STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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 3/24/23 IL158931 Facility Reported Incident of 4/01/23 IL158934 Facility Reported Incident of 4/11/23 IL158937 Facility Reported Incident of 4/12/23 IL158939 Facility Reported Incident of 4/13/23 IL148943	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)3) 300.3210t) 300.3240f) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 1 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 care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 2 residents and employees of the facility. (Section 3-612 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure residents were free from physical and verbal abuse by R16, a 56 year old independent ambulatory man, with a known history of frequent resident to resident altercations with 1:1 Staff present, failed to institute new safety interventions to protect against resident to resident altercations, failed to provide supervision to protect a resident R1, with offensive behaviors, from retaliatory physical and verbal abuse despite 1:1 supervision. These failures had the potential to affect all 118 residents residing in the facility. Findings include: The facility's Abuse Prevention Program, dated 11/28/16, documents, "The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, and exploitation. This facility is committed to protecting our resident from abuse by anyone including but not limited to, facility staff, other residents, consultants, volunteers, and staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals." The policy also documents, "Residents who allegedly mistreat or abuse another resident or misappropriate resident property will be removed from contact with that resident during the course of the investigation. The accused resident's condition	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 3	S9999		

shall be immediately evaluated to determine the most suitable therapy, care approaches and placement considering his or her safety, as well as the safety of other residents and employees of the facility."

1. A Facility 5 Day Final Report, dated 4/28/23, documents, "Original complaint: It was reported on 4/25/23 that while in the common areas R16 allegedly called R1 a 'b**ch' and told her she needed to go home. Residents will be offered 1:1 time with Social Services once a week for 3 weeks."

A written statement signed by V19 (Business Office Manager), dated 4/25/23, documents, "I was sitting in the office, on my computer. When I heard yelling in the TV room. I got up to see what was happing. (R16) was stood in front of the couch, in front of (R1). He called her a b**ch. Then, I overheard him threatening to cut (R1)."

As of 5/3/23, R1 nor R16's medical records have no documentation of 1:1 sessions with Social Services.

On 5/2/23 at 10:00 a.m., R1 was sitting outside smoking. R1's 1:1 staff member, V17 (unit aide), was watching her through the window from inside of the facility. V17 stated, "I have never witnessed a physical altercation with (R1) until today. She gets verbally aggressive a lot with other residents. Today (R1) and (R16) got verbal with each other and she started calling him a b**ch then he slapped her a few times in the face."

On 5/2/23 at 1:30 p.m., R17 was observed propelling himself towards V1's Office. R17 was bleeding from his mouth and his right hand was actively bleeding. At that time R17 stated, "He

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 4 (R16) punched me in the mouth. All I was trying to do was help him open his ice cream." On 5/2/23 at 1:40 p.m., V13 (Social Services) stated, "(R16) will walk down the hall and say stuff or come in here and if it's not taken care of right away he has an outburst. It's like something is going on with him." R17's Incident Note, dated 5/2/23 at 1:44 p.m., documents, "R17 assessed with minor skin tear 0.2 cm (centimeters) x 0.2 cm to left hand and swollen bottom lip." R16's Incident note, dated 5/2/23 at 2:51 p.m., documents, "R16 verbally aggressive with nurse during assessment and asking R16 about what happened. (R16) states that other resident (R17) spoke racial slurs to him so he punched him in the face." On 5/2/23 at 2:47 p.m., V18 CNA stated, "I'm (R1's) 1:1 tonight. I was never told that (R1) and (R16) had an incident this morning. That would have been nice to know. I try to keep (R15) and (R16) away from (R1). (R16) is so unpredictable you never know what he's going to do. When he got in (R1's) face (4/25/23) (R16) told (R1) he was going to slice (R1). He's a little scary. (R1) likes to instigate things and get other residents upset then they want to go after her. (R16) is very hateful and gets angry with (R1) as well. He's hit her before. I don't know what to do in the case of another resident trying to hit (R1). All I know to do is to try and redirect them. I haven't had any training about these situations. I know that (R1) has spit on other residents and they've hit her." "I can't believe (R16) hit (R17). (R17) is the sweetest man ever and wouldn't instigate anyone to hit him. See (R16) is unpredictable."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 5	S9999		

