

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2020
NAME OF PROVIDER OF SUPPLIER EL PASO HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 850 EAST SECOND STREET EL PASO, IL 61738	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0602 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident was free from misappropriation of medications for one (R2) of three residents reviewed for controlled medications in a sample of six. Findings include: The facility's Abuse Prevention Program revised 11/28/16 documents, Policy: This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of residents' property, and exploitation as defined below. The facility's Missing Controlled Substance policy revised 11/6/18 documents, Policy: It is the policy of this facility to prevent the loss of controlled substances and vigorously investigate incorrect inventory of controlled drugs, medications or pharmaceuticals reported by Pharmacist, Physicians or Licensed Nurses. R2's Physician order [REDACTED]. The facility's five day Final Report dated 4/30/2020 documents, Summary: On 4/23/2020 the facility was alerted to possible missing [MEDICATION NAME] (controlled narcotic substance) card (30 pills). After receiving notification of incident, the following was initiated/completed: Pharmacy contacted to bill missing medications to the facility. Conclusion: Upon completion of the investigation, the facility was unable to substantiate the cause for the missing medication. We will continue to work with the local police department with this matter. On 8/30/2020 at 8:30 AM, V1/Administrator stated, I do remember an issue with (R2's) medications. I reported it to State agency and did an investigation. We never found out what happened to the whole pack of 30 [MEDICATION NAME] pills. I filed a police report and they did an investigation. I had requested that the resident not be billed for the replacement pack, as the facility was responsible. I can see if I can get something from the pharmacy or corporate office showing (R2) was not billed for the replacement of the [MEDICATION NAME]. I did in-services on abuse and our medication policies.		

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.