

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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 & Certification Survey.	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 Section 300.610a) Section 300.1210d)1) 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 300.1210 General Requirements for Nursing and Personal Care 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

03/25/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 1 Based on observation, interviews and record review, the facility failed to make prescribed anticonvulsant medication (Dilantin/ Phenytoin) available for one a resident (R444), who is diagnosed with seizure disorder, had sub-therapeutic (low levels) of Dilantin in his blood according to lab-work, and missed a dose of his anticonvulsant medication; the facility failed to administer medication for one resident (R15) who has seizure disorder. This failure has affected R444, who had two episodes of seizures within five minutes of each other and resulted in R15 having sub- therapeutic levels Dilantin medication in the blood. Findings include: R444 is a 54 year old with diagnosis including but not limited to: Conversion disorder with seizures or convulsions, personal history of transient ischemic attack, congestive heart failure, hypertensive heart and chronic kidney disease with heart failure. R444's BIMS (Brief Interview of Mental Status) score as of 2/25/25 is 15, which indicates cognitively intact. On 3/3/25 at 11:53 AM, R444 was observed in hallway and complained of not having his seizure medication on 3/1/25, which resulted in two seizures on 3/2/25 in the morning. R444 said, "they (facility) ran out of my seizure medication and I went without a dose on that night (3/1/25). The next morning, I had the seizures. I can't go without my medication. I'm epileptic." On 3/4/2025 at 12:11 PM, Surveyor observed emergency medication supply in the first-floor	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 2 medication room with V14 (LPN). At that time, V14 accessed the emergency medication supply computer and affirmed that six doses of Dilantin 100 MG were noted in the emergency medication supply. On 3/4/2025 at 12:11 PM, V14 stated if medications are not available, the nurses are to call the pharmacy to pull from the emergency supply. If emergency supply is not available, the nurse should tell the pharmacy to send the medication STAT (as soon as possible). On 3/4/2025 at 1:34 PM, V20 (Nurse Supervisor) said, "If the therapeutic levels are low, I would advocate for increased dose or one time dose. The therapeutic levels are to keep a resident from having seizures or reduce seizures. It indicates the effectiveness of a medication in the body." On 3/4/2025 at 1:34 PM, V20 (Nurse Supervisor) said that medication should be reordered once there are five tablets left on the dispensing card. This is to give them enough time to get the medication and not run out. We have an emergency medication dispenser that all nurses are aware of. Agency nurses have to get access to emergency medication from a staff nurse, but all nurses are able to get medication from the emergency box. On 3/6/25 at 11:01 AM, V45 (MD/Medical Doctor) said, "The labs indicate the amount of medication that is in the blood. For the therapeutic range of Dilantin, as long as it is within 10-20 ug/ml (microgram per milliliter), the resident is at decreased risk for seizure. With a sub-therapeutic Dilantin level and a missed dose, that could be the reason for a seizure. The	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 3 dosage needed to be increased." Surveyor inquired about the adverse effects of continued low levels of Dilantin in the blood and a missed dose of Dilantin, V45 (MD) said that the resident could end up having more seizures. On 3/6/25 at 11:01 AM, V45 (MD) said that a complication from seizures is possible aspiration which could result in death. On 3/6/25 at 3:10 PM, V44 (LPN/ Licensed Practical Nurse) said, R444 was out of his medication (Dilantin) on 3/1/25 and the pharmacy was out delivering R444's medication on that day. Surveyor inquired about the emergency medication dispenser, V44 (LPN) said that she (V44) does not have access to the emergency medication dispenser and don't believe that any nurse in the facility on 3/1/25 had access to the emergency medication dispenser. MAR (Medication Administration Record) for the period of 3/1/25- 3/31/25 documents, R444's anticonvulsant medication N/A (not available) per V44 (LPN). Progress note dated 3/2/25 documents, R444 experienced two mild seizures. The first one occurred approximately at 06:42 and it lasted for one minute. The second