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	10/27/2025

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review the facility failed to protect a resident's right to be free from physical abuse from another resident for 1 (R1) of four residents reviewed for abuse in a sample of four. Findings include:R1 is a [AGE] year-old male admitted to the facility on [DATE] with diagnosis including but not limited to Paraplegia; Personal History of Other (Healed) Physical Injury and Trauma; Major Depressive Disorder; Adult Failure to Thrive; Nicotine Dependence, Cigarettes; Full Incontinence of Feces; Generalized Anxiety Disorder; Muscle Wasting and Atrophy; and Unspecified Lack of Coordination.According to R1's MDS (Minimum Data Set) assessment dated [DATE] under section C, R1 has BIMS (Brief Interview of Mental Status) score of 15 indicating intact cognition. R1's behavioral care plan dated 10/15/2025 reads in part, During the MDS mood state interview, (R1) answered affirmatively when asked if I feel lonely or isolated from those around me. This may be exacerbated by feelings I have of worry/uncertainty about my prognosis and my future. I have been observed avoiding social interaction. I may not take advantage of opportunities to engage with others (either in person or electronically).Absent is any documentation of R1's abuse care plan prior to 10/21/2025.R2 is a [AGE] year-old male admitted to the facility on [DATE] with diagnosis including but not limited to Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris; Hypertensive Heart and Chronic Kidney Disease Without Heart Failure; Chronic Kidney Disease; Type 2 Diabetes Mellitus with Foot Ulcer; Schizoaffective Disorder, Bipolar Type; and Dementia in Other Diseases Classified Elsewhere.According to R2's MDS (Minimum Data Set) assessment dated [DATE] under section C, R2 has BIMS (Brief Interview of Mental Status) score of 15 indicating intact cognition. R2's abuse care plan dated 10/14/2025 reads in part, (R2) DENIES having been exposed to abuse/neglect prior to or after admission and denies having been the perpetrator of mistreatment, abuse, neglect, and/exploitation. (R2) has been exposed to trauma: homelessness. (R2) does not present with unusual risk in these areas at this time. (R2) however does experience irritability, poor insight and judgement, history of falling, psychiatric history, and denial/evasiveness regard mental health.R2's several behavioral plans created during his stay at the facility show R2s maladaptive behavior due to his mental illness. R3 is a [AGE] year old male admitted to the facility on [DATE] with diagnosis including but not limited to Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Dominant Side; Unspecified Focal Traumatic Brain Injury With Loss of Consciousness of Unspecified Duration; Aphasia; Acute Gastroenteropathy Due to Norwalk Agent; Depression; Generalized Anxiety Disorder; and Post-Traumatic Stress Disorder.According to R3's MDS (Minimum Data Set) assessment dated [DATE] under section C, R3 has BIMS (Brief Interview of Mental Status) score of 9 indicating moderately impaired cognition. R4 is a [AGE] year-old male admitted to the facility on [DATE] with diagnosis including but not limited to Noninfective Gastroenteritis and Colitis; Opioid Abuse with Withdrawal; Essential (Primary) Hypertension; Unspecified Mood [Affective] Disorder; Nicotine Dependence; Depression; and anxiety disorder.According to R4's MDS (Minimum Data Set) assessment dated [DATE] under section C, R4 has BIMS (Brief Interview of Mental Status) score of 12 indicating moderately impaired cognition. On 10/22/2025 at 11:00 AM Based on facility's record, R2 was discharged from the facility on 10/21/2025 and is not available for observation nor interview during this investigation.On 10/22/2025 at 11:05 AM Surveyor observed 3 mm laceration on R1's right upper lip and bruise on the right lower lip. R1 said, Yesterday (10/21/2025) around 8:30 AM, I was going for a smoke to the east side of the second-floor unit, where smoking room is located. There were several other residents chain smoking in the smoking room, so I said something about it. R2 heard me talk, didn't like what I said, came out of the smoking room, and hit me. It happened in the hallway, right in the front of the smoking room. It went from a verbal to physical altercation. R2 walked away and I went to the nursing station to let the nurse know that R2 hit me. The nurse gave me ice pack and some pain medication. I also called the police. The police came a few minutes later, took my statement and said they will ticket R2. I was also sent to the hospital. They irrigated my wound, gave me a shot, and sent me back to the facility. I don't know what they're doing with R2, they (facility staff) are not telling me. I'm subconsciously afraid, half of those people (residents) here, are mentally ill, you never know what they're going to do.On 10/22/2025 at 11:22 AM Surveyor observed smoking room on the east side of the second-floor unit. The smoking room monitored by staff via an outside monitor connected to the camera placed in the smoking room. V3 (Certified Nurse Assistant/Monitoring Staff) said, The smoking room is monitored most of the time. Different staff are assigned to monitor it. I know the