12) reviewed for dialysis in the sample of thirty-seven.</p> <p>Findings include:</p> <p>The Dialysis Services Coordination Agreement, signed 8/24/21, documents E. Mutual Obligations 1. Collaboration of Care. Both parties shall ensure that there is documented evidence of collaboration of care and communication between the Long-Term Care Facility and the End Stage Renal Disease Dialysis Unit. Documentation shall include, but not limited to, participation, as members of an interdisciplinary team.</p> <p>The Dialysis policy, revised 1/2002, documents If a resident has a fistula, contact the physician and/or the hemodialysis center for specific directions on care of the fistula. D. Fistula: Blood pressures and blood sampling are not to be taken in the fistula arm.</p> <p>The Dialysis Communication policy, reviewed 1/2017, documents 2. A dialysis communication form will be used to send information to and from the facility to the dialysis center and back. 3. The nurse in charge of the care of the resident on the days of scheduled dialysis shall initiate the dialysis communication form and will ensure the form is sent with the resident. 4. Upon return of the resident from the dialysis center, the nurse in charge of the resident will review the communication form and will obtain necessary post dialysis information. 5. If there are any questions regarding the completion of the form or needs of the residents, the nurse will call the dialysis center for a telephone report of any significant information needed.</p> <p>R12's Progress Notes between 4/27/23 and 7/17/24 lack documented evidence of collaboration of care between the facility and the dialysis unit.</p> <p>R12's 3/8/23 Nursing Admission Assessment documents an A-V fistula (arterial vascular fistula/dialysis access site) in the left arm.</p> <p>R12's Care plan documents R12 is at risk for fluid overload related to Kidney Failure and needs dialysis related to End Stage Renal Disease. R12's Care plan documents R12 receives dialysis three days a week but does not specify which days of the week or the times of scheduled treatments. R12's Care plan does not include blood pressure monitoring and/or the dialysis access site type, location, or specific care instructions.</p> <p>R12's 4/4/23 physician's orders document to take a blood pressure every day shift on every Sunday and to check the thrill and bruit (assessment of functional status of the dialysis access site) every shift, although the orders do not specify the type and/or location of the dialysis access site and/or which arm to avoid or not to avoid when taking blood pressures and where to conduct the assessment of the thrill and bruit.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R12's Dialysis Binder included a letter from the dialysis unit on 1/4/23 which documents R12's current dialysis appointment time is Monday, Wednesday, and Friday at 11:50 AM.</p> <p>R12's Dialysis Binder included twenty-six completed Communication Forms out of sixty-one dialysis treatments between 3/1/24 and 7/19/24. Eighteen of the twenty-six Communication Forms were completed by V17 (Registered Nurse); four of twenty-six forms lacked a signature of who completed the form; and 3 forms lacked a post dialysis assessment, therefore was unable to determine if R12 received dialysis or not.</p> <p>R12's room was observed on 7/21/24 at 10:00 AM, there were no signs or instructions regarding no blood pressures or blood draws from R12's left arm.</p> <p>On 7/23/24 at 2:00 PM, V17 (RN) stated the Communication Forms should be completed by the facility and the dialysis unit for each dialysis treatment and placed in the Dialysis Binder. V17 stated there is no specific order for the location of R12's dialysis access site or specific instructions in the Care plan but nurses should know the policy and give the instructions to the Certified Nurse Aides during report.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>35509</p> <p>Based on interview and record review, the facility failed to have a Certified Dietary Manager employed in the kitchen. This has the potential to affect all 95 residents living in the facility.</p> <p>Findings:</p> <p>The document, Dietary Supervisor, taken from the Job Description Manual, no date given, states, Responsible for the daily operations of nutrition service within the dietary department. Collects data and participates in the nutrition assessment process. Provides routine progress notes in the resident's medical records. Participates in the interdisciplinary team concerning resident's plan of care during care conferences and participates in the development of baseline care plans. Ensure care plan interventions, regarding nutrition/hydration, must be based upon the resident's assessment and disease processes. Reviews weight records routinely and communicates variances to the Dietitian and Disciplinary Team. Completes the assigned Minimum Data Set (MDS) section according to required timeline. Qualifications: Trained as a Certified Dietary Manager, Certified Food Protection Professional, or a Dietetic Technician, registered preferred.