

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-EL PASO	STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST CLAY EL PASO, IL 61738
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility-reported Incident of 3/5/23/IL157837 Facility-reported Incident of 3/17/23/IL157839	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-EL PASO	STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST CLAY EL PASO, IL 61738
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1 care needs of the resident.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to prevent three incidents of abuse, and failed to ensure residents felt safe in their home for five (R1-R4 and R6) of five residents reviewed for abuse in a sample of six. These failures resulted in R3 sustaining a skin tear from an incident involving R1; and R3, R4 and R6 verbalizing psychosocial feelings including intimidation and fear of R1.</p> <p>Findings include:</p> <p>Facility "Resident Rights for People in Long-Term Care Facilities," revised 3/2017, documents "You have the right to safety and good care where your facility must provide services to keep your physical and mental health, and sense of satisfaction. You must not be abused by anyone."</p> <p>Facility "Abuse and Neglect policy," revised 3/15/18, documents "All residents have the right to be free from verbal, sexual, physical, and mental abuse. Abuse is the willful infliction of injury, intimidation, or punishment with physical harm, pain, or mental anguish.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-EL PASO		STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST CLAY EL PASO, IL 61738		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>R1's incident report dated 2/22/23 at 11:50am was reported to state agency and documents the following: Incident where (R1) hit (R6) in the dining room. Neither resident able to give further details. Both R1 and R6 not cognitively intact.</p> <p>R1's incident report dated 3/5/23 at 9:10am was reported to state agency and documents the following: (R1) and (R2) were standing in a room with arms around their upper body/head area and both residents came into contact with one another using their other arms. R1 and R2 not cognitively intact.</p> <p>R1's incident report dated 3/17/23 at 7:05am was reported to state agency and documents the following: (R1) and (R3) were in the dining room where (R1) was shaking (R3's) walker and making contact with (R3's) arm causing a skin tear. R1 not cognitively intact.</p> <p>R1's care plan with a start date of 7/25/22 documents R1 has the "Potential to demonstrate physical behaviors related to poor impulse control."</p> <p>R1's medical record documents R1 was admitted on 7/22/23 and is not cognitively intact.</p> <p>R1's nurses notes document several incidents. On 2/8/23 R1 hit staff. On 2/22/23 there were two incidents documented where R1 hit a resident (R6) and the second incident was where R1 had aggression towards a CNA. Increased agitation and assaulted his nurse (V13) where R1 was sent to the emergency room for a psych evaluation. On 3/5/23 R1 had physical contact with another resident (R2) where they had arms wrapped around one another with closed fists making contact. On 3/8/23 R1 was physically aggressive</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-EL PASO	STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST CLAY EL PASO, IL 61738
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>to CNAs with contact; and on 3/17/23 R1 had physical contact with another resident (R3) where R1 was hitting R3 and R3 got a skin tear.</p> <p>On 3/28/23 R1 was unable to be interviewed due to aphasic (unable to speak) due to a stroke.</p> <p>On 3/28/23 at 3:12pm, R1 was sitting by the nurses desk on a chair and grabbing at staff as they walked by. R1 got up from the chair when he saw staff gathered around the nurses desk. R1 walked up to a female CNA and was in her personal space (very close to her face and facing her). The female CNA backed up and walked away. A male CNA was able to redirect R1.</p> <p>On 3/28/23 R2 was confused and unable to answer questions regarding the incident dated 3/5/23. R2's medical record documents he is not cognitively intact.</p> <p>On 3/28/23 at 10:30am, R3 was alert and oriented and stated, "He (R1) does stuff all the time, it doesn't matter where I am I feel like he finds me. I try to stay out of his sight. I told (V1/Administrator) that I am going to call the police if he hits me again. I don't make any advances towards him at all. This has been going on for about five to six months where he goes after people or me. They walk with me to the dining room so I don't fall. Staff sometimes sits with (R1) but not all the time. I watch out for him because I know he will find me if I am alone so staff doesn't let me walk alone. I don't need help walking but I know he will come after me if I am alone. I don't need this at my age." R3's medical record documents R3 is cognitively intact.</p> <p>On 3/28/23 at 10:50am, R4 was alert and oriented. R4 stated, "(R1) has been harassing us</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 03/29/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-EL PASO			STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST CLAY EL PASO, IL 61738		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 4</p> <p>(R3 and R4) for the past six to eight months and (V1/Administrator) is aware of it. He will clench his fists and make faces and flip us off. He tried to trip me in the hallway. If he sees someone (staff) with me he is not as bad but if I am alone, he is agitated and angry. He can't speak, all he does is stare, and the help has tried to keep us apart. We used to eat in the same dining room but we eat in separate dining rooms. He has shoved his walker at us, sometimes he uses his walker and sometimes he doesn't when walking. I am going to take a garbage can and hit him with it if he comes after me. I pay my rent so I shouldn't have to put up with this." R4's medical record documents R4 is cognitively intact.</p> <p>On 3/28/23 at 3:20pm, R6 was alert and oriented and stated, "I stay away from (R1). I don't like to be around him. He stares at people and then wants to fight them. It makes me feel afraid so I just avoid him, he can be scary."</p> <p>On 3/28/23 at 12pm, V6 CNA stated, "I was working on 3/17/23 when (R1) hit (R3). I wasn't there to witness the incident but I heard about it. Sometimes (R1) can be aggressive and does flip people off. (R1) sits in the hallway and uses his walker to walk and then sits his walker down by the person as a form of aggression."</p> <p>On 3/28/23 at 12:15pm V4 CNA stated, "I was working on 3/5/23 and 3/17/23. On 3/5/23 (R1) and (R2) were hitting one another and in headlocks with each other. It did not happen in their room and it happened right after breakfast. I told (R1) to stop hitting (R2) and he stopped. I found out about it happening because I answered the call light that was on."</p> <p>On 3/28/23 at 1:30pm V5 CNA stated, "I was</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005920	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/29/2023
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-EL PASO		STREET ADDRESS, CITY, STATE, ZIP CODE 555 EAST CLAY EL PASO, IL 61738		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>working on 3/17/23 when (R1) and (R3) had an incident but I did not see it happen. (R1) stares people down as a start to his aggression. (R1) stares (R3) down. (R3) looks around the corner watching for someone and it appears he may be fearful. When I push (R6) in to the dining room she says, "Oh good, (R1) isn't in here."</p> <p>On 3/28/23 at 3:35pm V14 Environmental Services stated, "I was working on 3/17/23 when (R1) was shaking (R3's) walker. (R1) was reaching towards (R3) and (R1) took a swing towards (R3). (R1) hit (R3) three to four times on his arm. I removed/separated them and put myself in between (R1) and (R3). (R1) was trying to reach over me and punch (R3). I got (R1) to walk away but he continued to make faces towards (R3). This was during set up for breakfast time, breakfast gets served at 7:30am."</p> <p>On 3/28/23 at 3:34pm, R1 Administrator stated, "I have a couple reportables on (R1) to the state agency where he was in altercations with residents."</p> <p>On 3/29/23 at 2:45pm, V13 LPN/Licensed Practical Nurse was reached by telephone and stated, "On 2/22/23 (R1) went after a CNA three times where I intervened. When I intervened (R1) punched me. The CNA went down the hallway and (R1) ran after the female CNA but he fell when he was running. I went and assessed (R1) and sent him into the hospital to be evaluated and get a psychological evaluation for his behaviors. He (R1) has behaviors daily to where they are gestures or physical." (B)</p>	S9999		