STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056606	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELEVATE CARE NORTH BRANCH	6840 WEST TOUHY AVENUE , NILES, Illinois, 60714

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S0000	Initial Comments Complaint Investigations 2598813/2618317, 2598977/2619754	S0000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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. 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.	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced by: Based on interviews and record review, the facility failed to ensure that the rights of one (R1) of three residents reviewed for resident rights were respected when staff disregarded the resident's expressed refusal to be transferred via mechanical lift. This failure resulted in R1's actual harm evidenced by pain, loss of dignity, and emotional distress. Findings include: R1 is an 88-year-old-male admitted to the facility on 07/23/2025 with diagnosis including but not limited to Unilateral Primary Osteoarthritis, Right Hip; Encounter for Orthopedic Aftercare Following Surgical Amputation; Acute Osteomyelitis, Left Ankle and Foot; Type 2 Diabetes Mellitus; Chronic Obstructive Pulmonary Disease; Hypertensive Chronic Kidney Disease; Dependence on Renal Dialysis; and Atherosclerotic Heart Disease of Native Coronary Artery. According to R1's MDS (Minimum Data Set) assessment dated 07/30/2025 under section C, R1 has BIMS (Brief Interview of Mental Status) score of 15 indicating intact cognition. According to R1's MDS (Minimum Data Set) assessment dated 07/30/2025 under section GG, R1's mobility related to transfer from bed-to-chair and chair-to-bed is assessed as dependent indicating need for 2 helpers with all effort placed on helpers. On 09/16/2025 at 11:56 AM V4 (Certified Nurse	S9999		

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S9999	Continued from page 2 Assistant) said, “I worked on 09/15/2025 between 3:00 PM and 11:00 PM. I was assigned to care for R1. Me and V5 (CNA) transferred R1 into the bed with mechanical lift when he returned form dialysis. R1 didn't like it, but he cannot move, and his left foot is amputated, so that is the only way to transfer R1. R1 was complaining of right hip pain during the transfer. I don't normally take care of R1, this was maybe the second time I transferred him. After R1 complained of right hip pain, we told V6 (Licensed Practical Nurse). I think V6 (LPN) checked on R1, but I'm not sure because after we put R1 in bed, we left”. On 09/16/2025 at 12:12 PM R1 said, “Yes, I called in a complaint yesterday. They (CNAs) came in to move me to the dialysis by putting me into a machine that lifts me up. In the process, my right hip, which is very arthritic, was very painful. I knew then, I don't want to do it again. When I returned (from dialysis), I told staff, that I don't want to use the mechanical lift again and they have to figure out another way to transfer me into the bed. Staff insisted there is no other way to move me, and they just proceeded to put me in the mechanical lift. I tried to stop them from doing it, but I couldn't. R1 took a pause, shook his head, then continued, As the machine was lifting me, you could hear "click, click, click" in my right hip. There is so much bone-on-bone friction in that hip, you can just imagine how much it hurt. Nobody came in to check on me or offer pain medication after that. One of the staff was V5 (CNA), I don't know the other one’s name”. On 09/16/2025 at 12:35 PM V7 (Physical Therapist) said, R1 just explained to me that he is absolutely against the use of mechanical lift. We used to transfer R1 with slide board; however, R1's physical ability declined upon his recent hospitalization and mechanical lift is the safest mean to transfer him right now. On 09/16/2025 at 12:40 PM V8 (Therapy Director) said, “This is the first time I hear that R1 has such an issue with mechanical lift. If R1 really doesn't like a mechanical lift, we can try a slide board. R1 requires new physical ability assessment, due to recent hospitalization, to truly determine what is the safest way to transfer him”. On 09/16/2025 at 12:46 PM V2 (Director of Nursing) said, “If a resident adamantly refuses something, the staff should accommodate resident's request to the best of their ability, unless the refusal poses risk of any type of injury or compromises safety. If a mechanical lift is resident's recommended mean of transfer based on an assessment, we don't	S9999		