</p> <p>On 7/21/24 at 10:30 AM, V15, Dietary Manager, stated, No, I am not Certified. They (Management) told me that I needed to be certified and would get me into a program but they haven't got me into the classes. No, I don't do any of the (clinical nutrition) things for the residents. I guess the dietitian does. I really don't know. I don't look at weights and no, I don't know what I should do in the Minimum Data Set (MDS). I'm working in Dietary all of the time, usually filling in when someone calls off.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 7-21-24 documents 95 residents currently reside within the facility.</p>		

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>35509</p> <p>Based on observation, interview and record review, the facility failed to have sufficient staff to serve the residents. This has the potential to affect all 95 residents living in the facility.</p> <p>Findings:</p> <p>The Facility Assessment, dated 5/31/24, states, Based on resident population and their needs, staffing ensures sufficient staff to meet the needs of the residents at any given time. Budgeted hours per payroll (2 weeks) is 900 - 945 hours.</p> <p>The electronic, Time Detail Report, for a two week period, 7/07/24 through 7/20/24, was provided. This report shows that the Dietary Department total hours worked in that department during that two week period were 301.25 hours.</p> <p>On 7/21/24 at 10:20 AM, there were three dietary employees working. V21 was on pots and pans, V20 was on cold food preparation and one, V15, Dietary Manager, was cooking. According to the schedule, the morning cook was not there. V15 stated, The cook called off. Someone is always calling off. We are always working short.</p> <p>On 7/22/24 at 10 AM, during the Resident Council Meeting, R21, R29, R46, R67, R83, agreed that often the meals are not served at the time they are scheduled to be served, as much as 30 to 45 minutes and sometimes an hour late. When they ask what is taking so long the answer they get is that, Dietary is working short in the Kitchen, someone called off.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 7-21-24 documents 95 residents currently reside within the facility.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35509</p> <p>Based on observation, interview and record review, the facility failed to maintain a clean kitchen including floors, walls, drawers, walk in cooler, reach in coolers, freezers, convection oven, range, grill and range grease trays, dishwasher area including the top of dishwasher, hand washing sink; label large food bins; label and date opened food items in the refrigerator; keep storage containers off of the floor; place eggs on the bottom shelf of refrigerator; maintain the correct chlorine level on the low temperature dish machine; keep a log of the dishwasher chlorine tests; check the sanitation buckets with the appropriate test strips and keep a log of the tests. This has the potential to affect all 95 residents who live in the facility.</p> <p>Findings:</p> <p>The document, Food Storage (Dry, Refrigerated, and Frozen), dated 2016, states, Food shall be stored on shelves in a clean, dry area. All food items will be labeled. The label must include the name of the food and the date by which it should be consumed or discarded. Store eggs separately. If they cannot be stored separately, place eggs on shelves beneath cooked and ready-to-eat items. Raw eggs should be stored in drip proof containers.</p> <p>The document, Sanitizing Solution, no date, states, Employees will prepare sanitizer solution in accordance with manufacture guidelines. Bleach solution be at a concentration of greater than or equal to 50 to 100 parts per million (ppm). If a dispensing system is used it will be tested daily to ensure solution is dispensed at the appropriate concentration level.</p> <p>The document, no title, (provided by facility as the cleaning schedule, no other cleaning documents provided), no date, states, AM Cook, Temperature book is complete for your schedule; complete cleaning tasks for the day; sweep your area and mop up spills. PM Cook, Temperature book is complete for your shift; Cleaning tasks are completed; Floor is swept and mopped.</p> <p>(continued on next page)</p>		

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 07/23/2024
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.			