On 5/3/23 at 12:20 p.m., V17 stated, "(R1) and R16 had two incidents yesterday. The one where he slapped her across the face in the morning, and then in the afternoon they had a verbal altercation. Right after he hit her, (V1 Administrator in Training) came up on the commotion. (R16) went off on (V1). He started yelling and cussing at her. I didn't notify anyone about what happened because (V1) told me she had it all taken care of. Around 1:15 p.m., (R1) sat next to (R16). I asked her to not sit there and we could sit somewhere else, and she refused to move. She reached over and touched (R16's) hair, and he said, 'Keep your f**king hands off of me.' (R1) wouldn't move so I asked (R16) if he would move, and he told me, 'White lady you aren't going to tell me what the f**k to do.' The office door was closed when I left, so I put a note under the door to let (V2 Assistant Administrator in Training) know what happened with that incident."

R1 and R16's current medical records have no documentation of abuse investigations regarding both altercations that occurred on 5/2/23. There is also no documentation of interventions implemented following each altercation to prevent R16 from further assaulting any other residents.

On 5/3/23 at 11:25 a.m., V23 Registered Nurse stated, "I was working yesterday when (R16) punched (R17) in the face. (R17) told me he was trying to help (R16) with opening his ice cream at lunch and (R16) said (R17) called him a racial slur. (R16's) baseline is agitated. It doesn't take much to get him worked up and he thinks everyone is against him racially. We didn't change anything supervision wise either for (R16). I had no idea that (R16) hit (R1) yesterday

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 6 (5/2/23) morning. No one told me." On 5/3/23 at 11:38 a.m., R16 was ambulating independently down the hall. R16 stated, "I don't know what you're talking about" when asked about the 5/2/23 incident and started yelling and cussing. On 5/3/23 at 11:50 a.m., V21 Certified Nursing Assistant stated, "I didn't know that (R16) and (R1) had an incident yesterday (5/2/23). He was irritable the whole day yesterday. It started even at breakfast he was antagonizing people and yelling so I took him back to his room for breakfast. Anyone that walked by him yesterday he would exchange words with them. When he got to lunch he was yelling at residents as well. He's like that today too. I came into the end of the argument yesterday. He had punched (R17). I took (R17) from the room. I'm not aware of us doing anything different with (R16)." On 5/3/23 at 12:10 p.m. V22 Registered Nurse stated, "I wasn't aware that (R1) and (R16) had an altercation yesterday morning and I was (R1's) nurse." V22 also stated that (R16) is able to independently ambulate throughout the entire facility. On 5/3/23 at 1pm, V13 (Social Services) stated, "I didn't know that (R16) had an incident with (R1) in the morning. I knew he had two incidents in the afternoon. I never did work with him or do anything with him regarding the incidents." V13 also confirmed that she has not done any 1:1 sessions with R1 or R16 since their incident on 4/25/23. On 5/3/23 at 2pm, V1 (Administrator in Training) stated, "I did not know that (R16) hit (R1) when I	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 7	S9999		

walked up on them yesterday morning. I knew he was irritated, and he started cussing at me, but V17 never told me R16 had slapped R1. I didn't know that there was a verbal altercation that afternoon either. (V17) should have verbally told us that the incident occurred, not put a note under the door. There was no note under the door. We have told them and told them to report everything to us, and that if they don't they will be fired. This is ridiculous. We didn't start any kind of investigation because we never knew he slapped her or had a verbal altercation with her. All we knew was he had hit (R17) that afternoon."

On 5/4/23 at 9:30 a.m., R17 was sitting in his room watching television. He was completely alert and oriented. R17 had a scab on his left hand from what appeared to be a skin tear and his lower lip was swollen with a cut. R17 appears elderly and frail. R17 has a walker in front of him, but he said he is unable to ambulate more than a step or two, so he uses a wheelchair. R17 indicated he is currently on Hospice, because "I'm just getting old and going downhill." R17 stated he's lived here about six months, but his family wants him to move because they are concerned this is not the safest place for him. R17 stated, "I was in the dining room and he (R16) was sitting next to me. (R16) was trying to open his ice cream, but was having a hard time. He put his ice cream down and I picked it up to open it, before I could even react, he (R16) was standing up from his chair and punched me in the face. Somehow in the scuffle my hand got busted open and was bleeding, my lip was busted open and was bleeding. (R16) kept yelling that I called him a n****r, but I didn't. Someone separated us. (R16) moved so fast, I didn't even have time to push my wheelchair out and away from him." When R17 was questioned if he was afraid to live in this

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 8	S9999		

facility or if he was afraid of any of the residents, including (R16). R17 stated, "I'm not going to be afraid. I know I can't defend myself very well, but I won't live like that."

