STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145171	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Northbrook	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 0658 Level of Harm - Actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145171	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Northbrook	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 0658 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide care in accordance with professional standards of quality by failing to develop and implement a care plan for a resident with documented history of dysphagia, despite recommendations from speech therapy that resident should have swallowing precautions in place; and by failing to follow policy and guidelines in performing emergency procedures during life-threatening situations. These deficiencies affected one (R1) of four residents reviewed for accidents and supervision and resulted in R1 experiencing a choking episode and subsequently died in route to the hospital for emergency care. Based on interview and record review, the facility failed to provide care in accordance with professional standards of quality by failing to develop and implement a care plan for a resident with documented history of dysphagia, despite recommendations from speech therapy that resident should have swallowing precautions in place. These deficiencies affected one (R1) of four residents reviewed for accidents and supervision and resulted in R1 experiencing a choking episode and subsequently died in route to the hospital for emergency care. Findings include:R1 is a [AGE] year-old, female, admitted in the facility on 07/18/25 with diagnoses of Acute Respiratory Failure with Hypoxia; Dysphagia, Oropharyngeal Phase; Chronic Obstructive Pulmonary Disease with Acute Exacerbation; and Mild Cognitive Impairment of Uncertain or Unknown Etiology.R1's MDS (Minimum Data Set) dated 07/28/25 recorded the following:Section (Sec) C - BIMS (Brief Interview for Mental Status) score is 14, which means little to no impairment in cognition.Sec. GG - Functional Abilities: A. Eating - 04, which means supervision or touching assistance. Helper provides verbal cues and/ or touching/steadying and/ or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.Sec. I - Active Diagnoses: Additional Active Diagnosis - Dysphagia, Oropharyngeal PhaseSec. K - Swallowing/Nutritional Status: K0100 Swallowing Disorder - B. Holding food in mouth/cheeks or residual food in mouth after meals; D. Complaints of difficulty or pain with swallowing. R1's care plan documented:Requires set-up or clean-up assistance to substantial/maximal assistance in her functional mobility and ADLs such as bed mobility, transfer, toileting and eating, dressing, bathing and personal hygiene related to fatigue, generalized weakness and SOB (shortness of breath):Interventions:Resident (R1) usual performance: Eating - Supervision or touching assistance. POS (Physician Order Sheet) dated 07/20/25 documented R1 is on general diet, regular texture, thin consistency, no red meat. POS dated 07/21/25 recorded in part but not limited to the following: ST (Speech Therapy) evaluation and treatment 3-5x/week for 41 days, to address R1's dysphagia. Aspiration and reflux precautions. Progress notes dated 08/04/25 documented R1 was noted with difficulty swallowing after swallowing piece of burger. It also stated that R1 is already under ST (speech therapy) evaluation. ST (Speech Therapy) service date 07/21/25, re-evaluation 07/22/25 recorded in part but not limited to the following: Skilled ST to address dysphagia and to improve safety of oral intake provided. Proceed with m/s (mechanical soft) and thin liquids with strict aspiration precautions and ongoing assessment of swallowing function as medical necessary. On 08/25/25 at 3:25 PM, V7 (Speech Therapist) was asked regarding R1. V7 stated, She is alert. I reached out to V19 (Family Member) and based from his (V19) information, she (R1) has difficulty swallowing, therefore we prescribed liberalized diet with no red meat, and she (R1) is ok with turkey and chicken. I informed dietary regarding diet. I recommended to proceed with requested diet, no red meat. She refused video swallow test and he (V19) was informed. I recommended to eat slowly with small bites, small sips. She (R1) is on full aspiration precautions due to long history of dysphagia. Facility's incident report documented that on 08/12/25 while assigned CNA (Certified Nurse Assistant, CNA) was supervising R1 have dinner, she (R1) began to have difficulty breathing, signaling for help. CNA immediately performed abdominal thrusts and call staff for help. Assigned RN (Registered Nurse) and other nursing staff on the unit responded immediately. R1 was able to expel ingested food and was placed on supplemental oxygen with no loss of consciousness. R1 was able to verbalize she is okay. Paramedics arrived and took over. R1 was alert, responsive and breathing via nonrebreather mask with SpO2 (saturation of peripheral oxygen) level of 97% when picked up by paramedics. R1 was sent to the emergency room for further evaluation. R1's Ambulance Report dated 08/12/25, time stamped 5:13 PM, documented:Mental status - unresponsiveNarrative: Ambulance was dispatched to the above location for the choking. Upon arrival, patient (R1) was found unresponsive laying in bed. Facility staff reported the patient (R1) was eating and