

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/22/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/19/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>EL PASO HEALTH CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 EAST SECOND STREET</b> <b>EL PASO, IL 61738</b>	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS  Licensure Post Visit to Survey date 2/18/11.	F 000		
F9999	FINAL OBSERVATIONS  300.615f) 300.615g) 300.615j)  f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> . and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.  g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5b) of the Act). The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.	F9999		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

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.

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F9999	Continued From page 1  j) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall immediately fax the resident's name and criminal history to the Department pursuant to the requirements of Section 2-201.6 of the Act and Section 300.625 of this Part. (Section 2-201.5c) of the Act  These REQUIREMENTS were not met, as evidenced by:  Based on interview and record review, the facility failed to notify the Department immediately of one newly admitted identified offender (R3), failed to submit fingerprints for inconclusive name-based background checks for two residents (R1 and R2), and failed to check the two required websites for sex offender screening on admission for two residents (R1 and R4) out of ten newly admitted residents' records.  These failures had the potential to affect all 106 residents living in the facility.  Findings include:  A recently admitted resident list prepared by the facility indicated that R1 was admitted on 6/27/11, R2 on 7/7/11, R3 on 8/12/11 and R4 on 6/27/11. The admission files for these four residents, out of ten files examined, indicated the following:  1. The criminal history background check (CHBC) for R3 dated 9/12/11 indicated that R3 had felony convictions for Theft and Retail Theft. A facility fax transmittal form dated 9/15/11 indicated that	F9999			

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F9999	<p>Continued From page 2</p> <p>the E3 (Regional Community Resource Coordinator) notified the Department of R3's offender status on that date.</p> <p>2. The CHBC's for R1 and R2 were both dated 7/7/11, stated that the name-based checks were inconclusive, and that fingerprints needed to be submitted. The records for R1 and R2 contained no fingerprint documentation.</p> <p>3. The Illinois State Police and Department of Correction website checks run for R1 and R4, both admitted on 6/27/11, were dated 7/5/11.</p> <p>E3 (Regional Community Resource Coordinator) stated on 9/16/11 at 1:40 PM that the facility's former Administrator was terminated around 7/1/11. E3 said that she has been at the facility this week auditing resident admission records from about that time forward, and just reported R3's offender status to the Department yesterday. E3 confirmed the lack of finger prints for R1 and R2, which she had noted yesterday in the audit, and said that she did not know why the fingerprints had not been done.</p> <p>The facility's daily census sheet for 9/16/11 indicated a total of 106 residents.</p>	F9999			