Illinois D	epartment of Public	Health			FORM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		IL6006647	B. WING		C 11/15/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
	CARE WAUKEGAN	2222 AUE	REY NIXON	BOULEVARD	
		WAUKEG	AN, IL 6008	5	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investiga	ation 2419335/IL180937			
S9999	Final Observations		S9999		
	Statement of Licens	sure Violations:			
	300.610 a) 300.1210 b) 300.1210 d)4)A) 300.1210 d)4)B)				
	a) The facility s procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed			
	Nursing and Person b) The facility s care and services to practicable physical well-being of the res each resident's com plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal			
ABORATORY	tment of Public Health DIRECTOR'S OR PROVID cally Signed	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE 11/20/24

If continuation sheet 1 of 9

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		IL6006647	B. WING			15/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
ELEVATI	E CARE WAUKEGAN		DREY NIXON E GAN, IL 60085			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	<ul> <li>Continued From page 1</li> <li>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: <ul> <li>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: <ul> <li>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</li> <li>B) Each resident shall have at least one complete bath and hair wash weekly and as</li> </ul> </li> </ul></li></ul>					
	These requirements	actory personal hygiene. s are not met as evidenced by on, interview, and record	<i>r</i> .			
	review, the facility fa hand and nail care for residents with a har reviewed for improp follow facility policie morning/nighttime of failure resulted in R hand and obtaining her contracted hand	ailed to provide adequate to 1 of 3 (R1) dependent nd contracture who were per nursing care; failed to				
	admitted to the facil past medical history encephalopathy, tra	lical record showed she lity on 07/16/2024, and has a / not limited to: lumatic subdural hemorrhage, ilure, obesity, and fractures to				

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			GAN, IL 60085			
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S9999	Continued From pa	ge 2	S9999			
	base of skull, nasal vertebrae.	bones, and multiple cervical				
	Review of R1's restorative observation, dated 08/19/2024, documented she is dependent on staff assist for activities of daily living (ADL'S), transfers, and mobility, and is total hands on assist to keep clean and dry with bowel and bladder. Range of motion services were offered and refused, noted with facial grimacing and shaking her head no.					
	C for Cognitive Patt showed Brief Interv score of "99", indica conducted due to c Section GG for fund dated 08/21/2024, s	imum Data Set (MDS) Section terns, dated 08/21/2024, riew for Mental Status (BIMS) ating interview could not be ognitive impairment. MDS ctional abilities and goals, showed she was dependent of or showers/bathing and				
	benefit from an acti program because s contractures/has ac physical inactivity w 11/14/2024; has the problem related to l difficulty making de decision making, ar initiated of 08/27/20 alteration in skin int Braden Scale Score Incontinence of Boy	e potential for/a cognitive BIMS score, staff assessment cisions, head injury, impaired nd encephalopathy with date 024; Resident is at risk for regrity related to: Anemia, e, Impaired mobility, wel, Incontinence of Urine,	,			
	gastrostomy), Pneu subdural hemorrha respiratory failure, f	al Devices (c-collar, imonia, fractures, dysphagia, ge, encephalopathy, iractures, on anticoagulants f 07/17/2024 and an				

