

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002745</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EL PASO HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 EAST SECOND STREET EL PASO, IL 61738</b>
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(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	S 000		
S9999	<p>Annual Licensure and Certification</p> <p>Final Observations</p> <p>Statement of Licensure Violations (1 of 2)</p> <p>300.615e)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement is not met as evidence by:</p> <p>Based on interview and record review the facility failed to ensure a background check was completed within 24 hours of admission for three of five residents (R94, R95, R148) reviewed for background checks in a sample of 37.</p> <p>Findings Include:</p> <p>1. R94's Face Sheet documents R94 was admitted to the facility on 11-28-23. R94's</p>	S9999		

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

TITLE

(X6) DATE  
08/16/24

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>Criminal History Background Checks were conducted on 2-5-24 and were not conducted within 24 hours of R94's admission on 11-28-23.</p> <p>2. R95's Face Sheet documents R95 was admitted to the facility on 1-17-2024. R95's Criminal History Background Checks were conducted on 2-5-2024 and were not conducted within 24 hours of R95's admission on 1-17-2024.</p> <p>3. R148's Face Sheet Documents R148 was admitted to the facility on 1-3-2024. R148's Criminal History Background Checks were conducted on 2-5-2024 and were not conducted within 24 hours of R148's admission on 1-3-2024.</p> <p>On 7/23/2024 at 10:15 AM, V1 (Administrator) verified R94, R95, and R148 did not have a background check done within 24 hours of their admission.</p> <p>(C)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 45 Ill. Reg. 11096, effective August 27, 2021)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete the required background</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>checks prior to a new employee starting a work schedule for five of ten employees (V6, V7, V8, V9, V11) reviewed for background checks. This has the potential to affect all 95 residents living in the facility.</p> <p>Findings Include:</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> <p>The facility's Abuse, Prevention, and Prohibition Policy dated 01/2024 documents, "Screening: All employees will have criminal background checks, state, and federal required checks, and license confirmation."</p> <p>V6's (CNA/Certified Nursing Assistant) Hire Form documents V6 was hired on 6-11-24. V6's Healthcare Worker Background Registry, Illinois Sex Offender, Illinois Department of Corrections (DOC) Sex Offender, and Illinois Department of Corrections (DOC) Inmate Search Checks were not completed until 7-21-24.</p> <p>V7's (CNA) Hire Form documents V7 was hired on 1-9-24. V7's Healthcare Worker Background Registry, Illinois Sex Offender, Illinois DOC Sex Offender, and Illinois DOC Inmate Search Checks were not completed until 2-2-24.</p> <p>V8's (CNA) Hire Form documents V8 was hired on 7-16-24. V8's Healthcare Worker Background Registry, Illinois Sex Offender, Illinois DOC Sex Offender, and Illinois DOC Inmate Search Checks were not completed until 7-18-24.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>V9's (CNA) Hire Form documents V9 was hired on 2-28-22. V9's Healthcare Worker Background Registry, Illinois Sex Offender, Illinois DOC Sex Offender, and Illinois DOC Inmate Search Checks were not completed until 2-27-24.</p> <p>V11's (Activity Assistant) Hire Form documents V11 was hired on 5-14-24. V11's Healthcare Worker Background Registry, Illinois Sex Offender, Illinois DOC Sex Offender, and Illinois DOC Inmate Search Checks were not completed until 6-3-24.</p> <p>On 7-23-24 at 9:45 AM, V1 (Administrator) stated, "The employee pre-employment background checks were not completed for (V6, V7, V8, V9, V11) prior to their hire dates. I do not know who was responsible for completing these."</p> <p>(C)</p>	S9999		