

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE CARE CHICAGO NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 WEST TOUHY AVENUE CHICAGO, IL 60645
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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 2583318/IL190288	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)1) 300.1630 d) 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 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. d) Pursuant to subsection (a), general	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
05/08/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE CARE CHICAGO NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 WEST TOUHY AVENUE CHICAGO, IL 60645
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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	<p>Continued From page 1</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide routine medications to one resident (R2) as ordered by the prescriber to meet R2's needs. This failure resulted in R2 having pain, vomiting, and diarrhea.</p> <p>Findings include:</p> <p>R2's medical diagnoses include but are not limited to type 2 diabetes with hyperglycemia, chronic kidney disease stage 2, essential hypertension, major depressive disorder, long term use of insulin, and hyperlipidemia.</p> <p>R2 Brief Interview for Mental Status (BIMS) score, dated 04/02/25 is 15, which indicated R2's cognition is intact.</p> <p>R2's physician order, dated 03/27/25, documents, "Tramadol tablet 50mg (milligrams). Give 1 tablet by mouth every 12 hours for moderate to severe pain."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE CARE CHICAGO NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 WEST TOUHY AVENUE CHICAGO, IL 60645
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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	<p>Continued From page 2</p> <p>R2's physician order, dated 03/27/25, documents, "Creon oral capsule delayed release particles 36000-114000 unit ...Give 1 capsule by mouth three times a day for indigestion."</p> <p>R2's medication administration record for Tramadol document code "NA" on 03/28/25, 03/29/25 and 03/31/25, which indicated that medication is not available.</p> <p>R2's medication administration record for Creon (pancreatic enzyme) document code for NA on 03/28/25 and 03/31/25, which indicated "not available".</p> <p>R2's care plan, dated 04/04/25, documents, "Has potential for pain or experiences pain related to gastric disorder limited mobility, osteomyelitis, MDD (major depressive disorder), chronic ulcer left heel ...Will have acceptable level of pain based on the 0 to 10 scale ...Medications as ordered, if ineffective, notify physician."</p> <p>Facility's document titled "Packing Slip Proof of Delivery" shows R2's medications were delivered on 03/28/25 at 3:29am. Proof of Delivery slip shows that Creon quantity of 100 capsules were delivered.</p> <p>On 04/21/25 at 12:13pm, R2 stated R2 did not receive his pancreatic enzyme or pain medication. R2 stated because he did not receive the medication for his pancreas, he had vomiting and diarrhea, and could not get out of bed for days. R2 stated the pancreatic enzyme lessens his stomach pain and decreases the diarrhea. R2 stated he has been keeping his medication in his drawer, and takes it when he needs it, because the nursing staff does not give</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE CARE CHICAGO NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 WEST TOUHY AVENUE CHICAGO, IL 60645
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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	<p>Continued From page 3</p> <p>him the medication when he needs it, or when he is supposed to have it.</p> <p>On 04/21/25 at 2:29pm, V18 (Nurse Practitioner/NP) stated he was not aware R2 had not received his medications. V18 stated Creon is a pancreatic enzyme. V18 stated if R2 doesn't receive the pancreatic enzyme, then R2's vomiting and diarrhea could worsen.</p> <p>On 04/22/25 at 1:35pm, V2 (Director of Nursing/DON) stated NA means not available, which means the medication was not given. V2 stated records for new admissionS are reviewed before the resident comes to the facility to assure the facility can meet the needs of the resident. V2 stated R2 not receiving his Creon medication as ordered could have caused his nausea, vomiting and diarrhea, and unnecessary pain.</p> <p>On 04/23/25 at 11:59am, V4 (Registered Nurse/RN) stated she did not give R2 his Creon medication because she couldn't find it. V4 stated she called pharmacy and was told that the medication was delivered to the facility, but she couldn't find it, so she documented the medication was unavailable. V4 stated days later, she found the medication in the top drawer of the medication cart. V4 stated the nurse that placed the order for R2's tramadol did not get a prescription signed by the nurse practitioner, so the pharmacy did not fill the prescription. V4 stated when the tramadol was scheduled, she was unable to give it because it was not available. V4 stated she had the NP sign a prescription for R2's tramadol, so that it could get filled.</p> <p>Facility's policy titled "Administration Procedures For All Medications", dated 10/25/2014, documents, "Policy: To administer medications in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/24/2025
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER ELEVATE CARE CHICAGO NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2451 WEST TOUHY AVENUE CHICAGO, IL 60645
-----------------------------------------------------------------------	----------------------------------------------------------------------------------------------

(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 a safe and effective manner." Facility's undated job description titled "Registered Nurse (RN)" documents, " Summary: The RN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to ensure that the highest degree of quality care is maintained at all times ...Essential Duties and Responsibilities: ...Prepare and administer medications as ordered by the physician." (B)	S9999		