seizure occurred two minutes after the first lasting for one more minute. R444's Care plan dated 2/18/25 documents, R444 has seizure disorder; give medication as ordered. R444's Order Recap report documents, Dilantin	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 4 Oral capsule; give two tablets by mouth two times a day for seizure activity starting 2/19/25 and ending 3/4/25. R444's Laboratory Report dated 2/19/25, documents Phenytoin (Dilantin) level as 2.4 L (Low) with a reference range of 10-20 ug/ml (microgram per milliliter). R444's progress note dated 2/21/25 documents, Phenytoin level 2.4. New order to repeat level in one week. R444's progress note dated 2/26/25 documents, Medical Doctor contacted regarding abnormal labs, no new orders given at this time. R444's Laboratory Report dated 2/27/25, documents Phenytoin (Dilantin) level as 3.8 L (Low) with a reference range of 10-20 ug/ml (microgram per milliliter). R444's Medication Administration Record for 3/2025 documents, Dilantin NA (Not Available) for R444 on 3/1/25 at 1800 (6:00 PM). R444's progress note dated 3/2/25 documents, R444 experienced two mild seizures. The first seizure occurred approximately at 6:42 AM and lasted for one minute. The second seizure occurred two minutes after the first and lasted for one minutes. Facility policy titled Medication Administration documents, medications are administered as prescribed in accordance with good nursing principles and practices; the facility has sufficient staff and medication distribution system to ensure safe administration of medications without unnecessary interruptions; if a medication with a	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 5 current, active order cannot be located after further investigation, the pharmacy is contacted or medication removed from the night box/ emergency kit. Findings include: On 3/3/25 at 12:47 PM R15 was observed lying in bed resting, R 15's dresser next to bedside was observed to have a bottle of Liquid suspension Phenytoin sitting on dresser with R15's name on it. R15 stated she was unaware who placed the Phenytoin on her dresser, and she thought she was no longer receiving Phenytoin medication. R15's face sheet dated March 4, 2025, shows R15 was admitted to the facility on November 28,2023 with multiple diagnoses including Convulsions, schizophrenia, hypertension, dementia, insomnia, glaucoma (left eye), rheumatoid arthritis, major depressive disorder, cognitive communication deficit . R15's MDS (Minimum Data Set) dated December 6, 2024, shows R15 has a score of 13 which means R15 is cognitively intact. R15's care plan dated July 30,2024 shows R15 has potential for injury from seizure activity. Intervention/Tasks: staff will administer [R15's] anti-seizure medication as ordered." R15's Physician Order Sheet with order dated for June 3,2024 that states Dilantin Oral Suspension 125 MG/ML (Phenytoin) give 5 ml by mouth two times a day for seizures. On 03/03/25 at 12:52 PM V 21 Licensed Practical Nurse (LPN) stated that she is the nurse for R15 and that R15 is not allowed to self-administer her own medication because she does not have an order to self-administer medication. V21 stated	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 6 there are a lot of resident's who wander on this unit and there is a high risk for a resident to wander into anymore and take the Phenytoin medication that was sitting on the dresser.V21 stated that R15 has an active order to receive Phenytoin suspension twice a day and that she did not administer Phenytoin suspension per physicians orders today because she was unable to locate the medication in the cart and was going to contact pharmacy. V21 was given the Phenytoin suspension bottle that was on top of R15's dresser by the surveyor and V21 confirmed the Phenytoin suspension medication was prescribed for R15. R15's Medication Administration Record dated for March 4,2025 displays that Phenytoin 5ml medication dose was not administered by V21 on March 3, 2025, documentation charted by V21 at 10:00 am states NA "(Not Available)". R15's Phenytoin (Dilantin) level results dated for (2/18/25 is 3.7L, 2/25/25 is 4.4L, 3/4/25 is less than 1.8L). Laboratory report dated 3/4/25 states Phenytoin(Dilantin) level therapeutic reference range is (10-20). V21 documented in Progress note dated for 3/3/25 at 14:55 pm "Dilantin medication made available at facility.NP aware next dose to be giving at schedule time." V43 Nurse Practitioner (NP) documented a progress note dated 3/4/25 at 18:59pm that states "Results viewed for 3/4/25 by V43.See PCC (Point Click Care) for new orders for extra Dilantin. Okay for nurse to clear results