

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 01/15/2025 |
| NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WAUKEGAN | | STREET ADDRESS, CITY, STATE, ZIP CODE 2222 AUDREY NIXON BOULEVARD WAUKEGAN, IL 60085 | | |
| (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 Annual Licensure Survey | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b) 300.1210 c) 300.1210 d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time | S9999 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/26/25

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| S9999 | <p>Continued From page 1 of notification.</p> <p>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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident (R112) receiving tube feedings had their weight monitored. This failure resulted in R112 sustaining a significant weight loss. This applies to 1 of 6 residents (R112) reviewed for weight loss in the sample of 32.</p> <p>The findings include.</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>R112's Physician Order Sheet (POS), printed on 1/14/25, showed R112 has diagnoses that include difficulty swallowing due to stroke, and gastrostomy. The same POS showed R112 has an order of tube feedings with Glucerna 1.5 at 60 milliliters (ml) per/hour x 10 hours (on at 8PM off 6AM) date of order 11/4/24. R112 was also on general diet mechanical soft with nectar thick fluids.</p> <p>R112's Progress notes by V13 (Dietitian), dated 11/4/24, recommends "reinstate Glucerna 1.5 run x 75 ml/hr x hours...Monitor weight x 4 more weeks..." No weekly weights were done in November 2024.</p> <p>R112's progress notes, dated 12/22/24, by V12 (another facility Dietitian) showed, "Dec (December) weight pending. Nov (November) weight 173 lbs...General diet mechanical soft texture. TF (Tube feeding Glucerna 1.5 60 ml/hour x 10 hours (on 8PM of 6AM)...continue with present management pending present weight. Please weigh resident."</p> <p>R112's progress notes, dated 1/2/25, by V12 (another facility Dietitian) showed "Dec weight pending. Nov weight 173# (pounds). General diet mechanical soft texture. TF (Tube feeding Glucerna 1.5 60 ml/hour x 10 hours (on 8PM of 6AM)...continue with present management pending present weight. Please weigh resident."</p> <p>R112's careplan, dated 1/2/25, shows, Requires enteral feedings as a supplement to oral feeding that puts resident at risk for: Aspiration, Malnutrition, Dehydration, and Intolerance.</p> <p>R112's Weights and Vitals Summary printed on</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>1/14/25 showed weights of: January 6, 2025 -156.6 pounds (lbs). December 2024 - No weights. November 16, 2024 -173 lbs.</p> <p>A weight loss of 17 lbs or 9.36% weight loss (from November 2024 and January 2025 weight.)</p> <p>On 1/13/25 at 12:30 PM, R112 was being fed lunch. V7 (Registered Nurse) said R112's food intake varies. R112 was also on tube feeding.</p> <p>On 1/14/25 at 1:00 PM, V13 (Dietitian) said last November 2024, she was informed R112's food intake was poor. R112's weight at that time was 173 lbs. V13 said she reinstated R112's tube feeding order of Glucerna 1.5 to 75 ml x 10 hours, continued R112's food intake by mouth general mechanical soft, thickened liquids. R112's weight was to be monitored. This month (January 2025), R112 had a significant weight loss from November 2024. R112 weight last 1/6/25 was 156.8 lbs from 173 lbs last 11/16/24. (R112 had no weight in December.) V13 said she also saw a Nurse Practitioner (NP) note that R112 needed reweighed dated 1/9/25. V13 said R112 was not reweighed until today, 1/14/25. R112's latest weight was 161.2 lbs, still an 11.2 lbs weight loss or 6.82% weight loss in 2 months. V13 said today she increased R112's tube feeding rate (from 60 ml to 75 ml) and R112, was now put on weekly weights. V13 said tube feeding residents should not be losing weight.</p> <p>On 1/15/25 at 11:20 AM, V25 (R112's Physician) said for residents who are on tube feeding, their weight should be monitored closely. "At least a monthly weight should be done to identify weight loss and nutritional risks. If there was a weight loss, weekly weights can be done." V25 said he</p> | S9999 | | |

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| S9999 | Continued From page 4 was not aware R112's December weight was not done. The facility policy on Weights, dated 11/14/12, showed, 1. All residents shall be weight on admission and monthly 2. Residents identified at nutritional risks may be weighed weekly or bi weekly as per physician pr interdisciplinary team. ...4. Reweigh should be taken as soon as possible after an unanticipated weight change is noted...usually within 72 hours. (B) | S9999 | | | |