Illinois D	epartment of Public	Health			FORM	APPROVED		
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED		
		IL6006647	B. WING			C 15/2024		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	·			
<b>ΕΙ ΕΛΔΤΙ</b>	E CARE WAUKEGAN	2222 AUD	REY NIXON	BOULEVARD				
		WAUKEG	AN, IL 6008	5				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
S9999	Continued From pa	ge 3	S9999					
	intervention to mon any changes.	itor skin during care and report						
	Practical Nurse) sa is done by the aides She added the aide skin that documents cares provided, and or open areas, they the nurse. V3 then contracted hand, th washed daily, and a be communicated t	1:43 AM, V3 (Licensed id grooming and nail trimming s, mainly on their shower days. is are to complete a shower s type of bath given, added d if there was any skin redness r should be communicated to said if a resident has a en the hand should be any issues or concerns should o the nurse. 1:53 AM, R1 was awake and						
	lying in bed. R1 was odor within the roor moving and turning surveyor observed with all her fingers to of R1's fingernails t approximately 5-6 r tip of her fingers. Be what appeared to b discolored skin flap from beneath the tij amount of light brow foul smelling covered	s non-verbal. Noted a foul n and near her bed. R1 was her arms /hands around, and contractures to both hands, ouching the palm. The length o both hands extended nillimeters in length past the eneath R1's middle finger was e a small piece of dry and that was visibly protruding o of her finger. A moderate wn colored build-up that was ed the lateral side of R1's ong the medial aspect of the						
Ilinois Depa	Practical Nurse/LPI said resident finger their shower days a the length that they the nail is digging ir an injury to her han	1:56 AM, V4 (Licensed N) assessed R1's hands. V4 nails are normally trimmed on and R1's nails should not be were, then said it "looked like to her skin" that has caused d. V4 (LPN) then said hand e daily to a contracted hand,						

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ELEVATE	E CARE WAUKEGAN		DREY NIXON E AN, IL 60085					
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S9999	of R1's contracted h a foul odor present PM, V4 showed sur sheets dated from h 12th for the third flo shower/bath sheet is should be shower/b timeframe. Review sheet" showed option refused, and listed of for hair, face, torso, fingernails, peri are Form also provided characteristics, and On 11/14/2024 at 12 Assistant/CNA) said before breakfast. V upper body and privito wash R1's hands flinches in pain ther 12:44 PM, V7 (CNA hand care should b contracture, and sh fingernails weekly if On 11/14/2024 at 12 Nursing/DON) said bath day, the aides sheet and documer any issues to the nu- resident. V2 added skin sheet, all areas	ot provided hand care to either hands. V4 indicated there was to R1's left hand. At 12:02 veyor completed shower/bath November 1st through the or shower book, with no found for R1. V4 said there ath sheets for R1 during that of "shower skin notification ons for shower, bed bath, or care areas to be addressed oral care, feet, legs, shave, a, buttocks and under breasts. area to document skin aide/nurse signatures. 2:07 PM, V5 (Certified Nursing d she gave R1 a bed bath 5 added she washed R1's vate areas, but did not attempt to today because she usually n pulls her hands away. At N working on first floor said e provided daily with a e usually trims a resident's f needed. 2:51 PM, V2 (Director of on a resident's shower or bed are to complete a bathing it electronically, then report urse who is to assess the when completing a shower s on the form must be	S9999	DEFICIENCY	,			
	resident. V2 added skin sheet, all areas addressed to ensur their scheduled sho additional care was said if a resident ha care is provided du	when completing a shower						

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ELEVATI	E CARE WAUKEGAN		REY NIXON E AN, IL 60085			
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\$9999	patient preference i or biweekly depend V2 also said he beli place a towel or foa hand when there is to prevent skin brea R1 was found to ha to the palm of her le team is preparing to On 11/14/2024 at 1 stood in the doorwa a treatment cart. A doorway of R1's roo washed R1's hand both of her hands. V from washing the b trapped within the s hand. V8 said he tri a nail was digging in cut to her palm. On 11/14/2024 at 1 Practitioner) assess sustained an open hand, caused by he Surveyor observed	f verbal, and trimmed weekly ing on the length if non-verbal. ieved the facility protocol is to im hand roll to a contracted not an order for a hand splint akdown. At 1:45 PM, V2 said ve long fingernails and a cut eft hand, which the treatment o assess. 51 PM, V8 (Wound Nurse) ay of R1's room and in front of foul odor was present at the om. V8 said he had just and trimmed the fingernails to v8 added the foul odor came uild-up of sweat and debris ikin folds of R1's contracted mmed R1's fingernail because nto her left hand that caused a 53 PM, V9 (Nurse sed R1 left hand. V9 said R1 wound to the palm of her left er long and sharp fingernail. an actively bleeding open	S9999			
	centimeters (cm) a (length x width). V9 triple antibiotic ointr hand roll to R1's co R1 had not recently	eft palm that measured in oproximately 1.00 x 1.00 added she will order a topical ment and the placement of a ntracted hands. V9 also said received hand care, and was n the monthly podiatrist list.				
	with assessment tir 2:29 PM, document Facility-acquired, tra	Assessment Details Report, ne and date of 11/14/2024 at ted the following: aumatic abrasion identified on asures 1.00 x 1.00 x 0.10 (L x				

