

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002745	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2020
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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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S 000	Initial Comments Complaint 2024404/IL123623 F 689 G	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210c)3) 300.1210d)6) 300.3240a) 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide supervision for two residents (R2 and R3) reviewed for incidents and accidents. This failure resulted in hospitalization after R2 and R3's suicide attempts.</p> <p>Findings include:</p> <p>1. R2's Face Sheet, documents R2 has Schizoaffective Disorder, Borderline Personality Disorder, PTSD (Post Traumatic Stress Disorder), and Suicide Attempts. R2's Physician Order Sheet, dated 10/1/19 through 10/31/19, documents R2 was receiving Buspar 10mg</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>(milligram) every noon, Buspar 15mg twice daily, Lamotrigine 100mg twice daily, Celexa 20mg daily, Clonazepam twice daily, Zyprexa 5mg at bedtime, and Melatonin 10mg at bedtime.</p> <p>R2's current plan of care documents, "Resident has history of stating that she hears voices telling her to display inappropriate behavior and/or to harm herself." "Resident has risk factors for self harm. Resident has history of self harm and suicidal ideations." "Place resident on 1:1 (one-on-one) supervision as needed when determined by IDT (Interdisciplinary Team)." "Resident has risk factors that require monitoring and intervention to reduce potential for self injury...Ambulates independently with steady gait." "Resident has a history of becoming verbally aggressive/argumentative and impulsive..."</p> <p>The facility's 5-Day Final Report, dated 10/9/19, documents "On 10/01/19, (R2) ingested approximately 90cc (cubic centimeter) of cleanser containing hydrogen peroxide. (R1) immediately vomited. 911 contacted. Poison control contacted. Water provided as instructed. Transported to ER (emergency room) for evaluation and treatment." This report does not contain witness statements or documentation detailing the events of the incident.</p> <p>On 7/21/20 at 8:50 am, V14 SSA/Social Service Assistant stated someone left the nurses station door open and R2 walked in, grabbed a spray bottle of bleach cleaner, removed the lid and drank some of it. V14 stated R2 did go to the hospital for a few days.</p> <p>On 7/22/20 between 10:20 am, 10:30 am, 10:44 am, and 10:46 am, V7 Medical Records/CNA</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(Certified Nursing Assistant), V8 CNA/Transport, V11 and V10 CNA's respectively stated R2 had drank a disinfectant and went to the hospital.</p> <p>On 7/23/20 at 2:57 pm, V24, former DON/Director of Nursing stated R2 reached over the nurses station and grabbed a bottle of disinfectant and drank some of it and went to the hospital.</p> <p>On 7/21/20 at 3:15 pm, V1 Administrator stated he did the investigation when R2 drank "somekind of disinfectant" and cannot recall the details of the incident. V1 was unable to provide any documentation regarding the events of this incident.</p> <p>The facility was unable to provide requested documentation for monitoring and supervision of R2.</p> <p>2. R3's Face Sheet, documents R3 has Bipolar Disorder and PTSD (Post Traumatic Stress Disorder.) R3's Physician Orders, dated 8/1/19 through 8/31/19, documents R3 is receiving the Duloxetine 60mg (milligrams) every 12 hours and Lamictal 100mg twice a day.</p> <p>The Self Harm/Suicidal Potential Assessment for R3, dated 7/12/19 and 10/15/19 document R3 is "High Risk for self-harmful behavior such as suicidal gestures: In need of structure, direction and canceling and is likely to require psycho-active medication management."</p> <p>The Suicidal Potential Assessment, dated 4/5/19 documents "Resident has a history of suicidal ideations and self harm for attention." The Suicidal Potential Assessment, dated 10/31/19, documents "Resident scored 13 out of 27 on mood assessment and 13 on self harm/suicidal</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>potential assessment upon admit. Resident has hx (history) of self harm and suicide attempts. Resident expressed SI (suicidal ideations) upon admission, placed on 1:1's (one-on-ones).</p> <p>R3's current plan of care documents "Resident has risk factors for self-harm and suicidal ideations" and requires "assist with ADL's (activities of daily living) as necessary with staff assist of 1."</p> <p>R3's medical record includes an A.I.M. (Assess, Intercommunicate, and Manage) for Wellness form, dated 9/7/19, documenting "Resident made an attempt of suicide on herself. Bleeding was stopped. 911 was called immediately."</p> <p>The Nursing Home to Hospital Transfer Form for R3, dated 10/18/19, documents R3 was transferred to the local hospital with "reason for transfer" as "self-harm" with no other documentation listed.</p> <p>On 7/23/20 at 2:57 pm, V24 former DON/Director of Nursing, stated in the fall, around October 2019, R3 was found lying on the shower room floor with the shower hose wrapped around her neck. V24 stated R3 had attempted to hang herself in the facility shower room with the shower hose, went to the hospital, and did not return for a awhile.</p> <p>On 7/23/20 at 12:30 pm, V21 SSA/Social Service Assistant stated he was in the facility at the time R3 tried to hang herself in the shower room with the shower hose. V21 stated "it was her (R3's) intention to hurt herself."</p> <p>On 7/22/20 at 10:20 am, 10:30 am, 11:30 am and 11:45 am, V7 Medical Records/CNA (Certified</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Nursing Assistant), V8 CNA/Transport, V10 and V11 CNA's stated R3 did try to hang herself in the shower room.</p> <p>On 7/21/20 at 3:15 pm, V1 Administrator stated, "I don't think I have anything on that other than what's in R3's chart. Depends on what the issues are or what was going on at that time if I would have reported or investigated it." V1 was unable to provide an investigation or any documentation for R3's attempted suicide in the facility shower room.</p> <p>R3's Nurses Notes do not contain documentation regarding R3 being found on the shower room floor with the shower hose wrapped around her neck. There is not an A.I.M for Wellness for R3's attempt to hang herself in the facility shower room. R3's medical record does not contain any documentation regarding R3 attempting to hang herself in the shower room.</p> <p>The facility was unable to provide requested documentation for monitoring and supervision of R3.</p> <p>A</p>	S9999		
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