and confirm orders. R15's prescription sheet for Phenytoin(Dilantin) dated for 3/5/25 with V43 as prescriber states "Dilantin (Phenytoin) give 5ml by mouth one time only for low phenytoin level less than 1.7 until	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 7 3/4/25 23:59 pm, give extra 5mg tonight and **DAW** give 2.5ml by mouth two times a day for low phenytoin level less than 1.7 until 3/6/25 23:59pm, give an extra 2.5 ml with the already scheduled 5 ml at 10am and 5pm. B 2 of 4 Section 300.1210b)2) Section 300.1210b)3) Section 300.1210b)4) Section 300.1210b)5) 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. Restorative measures shall include, at a minimum, the following procedures: 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 8 range of motion. Section 300.1210 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. Section 300.1210 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Section 300.1210 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. Based on interviews and record review, the	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 9 facility failed to provide restorative services for four physically impaired residents: R445, R59, R88 and R85. This failure has affected four of four residents reviewed for restorative services and has resulted in R445 becoming visibly emotional while expressing her fear of deteriorating in bed. Findings include: R445 is a 63 year old with diagnosis including but not limited to: multiple sclerosis, secondary malignant neoplasm of brain, neuromuscular dysfunction of bladder and adult failure to thrive. R445's BIMS (Brief Interview of Mental Status) score is 15, which indicates cognitively intact. R59 is 67 year old with diagnosis including but not limited to: rheumatoid arthritis, functional quadriplegia, presence of unspecified artificial hip, contracture of muscle to right upper arm and left upper arm, contracture to muscle of right lower leg and left lower leg. R59's Care Plan documents, R59 has no cognitive impairment and/ or impaired thought process and functions at an independent level in decision making. R88 is 55 year old with diagnosis including but not limited to: Parkinsonism, depression, long term use of anticoagulants and essential hypertension. During investigation on 3/3/25 at 11:40 AM, R445 said that she sometimes get uncomfortable lying on her tailbone and that she is not repositioned correctly. Surveyor inquired about rehabilitation services such as therapy or restorative services.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 10 On 3/3/25 at 11:40 AM, R445 said "I have not received any therapy or restorative services since being admitted to this facility about two weeks ago. I am capable of moving a little bit, but I feel like the more I lay here in bed, he more disabled I am becoming. I hate that I have to lay here and wait for help when I need to move. It becomes depressing." At that time, Surveyor noted R445 becoming tearful and emotional. Surveyor inquired about the facility's restorative program. On 3/3/25 at 11:59 AM, V13 (Restorative Director) said that upon admission to the facility, every resident is assessed by restorative and receives restorative services if they do not receive physical therapy, in order to maintain their current level of function and ROM (range of motion). V13 said, "After a resident is assessed and it is determined that the resident would benefit from restorative services, the resident is then added to the restorative list (caseload). Their services should start no later than three to four days after their admission to the facility. It should not take two weeks for a resident to begin their restorative programs." Surveyor requested the restorative program schedule. On 3/3/25 at 11:59 AM, V13 (Restorative Director) said that there is no restorative schedule that the restorative team follows. On 3/3/25 at 11:59 AM, V13 said that she (V13) was not sure why R445 was not added to the	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 11 restorative list and that the list is usually updated twice per month. On 3/4/25 at 9:45 AM, V22 (Restorative Nurse) said, "We are supposed to see everyone on the restorative list daily for 15 minutes per day. If the restorative techs aren't working the floors as CNAs (Certified Nurse Assistants) due to call offs, they work the restorative program. There is no restorative schedule of days and times that residents receive services." On 3/4/25 at 12:00 PM, V25 said "The restorative caseload list includes residents on restorative programs and what programs they are on. A resident can be on Active ROM (A) or Passive ROM (P) exercises that are