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>This surveyor entered the kitchen on 7/21/24 at 10:20 AM. The general appearance of the kitchen was unkept and dirty. V15, Dietary Manager, provided the kitchen tour. The convection oven had dried food splashes and food particles on the outside, top, and front, the splashes running down the leg of appliance, the windows on the oven doors were opaque from dried grease, food splashes and debris. The interior of the convection oven had baked on grease, food debris and splashes on the bottom, ceiling, walls. The splash guard on the range had dried black and brown grease and food splashes. The grease tray for the grill had a large one- to two-inch-thick buildup of thick, old, black gooey in appearance grease and food debris. The grease trays under the range burners were lined with tin foil that contained unrecognizable old food droppings and dried liquids. The shelf over the range had visible layers of dust and crumbs. The walls behind the steam table, food preparation areas and dish room area had splashes of unknown liquids and food debris. Drawers by the steam table that housed utensils (dishes, spoons, spatulas) had crumbs on the inside ledge and on the bottom of the drawer; plates, bowls and trays stored beside the steam table are right side up, not upside down, which allows possible contamination; three plastic multiple drawer storage containers were directly sitting on the floor. These held meal accompaniments such as sugar, sugar substitute. The containers were dirty, without labels on the outside of the drawers of their contents and the top of one container was warped, bent down in the middle, exposure to the interior from the top by an inch on both sides. This was no longer a sanitary cover for the contents of the drawer. Four large containers containing dry cereal, (Rice Cereal, Chocolate Rice Cereal, Frosted Corn Flake Cereal, Round Oats Cereal) did not have a label. A bin of Sugar did not have a label. The bins in use had previously used peeling stickers that had not been removed from the container prior to washing. This can allow for contamination. The reach in refrigerator and freezers were dirty on the outside and the inside. The handles were sticky and had a crusted dusting of unknown material. Crumbs, and food droppings were visible on the interior floor. The walk-in cooler was dirty on the outside and inside. The areas around the door and on the interior door had buildup of black grime. The cooler floor had spills and food debris. A case of raw eggs was sitting on the shelf, in a box, not inside a nonporous pan, sitting over the bottom shelf that a container of cheese had been sat. An opened five-pound container of Cottage cheese did not have an open date or label. Four 32-ounce containers, three of nectar thickened liquids, two iced tea and one cranberry and one honey thickened orange juice were 50 % full, no open date or label. The sanitation bucket, which contained quaternary ammonia, was sitting on the food preparation counter with cleaning rags inside. V15 got a chlorine test strip (not a quaternary ammonia test strip) and attempted to test the contents of the sanitation bucket. When asked, V15 stated, this is what we are to use to test it. V20, Dietary Aide, also stated, Yes, those are the strips that we are given to test the sanitation bucket. When it was noted that the test strip tested zero, V20 stated, Yes, they always do. When asked what they do since they do not know what the strength of the sanitation bucket was and if they keep a log of the test strips in the sanitation solution, V20 stated, We don't do anything, we just use it. No one has told us to do anything about it. No, we don't keep a log, either. When the chlorine level on the low temperature dish machine was tested post cycle, the chlorine test strip registered 100 - 200 parts per million (ppm). V15 stated, They just came out to increase the amount of chlorine as it wasn't testing high enough. When asked what it should test V15 stated, 100 to 200 ppm. V15 stated she would have Maintenance come check it before using again. V15 confirmed the above issues.</p> <p>On 7/21/24 at 11:00 AM, V15, Dietary Manager, stated, We do as much as we can with the help that we have. Staff are always calling off and I am cooking or doing food preparation. We don't have time to clean. It's a challenge just to get the meals out on time and that doesn't happen all the time.</p> <p>(continued on next page)</p>		

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

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 7/21/24 documents 95 residents currently reside within the facility.</p>

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 07/23/2024
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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>35509</p> <p>Based on observation, interview and record review, the facility failed to keep the large outside garbage dumpster closed and the area surrounding the container free of debris. The is has the potential to affect all 95 residents living in the facility.</p> <p>Findings:</p> <p>The document, Garbage Disposal, no date, states, Storage areas will be kept clean at all times to discourage pests. Outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.</p> <p>On 7/21/24 at 11:30 AM, V20 and V21, Dietary Aides, took the Dietary trash containers out to the large outside garbage dumpster. The lid on the dumpster was open. Several items had dropped form the dumpster onto the ground. Weeds surrounded the dumpster. V20, Dietary Aide, stated, This happens a lot. It's usually full to overflowing, especially on the weekend.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 7-21-24 documents 95 residents currently reside within the facility.</p>

