

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2025
NAME OF PROVIDER OR SUPPLIER Elevate Care Northbrook		STREET ADDRESS, CITY, STATE, ZIP CODE 270 Skokie Highway Northbrook, IL 60062	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40798 Based on interview and record review, the facility failed to manage a resident with an insulin overdose in accordance with the standards of care for 1 of 4 residents (R1) reviewed for quality of care in the sample of 4. This failure resulted in a delayed transfer to the hospital, R1's wife summoning EMS (emergency medical services) and R1 being admitted to the ICU (intensive care unit) with an insulin overdose and hypoglycemia. The findings include: On [DATE] at 1:02 PM, V4, Registered Nurse (RN), said he found R1 to be groggy and sleepy at the end of his (night) shift (on [DATE]). V4 said he checked R1's blood glucose (BG), all BG measurements in this citation are in milligrams/deciliter (mg/dl) and it was very low; in the 30s. V4 said he gave R1 glucagon (a medication used to treat severe low blood (sugar) glucose) which he got from the crash cart and R1 slowly regained his alertness. V4 said glucagon should start working 15 to 30 minutes after administration. V4 said he then gave R1 some juice. V4 said R1 admitted that he was giving himself insulin but could not say how much insulin or when he had injected it, but he had used Lispro (a fast-acting insulin) and a long-acting insulin. V4 said R1's BG increased from the 30s to the 50s. V4 said he is not sure when he gave R1 a dose of glucagon, thinks it was around 6:00 AM. V4 said he should have charted in on the MAR (medication administration record), but he is not sure if he did. V4 said drowsiness, weakness, and slurred speech are all symptoms of low blood sugar. V4 said he would monitor for symptoms of low blood sugar (hypoglycemia) and if there were still symptoms and the BG was not at a normal level, he thinks it would be best to send the patient to the hospital. On [DATE] at 11:55 AM, V3, Licensed Practical Nurse (LPN), said she does not remember R1, but in an emergency situation, one nurse will help another nurse manage a resident. After reviewing R1's medical record, V3 confirmed she had given R1 glucagon on [DATE] at 10:00 AM, and believes it is the only dose he received according to the documentation on the MAR. V3 said if a resident's BG is low, she gives them orange juice and they usually have glucagon ordered and she can give that too. If the resident is alert, she tries to get them to eat/drink. V3 said she would repeat the glucagon after 15 minutes if the BG continued to drop or if there was no improvement in their cognition. V3 said slurred speech is a symptom of hypoglycemia. V3 said she would feel like a resident was safe if their BG had increased greater than 100 or 125, the vital signs were OK, and the resident's cognition was back to their baseline. V3 said if R1 had been her patient, she would have insisted for the doctor to send him to the hospital because he ate, glucagon was given, and he was still not responding to the treatment interventions. (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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F 0684 Level of Harm - Actual harm Residents Affected - Few	On [DATE] at 12:30 PM, V6, RN, said night shift did not report having any problems with R1 to her during nurse-to-nurse report (on [DATE]). R1 said she checked R1's BG as ordered that morning. R1 was a very brittle diabetic and at one point they found insulin vials and pens at his bedside. V6 said R1's wife admitted to administering insulin to R1 while in the facility. V6 said R1's wife was screaming at her saying no one was taking care of her husband. V6 said the morning R1 went to the hospital ([DATE]), R1 was lethargic and had slurred speech. V6 said R1's BG was, a little bit low. V6 said she had no idea how much, when, or what type of insulin R1 or his wife administered to R1. V6 said she does not remember R1's BG level, but it was low enough that the other nurse working that day administered glucagon to R1. V6 said glucagon starts working in less than five minutes. V6 said she did not call R1's provider about R1's BG. V6 said she would be concerned about any BG less than 70. V6 said she would check the BG again less than five minutes after glucagon is given to see if it was increasing and if it was still low, she would send a resident to the hospital immediately. V6 said she would consider a resident stable if their mental status was at baseline, the BG was between 70 and 100, and their vital signs were stable. V6 said R1's wife called the ambulance and demanded he be sent to the hospital. On [DATE] at 1:47 PM, V2, Director of Nursing, said standards of care would consider a BG less than 70 as low. The doctor would need to be notified and nursing would follow their instructions. V2 said he would recheck a resident's BG in 10 to 15 minutes after administering glucagon and if it was still low, he would administer a second dose of glucagon. V2 said he would err on the side of a resident's BG going too high rather than too low and risk a permanent medical condition from hypoglycemia. V2 said nurses document their medications on the electronic MAR as well as the BG checks. V2 said if something is not documented, then it was not done. V2 said nurses can use nursing judgment and critical thinking to determine if a patient needs to go to the hospital, they do not require a physician's order. On [DATE] at 10:20 AM, V10, R1's physician, said he knows R1 very well and he did not have slurred speech at his baseline. V10 said slurred speech is a sign of hypoglycemia or stroke. V10 said R1 was using insulin without permission. V10 said if the BG was less than 60, they should try giving glucagon and if able, feed the patient, and monitor the BG closely, especially with R1 as he had kidney issues which alone can cause hypoglycemia. V10 said an unknown quantity, type and time of insulin was given, so he could not say when it would peak or how long it would last. V10 said if large amounts of insulin were administered, even glucagon could not bring up the BG effectively. V10 easily needed to be closely monitored for ,d+[DATE] hours after the insulin overdose. V10 said if a patient's care or safety was compromised, he would send them to the hospital. V10 said if R1's speech remained slurred, he would try to give the glucagon once and if he did not return to baseline, he would send him to hospital. V10 said he would expect a BG to go to the 200s after receiving glucagon. V10 said a BG of 37, 58, or even 60 is not ok. V10 said he would not consider a BG to be stable in the range of 37 to 60. V10 said if the facility called and told him R1's BG did not go up to a normal range and he still had slurred speech despite being given glucagon and having eaten, he would have told them to send him to the hospital. (continued on next page)		