done with a restorative aide. The restorative list is a way to make sure no resident is overlooked." On 3/5/25 at 10:35 AM, V3 (DON/ Director of Nursing) said that the purpose of the restorative staff is to exercise with patients at risk for contractures and deterioration. The goal is to maintain range of motion (ROM), functioning and to prevent further contraction. On 3/5/25 at 10:43 AM, V28 (Restorative Aide) said that she (V28) is the only restorative aide for the first floor and that when there is downtime from doing resident's weights or working the floor as a CNA, then she (V28) will do restorative exercises with some of the residents on her list. Surveyor inquired about R445 and R88 restorative services. On 03/05/25 at 10:20 AM, V28 (Restorative Aide) said that she (V28) had not worked with R445 as of yet and does restorative exercises with R88	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 12 when she (V28) is able to. On 03/05/25 at 10:20 AM, V28 said that there was no restorative schedule that she (V28) is aware of and that she (V28) does whatever she can in the time that she has. On 03/05/25 at 11:25 AM, R59 said that her last time exercising with staff was about one week ago. On 03/05/25 at 11:25 AM, V29 (Restorative Aide) said that she (V29) had not performed PROM (Passive Range of Motion) exercises on R59 in about a week because R59 seemed to be in pain when she exercises. On 03/05/25 at 11:26 AM, R59 that she has pain in her limbs sometimes because she never moves them, but has never said that she didn't want to exercise due to pain. Surveyor inquired about the purpose of bedbound and immobile residents receiving restorative services when there is no therapy in place. On 3/6/25 at 11:05 AM, V45 (MD/Medical Doctor) said that restorative services is important to restore the resident's condition and prevent further contractures. R455's Section GG- Functional Abilities assessment dated 2/27/25 documents, R445 needs partial assistance from another person to complete upper and lower extremity (arms and legs) range of motion. R445's Care Plan dated 2/21/25 documents, R445 would benefit from a PROM (Passive Range of Motion) program due to risk for	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 13 developing contracture related to Multiple Sclerosis and general weakness; R445 will retain current ROM ability to the affected areas; Provide PROM exercises to the affected extremities as indicated. Facility's document titled Restorative Caseload excludes R445 as a resident receiving restorative services. R59's Section GG- Functional Abilities assessment dated 2/7/25 documents, R59 needs partial assistance from another person to complete upper and lower extremity (arms and legs) range of motion. R59's Care Plan documents, R59 presents with a functional deficit in bed mobility related to contractures and rheumatoid arthritis; R59 would benefit from a PROM program due to contractures; provide PROM exercises to the affected extremities as indicated. Facility's document titled Restorative Caseload includes R59 as a resident to receive passive ROM (range of motion) exercises. R88's Section GG- Functional Abilities assessment dated 2/6/25 documents, R88 needs partial assistance from another person to complete upper and lower extremity (arms and legs) range of motion. R88's Care Plan documents, R59 presents with a functional deficit in bed mobility related to contractures and rheumatoid arthritis; R88 would benefit from a PROM program due to the risk of developing contractures/ actual contractures provide PROM exercises to the affected extremities as indicated.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 14 Facility's document titled Restorative Caseload includes R88 as a resident to receive passive ROM (range of motion) exercises. Facility policy titled Restorative Nursing Program documents, Purpose: to promote each resident's ability to maintain or regain the highest degree of independence as safely as possible. On 3/4/25 at 10:15 AM, R85 complained that he stays in bed all day, and no staff has helped him with exercising his right leg and left arm for a while. R85 added that he(R85) understands that Restorative staff might not want to do exercise for his right arm because of the dressing on the right shoulder area, but that he(R85) wants the other leg and arm to be exercised so he will not get weaker and weaker by staying in bed. R85 explained that once when they (Restorative staff) came, he(R85) was getting ready to go for dialysis, and they (Restorative staff) never came back. R85 wants the restorative staff to come at a time different from his scheduled Dialysis time. R85 explained