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NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
ELEVATI	E CARE WAUKEGAN		OREY NIXON E GAN, IL 60085			
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\$9999	(High Risk) dated 1 high risk of develop Review of Nurse Pr with effective time a PM (14:44), docum nurse, patient has a her contracted finge that aspect of her h room with wound re shallow puncture w layer of the epiderm to be exact, measu diameter, circular s yesterday, as the vi appears very fresh. trimmed her nails, a She has a standing Wound cleaned, an antimicrobial agent prevent further abra Temporary grip rolls Will update restorat On 11/14/2024 at 2 Director) said R1 w for range of motion previously on a pro- assessing her hand Review of R1's Ord	ers. Last Braden Score of 12 0/14/2024 indicated R1 is at bing pressure ulcers. ractitioner Progress Notes, and date of 11/14/2024 at 2:44 ented the following: "Per a wound on her left palm, as ers are always in contact with and. Patient examined in her egistered nurses. She has a ound, just right up to the first his, at the stratum granulosum, ring less than 1cm in hape, new from either today or isible stratum granulosum Wound registered nurse as podiatry hasn't been by. order for podiatry consult. ad applied with topical , and covered with gauze to asion of the wound bed. s are applied to both hands. tive nursing." :52 PM, V10 (Restorative as added to restorative today because she was not gram, due to noted pain when as.	S9999	DEFICIENC	Y)	
	Weekly Showers/S Acknowledgment o completed. If new s order, notify family Assessment Form every Tuesday, Thu	5/2024, showed the following: kin Assessment. f shower and skin assessment skin issue: notify physician for and complete Nursing Skin every day and evening shift ursday, Saturday for Weekly ssment with a start date of				

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ELEVATI	E CARE WAUKEGAN		REY NIXON E AN, IL 60085						
(X4) ID			ID	PROVIDER'S PLAN OF (		(X5)			
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE			
S9999	Continued From pa	ge 7	S9999						
	shift and as needed normal saline prior Cover/top with rolle or 11/14/2024. On 11/14/2024, req shower sheets for th notes for the last th bath charting for the provided. Review of Nail Care 01/25/2018, docum resident nails during	to left hand topically every day I for wound care. Cleanse with to application. Pat to dry. d gauze/kerlix with order date uested from V2 (DON) R1's he last thirty days, podiatry ree months, and R1's aide e last thirty days. None were							
	revised 01/31/2018 Purpose: To promo dignity. Guidelines: Explain bring equipment to Provide privacy. Pre washcloth to wash with cleansing body underarms and per problems. Report a bruising, reddened Document care and electronic record.	Care (A.M. Care) policy, last , reads: te comfort, cleanliness and procedure to resident and bedside or to bathroom. epare water to wash, offer hands. Allow/assist resident v, face, hands, arms, ineum. Observe for skin ny abnormal findings such as areas or breakdown. I assistance provided in Care (HS Care) ) policy, last							
	revised 01/24/2018 Purpose: To promo before sleep. Guidelines: Offer wa								

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LEVATE	CARE WAUKEGAN		DREY NIXON E GAN, IL 60085			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 8	S9999			
	assistance provideo	d.				
	01/31/2018, reads: Purpose: To ensure maintain proper hyg Guidelines: A show bath will be offered preference two time the resident's prefe or requested. Procedure: Explain Drape resident to m exposing body and towel under far arm hand, arm, shoulde the other arm. Call reddened areas, sk	er, tub bath or bed/sponge according to resident's es per week or according to rred frequency and as needed procedure, provide privacy. naintain dignity by not to keep resident warm. Place wash, rinse and pat dry r and underarm. Repeat for for nurse to report any in discoloration or breakdown task and assistance provided				