On 5/4/23 at 10:18 a.m., R12 stated he was a witness to the incident on Tuesday between (R17) and (R16). R12 stated, "I was sitting at the table next to them. (R17) was trying to help the guy (R16) and he just stood up and started swinging. (R17) never had a chance. He's confined to a wheelchair, what could he possibly do to defend himself? I mean, the other guy can walk. He (R16) tried saying (R17) said racial slurs to him, but he never did. The guy (R16) got (R17) good. His lip was bleeding all over. I'm just over being in this place. I was supposed to just be here for therapy and then go home, but I'm not sure I can finish my last 30 days here. It's just chaos, all the time."

On 5/4/23 at 10:40 a.m., R18 stated, "I was out there when (R16) hit (R17). That poor old man (R17) is in the wheelchair and can't defend himself, and (R16) just hauled off and punched him (R17) in the face. I saw blood on (R17's) face. (R17) didn't do anything. (R16) gets irritated pretty easily especially with (R1).

On 5/4/23 at 11:35 a.m., V1 confirmed that an investigation was not started immediately after the incidents on 5/2/23 between (R1) and (R16). Therefore, the facility did not implement anything to prevent R16 from further assaulting any other residents.

The facility's Room Roster, dated 5/1/23, documents that 118 residents reside in the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 9	S9999		

2. R1's Nurse's notes, dated 3/20/24 at 9:00 a.m., document, "(R1) out on patio for smoke pass and spit in another resident's (R4) face. Continue 1:1's."

R1's Nurse's notes, dated 3/24/23 at 6:00 p.m. document, "(R1) spit on another resident (R15) while sitting on the couch. (R1) agitating resident previous to spitting on him by touching him when asked to stop."

Facility Initial Report email, dated 4/11/23, documents, "Resident to resident incident: Residents involved R4, R1. Alleged resident to resident physical altercation."

V35's (Activity Assistant) written undated statement documents, "I was on the patio when (R1) started calling (R4) names and then (R1) spit in (R4's) face. Then, (R4) got up and smacked (R1's) head on the wall. Then they stopped after I got in between them."

V32's (Activity Assistant) written statement, dated 4/11/23, documents, "(V35) and I were passing and lighting cigarettes (R1) and (R4) started to yell back and forth. (R1) then spit in (R4's) face. R4 then smashed the back of (R1's) head into the brick wall. CNAs (Certified Nursing Assistants) and nurses came out and had it handled. (R1) went in but then came out again. She was calling staff members, 'b**ch,' and spitting at them."

R7's written but undated statement, documents, "(R1) keeps spitting on people and (R4) pushed (R1) into the wall and spit back on (R1). Then they were separated."

R2's written undated statement, documents,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 10	S9999		

"(R1) spit on (R4) twice and (R4) got up to defend herself and pushed (R1's) head against the wall. They were separated after that."

R20's written undated statement documents, "(R1) spit on (R4) and (R4) pushed her face and pushed her down. After that they were separated."

R4's written undated statement, "(R1) spit on me and so I pushed her head against the brick wall. Then we were separated."

R5's written undated statement documents, "We were out for smoke break and (R4) asked (R1) to not touch her when she sat next to (R4). (R1) then spit in (R4's) face then (R4) grabbed (R1) by the throat and smashed her head off the brick wall then I pulled (R4) off (R1) and the fight stopped."

R19's written undated statement documents, "I saw (R1) spit on (R4) and then (R4) punched her and beat her head against the brick wall."

V4's (Resident Care Coordinator) written undated statement documents, "(R1) ran out of the C wing door. (R1) upset because she got into an altercation with (R4). She was outside on patio and called (R4) a b**ch. (R4) stated say it one more time. (R1) did. (R4) struck her. (R1) struck back and they were separated."