that he goes for Dialysis on Mondays, Wednesdays, and Fridays. On 3/4/25 at 2:20pm, V13(Restorative Director) stated that R85 was discharged from Therapy to Restorative Care about 2 weeks ago. V13 explained that she(V13) went to do restorative for R85 up to 3 times in the past 2 weeks. Inquired from V13 about the records of the restorative care she(V13) provided to R85 so far, V13 stated that she did not document it, but she follows the care plan and no records available. On 3/04/25 at 10:15 AM, R85 complained that he stays in bed all day, and no staff has helped him with exercising his right leg and left arm for a while. R85 added that he(R85) understands that	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 15 Restorative staff might not want to do exercise for his right arm because of the dressing on the right shoulder area, but that he(R85) wants the other leg and arm to be exercised so he will not get weaker and weaker by staying in bed. R85 explained that once when they (Restorative staff) came, he(R85) was getting ready to go for dialysis, and they (Restorative staff) never came back. R85 wants the restorative staff to come at a time different from his scheduled Dialysis time. R85 explained that he goes for Dialysis on Mondays, Wednesdays, and Fridays. On 3/4/25 at 2:20pm, V13(Restorative Director) stated that R85 was discharged from Therapy to Restorative Care about 2 weeks ago. V13 explained that she(V13) went to do restorative for R85 up to 3 times in the past 2 weeks. Inquired from V13 about the records of the restorative care she(V13) provided to R85 so far, V13 stated that she did not document it, but she follows the care plan and no records available. R85's Physical Therapy Discharge Summary shows that R85 was discharged from therapy on 2/14/2025(almost 3 weeks ago). Care plan dated 7/16/24 states R85 would benefit from a PROM/AROM (Passive/Active Range of Motion) program due to the risk for developing contractures and would benefit from AROM (Active Range of Motion) program due to Weakness and Impaired Mobility. Facility's policy on Restorative Nursing Program dated 1/4/19 states in part: Each resident involved in a restorative program will have an individualized program with individualized goals and measurable objectives documented on the plan of care. Documentation of the interventions and the resident's response will be completed	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 16 with each implementation. Care plan dated 7/16/24 states R85 would benefit from a PROM/AROM (Passive/Active Range of Motion) program due to the risk for developing contractures and would benefit from AROM (Active Range of Motion) program due to Weakness and Impaired Mobility. Facility's policy on Restorative Nursing Program dated 1/4/19 states in part: Each resident involved in a restorative program will have an individualized program with individualized goals and measurable objectives documented on the plan of care. Documentation of the interventions and the resident's response will be completed with each implementation. B 3 of 4 Section 300.1210d)2) Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. Based on observation, interviews and record review, the facility failed to provide continuous supplementary oxygen to one resident (R19); failed to provide the correct concentration of oxygen for R73; and failed to ensure that oxygen tubing for one resident (R544) was dated. This	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 17 failure has resulted in R19 having an oxygen saturation of 89% and has the potential to affect 30 Residents using oxygen in the facility. Findings include: R19 is 89 year old with diagnosis including but not limited to: Chronic obstructive pulmonary disease, malignant neoplasm of unspecified bronchus or lung, secondary malignant neoplasm of brain and chronic kidney disease. During investigation on 3/3/25 at 11:15 AM, R19 yelled out, "I can't breathe." At that time, Surveyor entered R19's room and noted a nasal cannula hanging from R19's ear but not placed into his nostril. On 3/3/25 at 11:15 AM, Surveyor went to inform V11 (LPN/ Licensed Practical Nurse) that R19 needed help ASAP (as soon as possible). On 3/3/25 at 11:16 AM V11 (LPN) measured R19's oxygen saturation with an oxygen monitoring device and the device documented 89 % oxygen on room air (without supplementary oxygen). At that time, V11 reapplied R19's nasal cannula to his (R19's) nose and observed his oxygen level increase on the oxygen monitoring device. Surveyor asked how long R19's nasal cannula was misplaced. On 3/3/25 at 11:20 AM V11 (LPN) said that she (V11) was not sure how long R19's oxygen tubing was