

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003586	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2022
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NAME OF PROVIDER OR SUPPLIER ELEVATE CARE NORTHBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 270 SKOKIE HIGHWAY NORTHBROOK, IL 60062
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S 000	Initial Comments Complaint: 2296967/IL150742	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1)2) 300.1630)d) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 ensure continuity of care and services for a resident who required weekly electroconvulsive therapy for the treatment of catatonia. This failure applied to one (R1) resident reviewed for improper nursing care which resulted in R1 being emergently transferred to local hospital and being admitted with diagnosis of malignant catatonia (medical emergency).</p> <p>Findings include:</p> <p>Facility Abuse prevention and reporting policy reviewed 1/27/19</p> <p>Neglect is defined as the failure to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress</p> <p>R1 is a 30-year-old male admitted to the facility on 6/2/22 with diagnoses that include encephalitis, catatonic disorder due to known physiological condition, epilepsy, severe protein-calorie malnutrition, dysphagia, pressure ulcer of sacral region, stage 3, schizophrenia, and bipolar disorder.</p> <p>R1 has had multiple hospitalizations since admission to the facility. Census includes hospitalizations on 6/27 - 6/30/22, 7/20 - 7/21/22, 7/25 - 8/5, and was most recently transferred on 8/25/22. At the time of the survey, R1 was still hospitalized and reviewed as a closed record.</p> <p>Facility admission packet for R1 includes</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documentation that R1 entered the facility with a pressure ulcer wound on the sacrum and is being treated with Medi-honey. The nursing report form documents, started 5/3 - ECT/need to cont/set-up therapy. Plan - neuro ECT ...Ativan 1mg Q (every) 6 (hours) duration TBD ...Stable on ECT decrease to 3x week (5/23, 5/25, 5/27) then 2x week (5/31 & 6/2) then weekly ...slow taper ECT to minimize risk of autonomic dysfunction.</p> <p>Nurse Progress Note dated 8/25/2022 13:00 reads: Note Text: The resident was safely transferred from bed to stretcher by two person assist with stable vital signs BP- 117/60, T-98, PR- 113, RR- 22, O2 Saturation 95%. Lorazepam Tablet 1 MG given and was suctioned for secretions. Picked up by ambulance for Neuro Appt 8/25/22 at 1:30 PM.</p> <p>Nurse Progress Note dated 8/25/2022 15:47 reads: Note Text: (Ambulance Representative) called this writer and informed that the office of appointment (Neurology Dept. in hospital) held the resident for observation and said to this writer to call the office # for further details. NP notified. Family made aware.</p> <p>Surveyor noted the following documentation from hospital records (requested by surveyor):</p> <p>Diagnosis: Malignant catatonia, Anti-NMDA Receptor Encephalitis (type of brain inflammation caused by antibodies).</p> <p>Formulation: (R1) is a 30 y.o. single, domiciled AA male with anti-NMDA R encephalitis c/o seizures and catatonia presenting from clinic on 8/25/22 with worsened mental status. LTACH (facility) stopped lorazepam and ECT for unclear reasons. Primary restarted lorazepam 1mg Q4H. Psych</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>consulted for treatment recommendations, specifically on whether restarting ECT would be appropriate.</p> <p>(R1) Is experiencing a relapse in malignant catatonia (a life-threatening form of acute brain dysfunction that has several motoric manifestations) s/t anti-NMDA Receptor encephalopathy, likely triggered by discontinuation of scheduled Ativan and potential ECT outpatient in the context of his autoimmune disease. Give pt's limited response to lorazepam alone, hx of malignant catatonia is a medical emergency. Further recommend continuing scheduled lorazepam 1mg q4hrs for catatonia with max daily dosing of 15mg/day given impaired kidney functioning. We will reach out to ECT to get pt scheduled tomorrow as able. Will discuss these recommendations with pt's family, mother.</p> <p>Plan: -Recommend emergency daily ECT given catatonia, not responding to restarting scheduled Ativan ...</p> <p>Barriers to Discharge ...Per discussion in IDR, psychiatry consulted for recommendations as medical team states pt's presentation may require ECT. Team states that pt admitted from SNF and was found to have scabies, with concerns for possible neglect on the part of the SNF ...SW discussed with Neuro Critical Care Team (including physician and bedside nurse). SW informed that pt has scabies, a stage four pressure injury, and medical team was made aware that pt has not been receiving recommend Ativan dose or ECT. SW informed that lack of recommended Ativan and ECT likely contributed to this admission and severity of pt's current condition ..."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>R1 had orders to receive ECT (electroconvulsive therapy) weekly as confirmed from facility medical record since admission.</p> <p>Nursing progress notes document the following ECT appointment related information:</p> <p>6/9/22 - R1 left for ECT appointment but it was not done because he was not NPO; this appointment was rescheduled for 6/10/22</p> <p>6/10/22 - R1 left for ECT approximately 6:22am and returned at approximately 1pm</p> <p>6/16/22 - R1 left for ECT approximately 6am and returned at approximately 1pm</p> <p>6/23/22 - R1 left for ECT approximately 5:30am and returned at approximately 11:29am</p> <p>6/30/22 - R1 was scheduled for ECT but did not attend due to hospitalization</p> <p>7/7/22 - R1 left for ECT approximately 5:30am</p> <p>7/14/22 - R1 left for ECT approximately 5am</p> <p>7/25/22 - R1 was hospitalized thru 8/5/22</p> <p>After re-admission from hospital stay, on 8/9/22 14:26 Admission Note, written by V5 (Internist), under A&P includes to continue weekly ECT.</p> <p>Review of physician orders include ECT on 8/26/22 with start date of 8/23/22.</p> <p>Interview with V2 (RN/Infection Preventionist) on 9/3/22 at 2:05pm regarding ECT appointments for R1. V2 said that R1 goes to ECT once a week in</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>the city. He is transported via ambulance, and it can take hours with the traffic, etc. For example, he can leave here at like 7/8am or can return as late as 1/2pm. At times we have worried that he is being admitted because it's been 5 or 6 hours before he returns. He had orders for ECT upon admission but then it was paused for some time because the doctor wanted him to stop going for a while - In that time he wanted him to have a neurology consult because there was a change in his cognition. We tried to find a closer place to get the ECT because the transportation alone was rough for him because it was so far. He did go to the neurology consult and that is when they made the decision to admit him.</p> <p>Facility was asked to provide confirmation that physician made decision to pause R1's ECT per interview with V2 and it was not provided during the course of this survey.</p> <p>Facility provided documentation that R1 went out on an appointment on 8/12/22 - email confirmation from receptionist, however, lists RE: multiple sclerosis.</p> <p>Physician orders list order with date 8/5/22 "On 8/12/22 at 9:15am Return Multiple sclerosis with (named physician and address)" which does not match with ECT appointment.</p> <p>No information was provided during the course of the survey to show that resident continued to receive weekly ECT any time after re-admission on 8/5/22.</p> <p>(B)</p>	S9999		