A facility 5 day Final Report, dated 4/16/23, documents, "It was reported on 4/11/23 that while both residents (R1 & R4) were in the facility's courtyard during a scheduled smoke pass that (R1) allegedly called (R4) a derogatory name, (R4) then returned the verbal gesture. It was then reported that (R1) allegedly expectorated on (R4).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 11 Reports continued that (R4) then allegedly struck (R1) with her hand then (R1) allegedly struck (R4) in return. Both residents have been placed on list to be seen by Psych Nurse Practitioner for evaluation and recommendations for further treatment." On 5/3/23 at 2:35 p.m., V32 (Activity Assistant) was sitting outside of R13's room whom she was supervising as a 1:1. V32 stated, "I was on the smoke patio the night that (R4) hit (R1's) head off of the wall. We were on smoke break. I don't know who (R1's) 1:1 was that day. The 1:1 tends to sit inside of the building watching her through the window. They are not always with her. I heard commotion and (R1) spit in (R4's) face. Then that's when (R4) smacked (R1's) head off of the wall. I ran inside to get help. I haven't ever been told what the rules are when it comes to supervising a 1:1 resident. I think you just have to visualize them. I work activities in the evening, but sometimes when I get here they tell me I have to do 1:1 with either (R13) or (R1). I'm not the person to ask what we are supposed to do in the case of a resident fight. I haven't gotten any training on this stuff. I just get handed the 1:1 sign off sheet." On 5/4/23 at 11:35 a.m., V1 stated, "After the 4/11/23 incident, I talked to (R4) about controlling her anger. When the altercation starts staff should separate them immediately and get them calmed down. I don't know how (R1) ended up still getting hit even though she had a 1:1. I wasn't there to witness it. They should be interjecting and getting in between the residents. I've talked to (V31 Unit Aide) about stepping in when things are escalating. We have educated staff to de-escalate the situation. I don't think staff are afraid to intervene. (R1) is not instigating the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 12 other residents, it's the other residents that are having the behaviors towards (R1). There was no formal training done after this incident (4/11) just talking to the staff." R1's Behavior note, dated 4/13/23 at 9:19 p.m., documents, "(R1) on patio calling people names threatening to spit on them. Residents came inside after smoke break. (R1) spit at (R2). (R2) told her to spit again. She spit again. (R2) attacked her. The residents were separated and they attacked each other again. They were separated and started spitting at each other in between staff." A facility 5 Day Final Report, no date, documents, "It was reported that (R1) allegedly called (R2) a 'b**ch' which caused (R2) to return the verbal gesture. It was reported that (R1) then alleged spat in (R2's) face. (R2) allegedly hit (R1) in face and spat back on (R1)." R2's Incident Investigation Interview form, dated 4/14/23, documents, "(R2) stated that while near the nursing station (R1) spat on (R2). That is when (R2) hit (R1)." R2's Nurse's Notes, no date, document, "(R2) stated that (R1) was calling her names spitting at her and she pinned (R1) to the wall and hit her." R2's Behavior note, dated 4/13/23 at 9:29 p.m., documents, "(R1) on patio calling people names threatening to spit on them. Residents came inside after smoke break. (R1) spit at (R2). (R2) told her to spit again. (R1) spit again. (R2) attacked her. The residents were separate and they attacked each other again. They were separated and started spitting at each other in between staff."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 13 On 5/4/23 at 10:35 a.m., R2 stated, "(R1) had spit on me at least three different times, and I couldn't take it anymore. The last time she spit on me I punched her in the face twice. She had a 1:1 with her, but they don't do anything to interfere or stop anything. They might ask her to not spit and that's it. These little teenagers don't do anything." R1's Incident Investigation Interview, dated 4/25/23, documents, "(R16) walked by and called me a f**king b**ch and a 'ho' and told me I needed to go home." Facility 5 Day Final Report, dated 4/28/23, documents, "Original complaint: It was reported on 4/25/23 that while in the common areas (R16) allegedly called R1 a "b**ch" and told her she needed to go home. Residents will be offered 1:1 time with social services once a week for 3 weeks. " R1's Incident note, dated 4/26/23 at 6:45 p.m., documents, "This nurse was notified by staff member that this resident was exchanging curse words with a male resident (R15), this resident became increasingly agitated and spit on (R15) in his face." V33's (Unit Aide) written statement, no date, documents, "(I) was walking with R1, she and R15 was exchanging words (cursing) with each other. R1 got mad and spit on R15 in his face and walked away to the nurses' station." R15's Incident Investigation Interview form, dated 5/1/23, documents, "(R15) states (R1) got mad at him for not saying 'hi' they exchanged words and then she spit on him."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 14 A facility 5 day final report, dated 5/1/23, documents, "It was reported on 4/26/23 that (R1) and (R15) allegedly exchanged curse words with one another. (R1) became upset and allegedly spit on (R15). (R1) still remains on 1:1 supervision. Residents will be offered 1:1 time with social services once a week for three weeks." A facility Five Day Final Report, dated 5/2/23, documents, "It was reported on 4/27/23 that during an afternoon smoke pass (R4) had touched (R1). At that time (R1) was spitting everywhere and allegedly spit on (R4). (R4) states she just reacted and allegedly hit her. Residents will be offered 1:1 time with social services once a week for three weeks." R4's Incident Investigation Interview form, dated 4/27/23, documents, "At 1:30 p.m. smoke pass out on patio, I was sitting in a chair (R1) touched me and I (said) don't touch me. She was spitting everywhere and then spit on me on my face. My reaction was to push her away but she was close and my arm and hand made contact with her." V34's (Activity Assistant) written statement, dated 4/27/23, documents, "(R1) spit at (R4). Unit aides came between them. I continued lighting cigarettes. I turn around to yelling and (R4) hitting (R1)." V17's (Unit Aide) written interview, dated 5/1/23, documents, "Have you ever witnessed (R1) and (R4) be inappropriate towards one another? Yes smoke pass or in the TV room. Usually (R1) says hello and (R4) says, 'Don't talk to me.' R1's response is always, 'B**ch." On 5/2/23 at 10:50 a.m., R4 was alert lying in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 15	S9999		