misplaced	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 18 Surveyor asked what the purpose of a continuous oxygen order, V11 (LPN) said that continuous oxygen orders are ordered for people who are not able to get enough oxygen alone (without supplementary oxygen). On 3/3/25 at 11:25 AM, R19 said, "My oxygen been off of my face for a while now. I tried to call for help cause it was hard for me to breathe." Surveyor inquired about possible adverse reactions to a resident having low oxygen levels below 90%. On 3/6/25 at 11:03 AM, V45 (MD/Medical Doctor) said that a resident with low oxygen and no supplementary oxygen could continue to desaturate (oxygen levels decline) and can possibly result in respiratory failure. R19's Order listing report documents the following active oxygen order: Oxygen at 3 LPM (Liters per minute) per nasal cannula/ mask continuously, monitor every shift. R19's Care Plan report documents, R19 has altered respiratory status/ difficulty breathing related to COPD (Chronic obstructive pulmonary disease); monitor for signs and symptoms of respiratory distress. Facility Oxygen list documents thirty residents with active oxygen orders in the facility. Facility policy titled Oxygen Delivery System documents, it is the policy of this facility that oxygen will be delivered to the resident based upon physician's orders. Facility policy titled Oxygen Therapy documents,	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 19 to deliver oxygen in conditions in which insufficient oxygen is carried by the blood to the tissues. Indications for oxygen use via nasal cannula include: reverse the effects and symptoms of hypoxia; it is the policy of this facility that oxygen shall be used in a safe and effective manner in accordance with applicable rules and regulations and the standard of care; keep resident as comfortable as possible R544's diagnosis includes, but are not limited to, chronic obstructive pulmonary disease, unspecified, chronic respiratory failure with hypoxia, parkinsonism, unspecified, and essential (primary) hypertension. R544 has a Brief Interview for Mental Status (BIMS) dated 01/20/2025 which documents that R544 has a BIMS score of 15, indicating R544's cognition is intact. R544's Physician Order Summary Report dated 03/04/2025 documents, in part, Oxygen at 4 LPM (liters per minute) per nasal cannula continuously-monitor every shift. On 03/03/2025 at 11:39am observed R544 with oxygen concentrator machine, nasal cannula in nostrils, oxygen tubing was not dated with a date indicating when the tubing was changed. R544 stated staff change my oxygen tubing once a week and I haven't seen the staff place a label on the tubing. On 03/05/2025 at 11:05am V30(LPN/Licensed Practical Nurse) stated the oxygen tubing for those resident's requiring oxygen is changed weekly and as needed. V30 stated the nurse is responsible for changing the oxygen tubing. V30 stated the oxygen tubing and water canister should be dated with the date the change	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 20 occurred. V30 stated the reason for changing the oxygen tubing and canister and dating the items is so that the resident does not have the canister and tubing for a longer than usual time and to prevent infection from occurring. On 03/05/2025 at 2:00pm V3(DON/Director of Nursing) stated the oxygen tubing is to be changed every Wednesday by the night shift nurse. V3 stated the oxygen tubing is not dated because the tubing does not have a place for the nurses to write the date. V3 stated a date is placed on the water canister when changed. V3 stated the oxygen tubing and water canister are changed to prevent bacteria and mold from growing. The facility's policy dated 12/1/2021 and titled "Care and Cleaning of Respiratory Equipment" documents in part, underneath Procedure: VII. Labeling A. All disposable respiratory equipment is labeled with date when placed in use. Findings include: R73's Face Sheet dated March 4, 2025 documents a diagnosis of including but not limited to Chronic Obstructive Pulmonary Disease, Long Term Use of Inhaled Steroids, Anemia, Unspecified Severe Protein-Calorie malnutrition, Bilateral Primary Osteoarthritis of Knee, Chronic Respiratory Failure with Hypoxia, Personal History of COVID-19, Repeated Falls. R73's Physician Order Sheet documents an order for Oxygen at 2 Liters per minute dated 7/20/2023. On 03/03/25 at 11:24 AM, R73 had 2 oxygen	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 21 concentrator machines one on both sides R73's of bed. One of the Oxygen concentrators had a mask attached without a date. R73's oxygen concentrator was set to deliver 4 Liters per