STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145304	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Riverwoods	3705 Deerfield Road Riverwoods, IL 60015

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. Based on interview and record review the facility failed to ensure laboratory tests were completed as ordered. This applies to 1 of 3 residents (R1) reviewed for laboratory services in the sample of 3. The findings include: On 5/4/26 R1's EMR (Electronic Medical Record) showed two Urine Culture results. The first one dated 4/15/26 that states, Invalid and No urine specimen received. Test cancelled. Please recollect if clinically indicated. The second one dated 4/20/26 also states, Invalid.On 5/2/26 at 12:35PM V7 (Nurse Practitioner) stated, For like a week she had a decreased appetite. When I talked to her daughter, she said this usually happens when she has a UTI. We did labs and she was hypernatremic and her blood sugars were low. I ordered a UA/C&S twice, but it came back as Invalid. She was slowly getting worse and then I saw her early the next morning and she had a right sided facial droop and was pocketing her food. Her sodium was coming down but she was not eating full meals. She had no elevated white count on the CBC. Her INR was all over the place, but I assumed that was all based on dietary intake not on the dosing because she was on the same dose she had been on for quite some time. She had no fever, no hypotension. Her daughter said she usually had a mental status change with a UTI but that was hard to see with her. She was still alert, still tracking when you spoke to her. I called the daughter and told her she really had two options. I could send her to the hospital, or I could call in hospice. I said it could be a stroke, but I would see her and she would respond, she opened her eyes, she had the facial droop, but she was still chewing on that side also. her daughter wanted to send her to the hospital, and I respected the daughter's wishes. The D5W brought her sodium down but she was still not acting right. It could have been dehydration or stroke.I talked to the NP (Nurse Practitioner) caring for her at the hospital. She has a UTI (Urinary Tract Infection). She had a CT and she was negative for a stroke. She has just some Chronic Ischemic changes. They put a NG (Nasogastric) tube in her when she got here and I think they are planning to put in a GT (Gastrostomy Tube) tomorrow. They were trying to stabilize her INR first. I ordered the UA/C&S twice at the facility and I don't know why the results were not coming back. I did not want to wait another 3 days for another lab result to see if she had a UTI. I also did not want to just order an Antibiotic without know if there was truly an infection and if the antibiotic would be effective. That is what is wrong with the healthcare system. She was eating, just not as much. We were giving her glycemic control. I evaluated her for 7 days. She had no acute vital sign changes; no acute lab changes. I was worried when she started pocketing food and I think it was a very appropriate time to send her out.On 5/4/26 at 2:50PM V3 (Director of Nursing) stated, V4 (LPN) got the order for the straight catheter (for R1) but he couldn't get any urine. So, he contacted (V7) and that is when they started the IV fluids. (V4) put it on the Nursing Contact Form in the (EMR) and it never went anywhere from there. Then on the 18th they were finally able to get some urine, and I am not sure why that one came back as invalid. We were monitoring her closely the whole time.On 5/4/26 V3 then provided another lab report dated 4/20/26 that states, Specimen rejected. No name on Specimen Cup.

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