bed. R4 stated, "(R1) spits at me and in my face all the time. No one does anything to stop her even her 1:1. Both times I hit (R1) I just got so fed up I couldn't take it anymore."

R1's Care plan, dated 5/1/23, documents, "(R1) has potential to be physically aggressive related to Bipolar and TBI with poor impulse control." The care plan also documents the following intervention: (R1) was called a 'b**ch ' and told to go home by another resident. Offered 1:1 time with social services once a week for three weeks. Still remains on 1:1 supervision." (R1's) care plan has no revision to include (R1's) behavior of spitting on other residents causing altercations.

On 5/1/23 at 11:35 a.m., R13 stated, "I never see the 1:1's for (R1) or (R14) and if I do they are on their phones not watching them. All you ever see is these little teenage 1:1's who are too busy texting their friends or taking pictures of themselves. They don't care about where their residents are at."

On 5/2/23 at 10:00 a.m., R1 was sitting outside smoking. Her 1:1 staff member, V17 (Unit Aide) was watching her through the window from inside of the facility. V17 stated, "I have never witnessed a physical altercation with (R1) until today. She gets verbally aggressive a lot with other residents. Today (R1) and (R16) got verbal with each other and (R1) started calling (R16) a b**ch then he slapped her a few times in the face. When she starts to get verbal with other residents, I try to remove her, but she's stubborn. I can't always get the other resident to leave either. When (R1) gets verbal, the other residents get mad and hit (R1)."

On 5/2/23 at 11:20 a.m., V33 (Unit Aide) stated, "(R1's) behaviors depend on who she is sitting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 16	S9999		

with. If she's sitting with (R16) or (R15) it's trouble. At smoke time, (R1) likes to cut in line and that does not go over well with the others. If (R1) is mad she will hit and kick other residents. I try telling her we need to leave or go for a walk, go for a break, we can go sit in her room or go down the hall. I try giving her ice too. Most of the time she will not get up. So, I have to go get the nurse. The nurse doesn't really help a lot of times because they just do the same thing I already did, and it doesn't help. I may ask the other resident then to move, and sometimes that will help. (R16) will just keep arguing with her. (R16) gets in her face. The other day I had to get (V1 Administrator in Training) because (R16) was in her face. The incident (4/13/23) with (R2) started outside. They were arguing about something during smoke pass. I told (R1) to put her cigarette out so we could go inside to get away from it. Then, (R1) came in and (R1) spit on (R2) and (R2) hit (R1). The incident (4/26/23) with (R15) was (R1) got done eating dinner and sat next to (R15). (R15) said he didn't want her to sit there and asked her to move. I tried to get (R1) to move. (R1) wouldn't move so (R15) started to get rude and then (R1) got rude and kicked (R15). Basically we are just taught to try to redirect them, and if that doesn't work then get the nurse. Not much else is taught to us if we aren't able to redirect them we have to leave the residents alone to get the nurse."