minute. R73 had an oxygen tank sitting on the floor at the head of his bed without a holder. On 03/04/25 at 01:34pm, V2, Director of Nursing (DON) stated that the resident's oxygen concentrator is set between 3 and 4 liters. V2, DON stated that he is not sure what R 73's oxygen concentrator should be set on 2, 3, or 4 liters. V2, DON asked R73 if he adjusts his oxygen and R73 stated "NO". Facility's Policy document named "Oxygen Delivery System" documents It is the policy of the facility that oxygen will be delivered to the resident based upon physician's orders. Facility's Policy document named " Oxygen Therapy" documents the following: PURPOSE: To deliver oxygen in conditions in which insufficient oxygen is carried by the blood to the tissues. Indications for oxygen use via nasal cannula include: -Reverse the effects and symptoms of hypoxia. Policy: It is the policy of this facility that oxygen shall be used in a safe and effective manner in accordance with applicable rules and regulation and the standard of care. Procedure: Keep resident as comfortable as possible. B 4 of 4 Section 300.686b) Section 300.686f)	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 22 Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications b) State laws, regulations, and policies related to psychotropic medication are intended to ensure psychotropic medications are used only when the medication is appropriate to treat a resident's specific, diagnosed, and documented condition and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. (Section 2-106.1(b) of the Act) Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications f) Residents who use antipsychotic medications shall receive gradual dose reductions and behavior interventions, unless clinically contraindicated, in an effort to discontinue these medications in accordance with Appendix F. In compliance with subsection 2-106.1(b-3) of the Act and this Section, the facility shall obtain informed consent for each dose reduction. Based on observation, interview and record review, the failed to ensure residents are free from unnecessary psychotropic medication use; failed to ensure that gradual dose reductions were completed. This failure caused harm to R58, causing R58 to exhibit symptoms of sedation. On 3/3/2025 at 10:37 AM, R58 was observed in semi-fowlers position resting in bed. Resident was difficult to arouse by voice and appeared lethargic. When being interviewed, R58's voice was unclear when speaking and was falling	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 23 asleep mid conversation. Record review of R58's minimum data set (dated 12/19/2024) documents in part that R58 has clear speech, is able to make self understood, able to express ideas and wants; has a brief interview of mental status summary score of 10, indicating R58 has cognitive impairment; has no hallucinations, delusions, physical/verbal or other behaviors towards others, has not rejected care; does not have any serious mental illness (SMI). Record review of R58's admission record documents in part a diagnosis of unspecified dementia without behavioral disturbance. Record review of R58's care plan identifies that R58 displays socially inappropriate behaviors, attention seeking behaviors and maladaptive behaviors related to R58's diagnosis of dementia with symptom manifestation including agitation, combative behaviors, verbally aggressive behaviors, crawling on the floor, and falsely accusing others of wrong doing; identifies R58 utilizes psychotropic medications with a goal of "...free of drug related complications including ...cognitive/behavioral impairment" with interventions including, monitoring for fatigue, pacing/wandering, disrobing, inappropriate response to verbal communication, aggression towards others, "Et Cetera" and document per facility protocol. The plan of care does not identify other non-pharmacological interventions that were ineffective prior to administration of the psychotropic medications. Non-pharmacological interventions initiated prior to psychotropic medication use were requested on 3/5/2025 from V3 (Director of Nursing) and not received by the end of the survey. No symptoms of psychosis or other serious mental illness were noted within the care plan.