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>35509</p> <p>Based on observation, interview and record review, the facility failed to maintain a walk-in refrigerator at the correct temperature; repair/replace the gasket on the door to the walk-in refrigerator in order to seal the door when closed; failed to repair the condenser inside of the walk-in refrigerator; failed to correctly repair a rack on a shelf in the walk-in refrigerator. This has the potential to affect all 95 residents living in the facility.</p> <p>Findings:</p> <p>The document, Refrigerator and Freezer Temperature Checks, no date, states, In order to ensure all perishable food stuff stays fresh and palatable, temperatures will be recorded on all refrigerators in use. Dining Services will be responsible for taking temperatures on all kitchen refrigerators and recording temperatures on temperature report logs daily during each shift. Correct actions are taken as necessary to ensure only safely stored foods are served to residents. Each refrigeration unit in the main kitchen is checked at department opening and before any food product is used for the day. The employee ensures that all cold storage units are 41 degrees Fahrenheit (F) or below for refrigeration. Temperatures are taken from the thermometer located inside the unit.</p> <p>The document Maintenance Work Order was filled in by V15, Dietary Manager and dated 7/12/24, states, Vegetable, refrigerator high temperature. Pending, Waiting on comp.</p> <p>The document Walk in Refrigerator Log, for the month of June 2024 was provided. A Walk in Refrigerator Log had not been filled out and provided for the month of July 2024.</p> <p>On 7/21/24 at 10:35 AM, the inside thermometer in the walk-in refrigerator in the kitchen tested 50 degrees Fahrenheit. The door to the walk-in refrigerator had a gap and when opened, the black rubber gasket was hanging loosely off of the door frame. V15, Dietary Manager, unsuccessfully attempted to re-attach the gasket. A yellow bucket which is normally used for scrubbing the floor was sitting in the right back corner. The bucket was half full of black dirty water. There was a hose coming down from the fan box area into the bucket. V15 stated, It's from condensation. I've put in several work orders, but it never gets fixed. We have to empty the bucket every other day. The top shelf on the shelving unit on the back right side of the walk-in refrigerator held several foods items but was at a 45 degree angle. V15 stated, they fixed the shelf before using a zip-tie, but it broke. They say they can't get the metal clips to fix the shelf so will have to zip-tie it again when they have time. I've been asking for things to be fixed since I came in December, but nothing ever gets done. I made copies of the work orders. The temperature in the kitchen is so hot that it makes the refrigerator temperatures go up. It's so hot it's miserable in here even in the winter.</p> <p>On 7/21/24 at 11:30 AM, V16, Maintenance Supervisor, was shown the issues in the walk-in refrigerator. V16 stated, I didn't know there was anything wrong with the walk-in refrigerator. When V16 was asked if he had received the work order requests that V15 had sent to him over the past months, V16 stated, I've been the only Maintenance person here for the past four months. Last week they finally got me some help. I'm busy and have been busy. I'll have to check the 800 or so work orders sitting on my disk that I haven't had time to look at.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>At 12:20 PM, the inside thermometer in the walk-in refrigerator was again checked. It registered 52 degrees Fahrenheit.</p> <p>On 7/23/24 at 10 AM, copies of the work orders that were made by V15, Dietary Manager were requested. V22, Administrator in Training, stated, V15 (dietary manager) resigned on 7/21/24. The work orders that she said she copied can't be found. We only have the one work order that we gave you from 7/12/24.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 7-21-24 documents 95 residents currently reside within the facility.</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>35509</p> <p>Based on observation, interview and record review, the facility failed to keep flies and gnats out of the Kitchen, Dining Room and Resident Rooms. This has the potential to affect all 95 residents living in the facility.</p> <p>Findings:</p> <p>The document Infection Prevention and Control, dated 2019, states, Pest Control. The facility maintains an effective pest control program to remain free of pests. Facility-wide pest-control strategies are developed emphasizing kitchens, cafeterias, laundries, central sterile supply areas, loading docks, construction activities, and other regions prone to pest infestations. On-going measures are taken to prevent, contain and eradicate common household pests such as flies.</p> <p>On 7/21/24 at 10:20, the kitchen was entered for tour. Flies were observed during the three hours spent in the kitchen. Flies landed on food items being prepared, on the food items in the steam table, before and during service, on appliances, equipment, clean dishes glasses, plates and silverware. Flies were landing on V15, Dietary Manager, V20, V21, Dietary Aides. They were a constant issue. V15 stated, We have flies all of the time. They're in the dining room also. We are never rid of them.</p> <p>On 7/22/24, the Resident Council Meeting was held for the annual survey.</p> <p>R21, R29, R46, R67, R83, all stated that they have flies in the dining room, in their bedrooms and that flies and gnats are Bad when we're outside. R67 stated, The flies and gnats get really bad in my room. Sometimes I open my window to the outside and shoo the flies and gnats out of the window. There was an appliance attached to the wall in the dining room to eliminate flies, but the appliance was not plugged in and was not working.</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid Form CMS (Centers for Medicare and Medicaid Services) 671 dated 7/21/24 documents 95 residents currently reside within the facility.</p>