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F 0684 Level of Harm - Actual harm Residents Affected - Few	On [DATE] at 11:20 AM, V11, R1's Nurse Practitioner, said R1's speech was not slurred, nor was he lethargic or groggy at his baseline. V11 said R1 was an alert and oriented, brittle patient who was noncompliant and difficult to work with. V11 said she was informed after the incident that R1 had been given insulin, but no one knows what type, when, or how much insulin was given. V11 said she could not even estimate how long the insulin would last. V11 said she would have given glucagon, and if R1 was not responding, she would have sent him to the hospital. V11 said someone cannot survive with a BG of 37. V11 said a BG of 37 to 60 is not stable; it's not safe for a person. V11 said a normal range for a BG is 60 to 100. V11 said the BG should be checked and repeated if it's not above 60 within ,d+[DATE] minutes. V11 said if she had been informed that R1's speech became slurred and his BG never recovered to a normal range, she would have sent him to the hospital. Then V11 said, based on how R1 was as a patient, she would have sent him to the hospital anyway; he was noncompliant, not easy, and nothing good could have come out of this situation. V11 said she feels like patient safety is the most important thing. The nurses have a lot of patients on that floor that are very critical, and R1 could have probably died . V11 said the standards of care after an insulin overdose support that R1 should have been sent out to the hospital right away. R1's Admission Record dated [DATE] shows R1 was admitted to the facility on [DATE]. R1's diagnoses include, but are not limited to, left ankle and foot osteomyelitis, type 2 diabetes with foot ulcer, non-pressure chronic ulcer of other part of left foot, cellulitis of left lower limb, hypertensive heart and chronic kidney disease with heart failure, congestive heart failure, peripheral vascular disease, atherosclerosis of native arteries of extremities, paroxysmal atrial fibrillation, atherosclerotic heart disease of native coronary artery, hyperlipidemia, gout, diabetic polyneuropathy, obstructive sleep apnea, gastroesophageal reflux disease, anemia, muscle wasting and atrophy, abnormal posture, hyperparathyroidism, vitamin D deficiency, depression, left eye cataract, urinary incontinence and long term use of anticoagulants. R1's Minimum Data Set, dated dated dated [DATE] shows R1's speech clarity is clear with distinct intelligible words. R1's MAR for [DATE] to [DATE] shows one dose of Glucagon Emergency Injection Kit 1 milligram (mg) was administered to R1 on [DATE] at 10:00 AM. R1's Weights and Vitals Summary dated [DATE] shows R1's BG was 37 at 7:01 AM on [DATE], 60 at 7:54 AM on [DATE], and 57 at 10:05 AM on [DATE]. R1's BG averaged 163.55 between [DATE] and [DATE]; it was never below 89 during that time span. R1's Progress Notes show his BG was 37 when it was checked at 7:04 AM on [DATE] and R1 was awake and alert with three insulin pens/needles at the bedside. R1 admitted to self-administering insulin. The same note shows a recheck BG was 54. R1's Progress Notes show on [DATE] at 7:05 AM, R1 was responsive and appeared to be responding to treatment. On [DATE] at 7:54 AM, R1's Progress Notes show his speech was slurred. On [DATE] at 8:30 AM, R1's progress notes show he was eating breakfast, but his speech remained slurred. On [DATE] at 9:03 AM, R1's Progress Notes show R1's wife was updated on R1's status. On [DATE] at 9:05 AM, R1's Progress Notes show he spoke to his wife on the phone with slurred speech. On [DATE] at 9:55 AM, R1's Progress Notes show R1's wife was at the bedside, R1 was staring ahead, blinking his eyes and not answering questions. On [DATE] at 9:59 AM, R1's Progress Notes show R1's wife called 911. On [DATE] at 10:15 AM, R1's Progress Notes show R1 was being transported via 911 to the hospital emergency room . (continued on next page)		

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