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 24 Record review of R58's physician orders documents in part that R58 has an active order (dated 9/17/2023) for QUetiapine Fumarate (Seroquel) (Antipsychotic Medication) 25 mg tablet, give 0.5 tablet (total dose=12.5 mg) by mouth at bedtime for dementia with behavioral disturbance. Additionally, R58 has an active order for Sertraline 25 (Antidepressant Medication) mg tablet, give 1 tablet by mouth one time per day for hypersexuality. Record review of Black Box Warning attached to R58's physician order documents in part, "...Warning: Increased mortality in elderly patients with dementia-related psychosis (,) Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Quetiapine is not approved for the treatment of patients with dementia-related psychosis ..." Record review of R58's behavioral charting documents does not document any abnormal or targeted behaviors (as identified within the plan of care or related to psychiatric diagnosis) from 10/2025-3/2025. On 3/4/2025 at 1:42 PM, V20 affirmed that V20 oversees the psychotropic medication use within the facility. V20 reviewed R58's physician orders and diagnosis and affirmed that R58 is receiving QUetiapine for dementia and Sertraline for hypersexuality. V20 denied ever witnessing any psychotic behavior by R58 or any behaviors. V20 reviewed the black box warning attached to R58's order and affirmed that R58 is at increased risk of death. V20 was unaware why the medications what target behaviors were being addressed by the medication. V20 affirmed that R58 has clear speech and is "usually pretty alert". V20 affirmed that antipsychotic medication use can cause	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 25 sedation. On 3/5/2025 at 10:50 AM, V34 (Nurse Practitioner) affirmed that V34 is the psychiatric provider for R58 and is the prescriber for the R58's psychotropic medications. V34 explained that R58 is taking QUETiapine for dementia with behaviors and Sertraline for hypersexuality. V34 stated that "QUETiapine is the standard of care for dementia with behavioral disturbances". V34 described R58's behaviors related to dementia as "aggressive and resistive to staff. They (the facility) have to give the medication so R58 allows them to care for (R58) so she doesn't refuse. (R58) is also very sexual in the past and has a history of sticking objects in her privates." Surveyor read the black box warning to V34 and V34 affirmed that it can place residents at risk for cardiac events. Surveyor asked what V34's rationale is for treating R58 with QUETiapine when it is not approved for dementia, and V34 responded, "We don't really have much to treat dementia. There is one medication Rexulti that has been approved for dementia related aggression." V34 stated that V34 did not prescribe Rexulti (approved medication) because "it's too new". V34 affirmed that R58 does not have any hallucinations, delusions or other signs of psychosis and is R58 is utilizing these medications to treat aggressive and hypersexual behaviors. V34 was unaware of the last time R58 had any behaviors. V34 stated that the psychotropic medication can have sedative effects and that is why it is typically given at night. On 3/5/2025 at 11:43 AM, R58 was observed resting in bed with respirations even and unlabored in bed. Surveyor attempted to arouse resident via voice and was unsuccessful. R49 (R58's Roommate) observed surveyor trying to	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014856	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER ELEVATE CARE WINDSOR PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649		
(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
S9999	Continued From page 26 wake R58 and R49 stated, "Good luck! (R58) is always like that, knocked out. They (the staff) always have a hard time waking her up". R58's Minimum Data Set (dated 12/23/2024) documents in part that R58 has a Brief Interview of Mental Status Score (BIMS) of 15, indicating that R58 is cognitively intact. On 3/5/2025 at 12:27 PM, V31 (Pharmacy Consultant) affirmed that V31 is a pharmacist and is the consultant pharmacist for the facility. V31 explained that "dementia with behaviors is absolutely not an appropriate diagnosis that warrants Seroquel (QUetiapine) use. Using Seroquel (QUetiapine) for aggression caused by dementia or hypersexual behavior is not appropriate.". V31 stated that V31 recommended the QUetiapine and Sertraline to be discontinued 9/17/2024 but was "denied by the provider". V31 affirmed that R58 is due for GDR requests this month. V31 stated QUetiapine is known for being very sedative and can have other side effects like abnormal involuntary movements. Facility policy titled, "Psychotropic Medication-Gradual Dose Reduction" (dated 2/1/18) documents in part, " ...Purpose: To ensure that residents are not given psychotropic drugs unless drug therapy is necessary to treat a specific or suspected condition as per current standards of practice and are prescribed at the lowest therapeutic dose to treat such conditions ...". B	S9999		