STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006647	A. BUILDING: _____ B. WING _____	C 02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE WAUKEGAN	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 Complaint Investigation 2510885/IL185561	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.690 b) 300.690 c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility	S9999		

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S9999	Continued From page 1	S9999		

failed to notify the State Agency of a resident sustaining a fracture after a fall which applies to 1 of 3 residents (R1) reviewed for falls in a sample of 3.

The findings include:

On 2/5/25 at 9:30 AM, R1 stated he had a fall in his bathroom around 2 o'clock in the morning. R1 stated he thought he just banged his elbow. R1 stated his hand swelled a few days later and they did an X-ray. R1 stated he went to the hospital and had surgery on his arm.

R1's X-ray report, printed on 2/5/25, showed R1 sustained a fracture to the neck of R1's Humerus (upper arm bone).

R1's Progress Notes, printed on 2/5/25, showed R1 was admitted to a local hospital for surgical intervention for the fracture to R1's Humerus.

On 2/5/25 at 11:30 AM, V1, Administrator, stated R1's injury was not reported to Illinois Department of Public Health (IDPH) after the facility found out R1 had a fracture (1/26/25).

The facility's Post Fall Procedure, revised on 2/28/24, showed if resident's fall results in serious injury, IDPH needs to be notified with in 24 hour or as soon as possible.

(C)