then started to choke on the food. Facility staff attempted to do the Heimlich maneuver and suction, but they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145171	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Northbrook	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145171	A. Building B. Wing	09/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Northbrook	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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews, the facility failed to develop and implement a care plan for a resident with documented history of dysphagia, despite recommendations from speech therapy that resident should have swallowing precautions in place; and failed to follow policy and guidelines in performing emergency procedures during life-threatening situations. These deficiencies affected one (R1) of four residents reviewed for accidents and supervision. As a result, R1 was allowed to eat independently, experienced a choking incident, and subsequently died in route to the hospital for emergency care. These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on 08/12/25 when R1 had a choking incident during mealtime while being watched by V6 (Certified Nurse, Assistant) and subsequently died during transport to the hospital. V1 (Administrator), V2 (Director of Nursing), V3 (Assistant Director of Nursing), V35 (Vice President of Operations) and V36 (Regional Nurse Consultant) were notified of the Immediate Jeopardy on 09/02/25 at 11:15 AM. The survey team confirmed by observation, interviews and record reviews that the Immediate Jeopardy was removed on 09/02/25, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. Findings include:R1 is a [AGE] year-old, female, admitted in the facility on 07/18/25 with diagnoses of Acute Respiratory Failure with Hypoxia; Dysphagia, Oropharyngeal Phase; Chronic Obstructive Pulmonary Disease with Acute Exacerbation; and Mild Cognitive Impairment of Uncertain or Unknown Etiology. R1's MDS (Minimum Data Set) dated 07/28/25 recorded the following: Section (Sec) C - BIMS (Brief Interview for Mental Status) score is 14, which means little to no impairment in cognition.Sec. GG - Functional Abilities: A. Eating - 04, which means supervision or touching assistance. Helper provides verbal cues and/ or touching/steadying and/ or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. Sec. I - Active Diagnoses: Additional Active Diagnosis - Dysphagia, Oropharyngeal PhaseSec. K - Swallowing/Nutritional Status: K0100 Swallowing Disorder - B. Holding food in mouth/cheeks or residual food in mouth after meals; D. Complaints of difficulty or pain with swallowing. R1's care plan documented:Requires set-up or clean-up assistance to substantial/maximal assistance in her functional mobility and ADLs such as bed mobility, transfer, toileting and eating, dressing, bathing and personal hygiene related to fatigue, generalized weakness and SOB (shortness of breath):Interventions:Resident (R1) usual performance: Eating - Supervision or touching assistance. POS (Physician Order Sheet) dated 07/20/25 documented R1 is on general diet, regular texture, thin consistency, no red meat. POS dated 07/21/25 recorded in part but not limited to the following: ST (Speech Therapy) evaluation and treatment 3-5x/week for 41 days, to address R1's dysphagia. Aspiration and reflux precautions. Progress notes dated 08/04/25 documented R1 was noted with difficulty swallowing after swallowing piece of burger. It also stated that R1 is already under ST (speech therapy) evaluation. ST (Speech Therapy) service date 07/21/25, re-evaluation 07/22/25 recorded in part but not limited to the following: Skilled ST to address dysphagia and to improve safety of oral intake provided. Proceed with m/s (mechanical soft) and thin liquids with strict aspiration precautions and ongoing assessment of swallowing function as medical necessary. On 08/25/25 at 3:25 PM, V7 (Speech Therapist) was asked regarding R1. V7 stated, She is alert. I reached out to V19 (Family Member) and based from his (V19) information, she (R1) has difficulty swallowing, therefore we prescribed liberalized diet with no red meat, and she (R1) is ok with turkey and chicken. I informed dietary regarding diet. I recommended to proceed with requested diet, no red meat. She refused video swallow test and he (V19) was informed. I recommended to eat slowly with small bites, small sips. She (R1) is on full aspiration precautions due to long history of dysphagia. Facility's incident report documented that on 08/12/25 while assigned CNA (Certified Nurse Assistant, CNA) was supervising R1 have dinner, she (R1) began to have difficulty breathing, signaling for help. CNA immediately performed abdominal thrusts and call staff for help. Assigned RN (Registered Nurse) and other nursing staff on the unit responded immediately. R1 was able to expel ingested food and was placed on supplemental oxygen with no loss of consciousness. R1 was able to verbalize she is okay. Paramedics arrived and took over. R1 was alert, responsive and breathing via nonrebreather mask with SpO2 (saturation of peripheral oxygen) level of 97% when picked up by paramedics. R1 was sent to the emergency room for further evaluation. R1's Ambulance Report dated 08/12/25, time stamped 5:13 PM, documented:Mental status - unresponsiveNarrative: Ambulance was dispatched to the above location for the choking. Upon arrival