On 5/2/23 at 1:40 p.m., V13 (Social Services) stated, "(R1) has been on 1:1 ever since I got here. (R1) spits on other residents quite a bit. I talk to her about being inappropriate, but (R1) doesn't remember it. (R1) doesn't remember long term. (R1) wouldn't remember spitting on people. Certain people (R1) is not supposed to be by like (R16) because they get each other riled up. I haven't been documenting the 1:1 sessions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 17 because I haven't been doing them." On 5/3/23 at 12:20 p.m., V17 stated, "(R1) and (R16) had two incidents yesterday. The one where he slapped her across the face in the morning, and then in the afternoon they had a verbal altercation. Around 1:15 p.m., (R1) sat next to (R16). I asked (R1) to not sit there and we could sit somewhere else, and she refused to move. (R1) reached over and touched (R16's) hair, and (R16) said, "Keep your f**king hands off of me." (R1) wouldn't move so I asked (R16) if he would move, and (R16) told me, "White lady you aren't going to tell me what the f**k to do." On 5/3/23 at 12:00 p.m., V12 Registered Nurse stated, "I don't know how other resident's are able to hit (R1) if she has a 1:1 with her at all times. I question it all the time. I know (R1) likes to instigate and spit on residents and get verbal. She picks at other residents all the time." On 5/3/23 at 1:40 p.m., V36 CNA (Certified Nursing Assistant) stated, "If you are 1:1 with (R1) she just has to be within visual distance." On 5/3/23 at 1:05 p.m., R1 was sitting on the couch in the TV room. R1's 1:1 staff member, V37 (CNA), was sitting approximately 15 feet away from R1. On 5/4/23 at 11:35 a.m., V1 stated, "The staff are all educated on redirecting the residents and trying to deescalate the situation." When V1 was asked how the perpetrators are able to hit R1 even with 1:1 staff present, V1 stated, "Are you expecting this little teenage boy to jump in between these residents who are fighting? Have you seen these residents and how big they are? I educate these teenagers but they don't process	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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	Continued From page 18 this information well." V1 also stated, "The 1:1 staff member should be within arms' length of the resident they are supervising." On 5/4/23 at 12:05 p.m., V9 (Regional Clinical Director) stated, "What are you wanting us to do? Do you want the staff members to push the resident out of the way so there is no physical contact. The staff member pushes the resident, and the resident gets hurt then you are after us because that staff member wasn't trained properly. Regardless of what we do is wrong. We are doing our best here with this population that we have in this facility. I've gotten IJs (Immediate Jeopardy's) for this." On 5/4/23 at 12:15 p.m., V4 (Resident Care Coordinator) stated, "Can you tell us what we are supposed to be doing here if we aren't taking care of these residents like we are supposed to? What do you want us to do? We are doing everything we can with (R1). We have call's out to other facility's to see if they could take better care of her, but we haven't heard back from any of them." On 5/8/23 at 2:15 p.m., V31 was sitting in front of fireplace while R1 was sitting on the couch in the TV room. V31 stated he got training on Thursday and they went over that the 1:1's needed to watch their residents better. V31 also stated, "When it comes to watching (R1) I just need to have visual contact of her (R1 was approximately 20 feet away from V31 sitting on a couch)." R16 walked up in front of R1 bent over and grabbed her thigh and was laughing. R16's 1:1 staff member V28 (CNA) was walking with R16 and did not address the interaction. V31 stated, "We are supposed to keep (R1) and (R16) separated they need to be at least six feet apart."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002745	A. BUILDING: _____ B. WING _____	C 05/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EL PASO HEALTH CARE CENTER	850 EAST SECOND STREET 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 GROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 19 (B)	S9999		