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S9999	Continued from page 3 advise staff to look for another way because it poses safety concern. A resident should be given choice and education related to risks and safety concerns during transfer by other means than recommended by the assessment. For example, if a resident returns from dialysis and refuses to be transferred to bed via mechanical lift, we should educate a resident, but we still have to use a mechanical lift because a resident cannot stay in the chair. It is a safety concern for both resident and staff to change means of transfer if they are assessed to be safely transferred only with a mechanical lift". On 09/16/2025 at 2:02 PM V6 (Licensed Practical Nurse) said, "I worked on 09/15/2025 between 3:00 PM and 11:00 PM. No one ever told me that R1 was in pan during a transfer. I went into R1's room when he returned form the dialysis, I actually went in there couple of times, and R1 never told me that he had an issue related to a mechanical lift transfer, that he was in pain, nor that he needed a pain medication". On 09/16/2025 at 2:48 PM V5 (CNA) said, "I worked yesterday (09/15/2025). I assisted V4 (CNA) with R1's transfer. It was around 4:30 PM - 5:00 PM. R1 returned form the dialysis and needed to be transferred back into bed with mechanical lift, so there had to be two CNAs. R1 got agitated during the transfer. R1 really didn't want to be transferred with a mechanical lift. R1 kept saying "No, no, no!" As we set up a mechanical lift, R1 was attempting to take straps of the mechanical lift sling loops. V4 (CNA) and I proceeded with the transfer anyways. We continued because R1 was assessed to be transferred with a mechanical lift, so there was no other choice. We have resident rights in-services; I think they are done quarterly but I don't remember last time we had it". On 09/17/2025 at 11:44 AM V9 (Attending Nurse Practitioner) said, R1 was admitted to the facility (07/23/2025) for post left foot amputation skilled therapy. R1 was working with physical therapy and was able to transfer with some help into the wheelchair; however, shortly after, R1 had to be hospitalized due to low hemoglobin and was recently readmitted to the facility (09/12/2025). V9 said R1 is a very difficult resident, who is not compliant with care and recommendations. R1 is non-weight bearing on his left foot and has a right hip arthritis that had been treated with injections to alleviate the pain in the past. Surveyor asked about R1's arthritic right hip and pain that R1 experiences, V9 said, R1's small frame and movement or pressure would cause bone-on-bone frication causing inflammation, which would result in R1's	S9999		

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S9999	Continued from page 4 additional pain. Surveyor asked V9 to elaborate on resident rights in relation to resident care, V9 said a resident can make decisions related to their care, even though, R1 might not have deep understanding of simultaneously occurring processes. V9 said, “A resident can refuse patient care. Staff should document and educate a resident of the risks of not having care done. Residents are allowed to say "No". Honoring resident right is important due to residents' autonomy. Transferring R1 against his wish could have caused his emotional distress”. Absent is any documentation prior to 09/17/2025 to show R1’s mechanical lift transfer refusal or provided education related to mechanical lift transfers. Absent is any care plan prior to 09/16/2025 to show R1’s recommended means of transfer. V4’s (CNA) and V5’s (CNA) most recent resident right in-service dated 09/16/2025 reviewed. No prior V4’s (CNA) and V5’s (CNA) resident right in-service available upon request. The facility “Resident Rights” policy last reviewed on 01/04/2019 reads in part, “Purpose: To promote the exercise of rights for each resident, including any who face barriers (such as communication problems, hearing problems and cognition limits) in the exercise of these rights. A resident, even though determined to be incompetent, should be able to assert these rights based on his or her degree of capability. Guidelines: Notice of resident rights will be provided upon admission to the facility. These rights include the resident's right to: Exercise his or her rights. Exercising rights means that residents have autonomy and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to the facility's rules, as long as those rules do not violate a regulatory requirement. The facility will not hamper, compel, treat differentially, or retaliate against a resident for exercising his/her rights. Facility practices designed to support and encourage resident participation in meeting care planning goals as documented in the resident assessment and care plan are not interference or coercion.” (B)	S9999		