

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Chicago North		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 West Touhy Avenue Chicago, IL 60645	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>32819</p> <p>Based on record review and interview, the facility failed to inventory personal belongings and failed to locate and/or replace a reported missing watch for one of four residents (R2) reviewed for misappropriation/exploitation.</p> <p>Findings include:</p> <p>R2's (11/10/23) concern form states resident is missing: (brand name) watch, bottle of Vitamin C, denture (and other personal belongings). Responsible Department: Nursing, Guest Relations, Social Service, Laundry, and Administrator. Corrective actions taken guest relations went through resident's belongings with resident where we (staff) found: bottle of vitamin C, denture (and other items). Staff is still looking for (brand name) watch. Was the complainant satisfied with the outcome and actions taken? Yes/No (neither is circled). Required staff signature(s) are excluded.</p> <p>On 5/2/24 at approximately 10:30am, surveyor requested inventory logs for R2, R3, R4 and R5.</p> <p>On 5/2/24 at 11:19am, V2 (Director of Nursing) stated I looked in (electronic medical records), I couldn't find any inventory logs.</p> <p>On 5/8/24 at 11:20am, surveyor inquired about facility requirements for reported missing belongings. V16 (Social Service) stated, I fill out a grievance form for the resident, give it to guest relations and I usually put in a note in the residents chart. Surveyor inquired if R2 and/or family member reported missing Vitamin C supplements, teeth, and/or a (brand name) watch. V16 responded, They reported to guest relations some missing items, but I don't recall what they were. Surveyor inquired if the facility inventories personal belongings. V16 replied, I don't know if they do inventory lists. It should be done on arrival; the CNA (Certified Nursing Assistant) should document the inventory. They're the first ones to see the resident.</p> <p>On 5/8/24 at 1:24pm, V17 (Guest Relations) stated, He (R2) was missing t-shirts that were found; he was missing a (brand name) watch which we did not find, and we found a denture. Surveyor inquired if responsible staff (listed on R2's concern form) were supposed to sign the form. V17 responded, All these people (staff) that are involved should have signed the paper and everybody that was involved should have investigated and then closed it out.</p> <p>(continued on next page)</p>

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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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 2:50pm, V1 (Administrator) stated, We (staff) have to fill out a grievance form and it has to be brought to me. I have to interview the resident then start the investigation. We start searching for the item and if it's not found and its possible, we purchase a replacement. Once it's resolved we speak with the resident or family member to ensure its resolved and I sign it (concern form).</p> <p>The facility provided no evidence during this survey that R2's (brand name) watch was found or replaced.</p> <p>The (undated) resident personal belongings policy states the resident's personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished. The facility will promptly investigate any complaints of misappropriation or mistreatment of resident property.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based on observation, interview, and record review, the facility failed to ensure (R5) was on the get up list and failed to provide ADL (Activities of Daily Living) care to two of three dependent residents (R3, R5) reviewed for ADL care.</p> <p>Findings include:</p> <p>1. R3 is [AGE] years old with diagnoses which include quadriplegia.</p> <p>R3's (4/25/24) functional assessment affirms resident is dependent on staff for chair/bed to chair transfer.</p> <p>R3's (6/22/23) care plan states resident requires use of full body lift for transfer. Intervention: full body lift with 2-person assists for all transfers.</p> <p>R3's (4/25/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact).</p> <p>On 4/30/24 at 1:42pm, R3 was observed lying in bed. R3 stated, It seems as if they're (staff) always in a rush to get things done. Today is a day I would usually get up, but today they're changing diapers so I couldn't get up. use the lift with 2 people to get me up. I get up 2 or 3 times a week since November, and affirmed he prefers to be up in a wheelchair.</p> <p>2. R5 is [AGE] years old with diagnoses which include legal blindness, morbid obesity, contracture of right/left hands, and chronic pain.</p> <p>R5's (2/23/24) functional assessment affirms substantial/ maximal assistance is required for chair/bed to chair transfer.</p> <p>R5's (7/18/21) care plan states resident requires use of full body lift for transfer. Intervention: full body lift with 2 person assists for all transfers.</p> <p>R5's (2/23/24) BIMS determined a score of 15.</p> <p>On 4/30/24 at 3:12pm, R5 stated, Yesterday, on 2nd shift they (facility) had a male CNA (Certified Nursing Assistant) over here (assigned to R5) and I can't have a male CNA. The Nurse was new, I had to be cleaned up. I put on the light; she (Nurse) came in with the male CNA and they changed my diaper at 4pm. The female (Nurse) was supposed to come back at 8pm to change me and never came back. Surveyor inquired why R5 was lying in bed at this time. R5 stated, I get up on certain days; the last time I got up was Thursday (5 days prior), and affirmed she prefers to be up in a wheelchair.</p> <p>The (2024) facility get up list excludes R5's name.</p> <p>(continued on next page)</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 2:36pm, surveyor inquired about staff requirements for getting residents out of bed. V2 (Director of Nursing) stated, We do it on residents request; we do it on recommendation from wound care or physical therapy recommendation. If the family request that, we can get them up. Surveyor inquired if R5 is on the get up list. V2 (Director of Nursing) reviewed the 1st floor, 2nd floor, 3rd floor, and 4th floor get up lists and responded, I didn't see it here.</p> <p>The (undated) Activities of Daily Living policy states use a combination of equipment with other interventions. Bed mobility: assist resident to turn. Transfers: Assist resident to stand using appropriate body mechanics. Pivot resident to the chair or bed. Once they are in the chair make sure they are positioned safely and comfortably [use of mechanical lift is excluded.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32819</p> <p>Based upon observation, interview, and record review, the facility failed to ensure nursing staff are aware of required LALM (Low Air Loss Mattress) settings; failed to ensure LALM settings are correct (re: weight, mode); failed to follow the LALM operational manual; failed to ensure staff timely report skin integrity impairments; and failed to ensure staff turn/reposition dependent residents as needed for two of four residents (R3, R4) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>1. R3's diagnoses include quadriplegia.</p> <p>R3's care plan states (3/30/22) Potential for pressure ulcer development related to quadriplegia. Intervention: needs monitoring/assistance to turn/reposition every 2 hours or as needed. (4/11/24) Resident has pressure injury to right heel.</p> <p>R3's (10/12/23) POS (Physician Order Sheets) includes LALM for prevention of wounds.</p> <p>R3's (4/25/24) functional assessment affirms resident is dependent on staff for rolling left and right.</p> <p>R3's (4/25/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact).</p> <p>R3's (1/2/24) initial wound assessment states right heel (facility acquired) stage 4 pressure ulcer. Tissue types: blanchable erythema 50%, blood filled blister 30%, bright pink or red 20%. Periwound criteria: maceration, boggingness. Exudate: light serosanguinous. Size 4.0 x 5.0cm x unknown.</p> <p>R3's (5/2/24) right heel wound assessment (4 months later) states probable improvement. Tissue type: intact skin 10%, bright pink or red: 70%, Slough non-adherent 20%. Exudate: light serosanguinous. Size: 0.8 x 2.0 x 0.2cm.</p> <p>On 4/30/24 at 1:42pm, R3 was observed lying atop of a LALM. A flat sheet, an incontinence brief, and a sheet folded twice were beneath R3's buttocks at this time. Surveyor inquired how much R3 currently weighs. R3 stated, I weigh 185 pounds. R3's LALM setting was on approximately 270# (pounds) at this time. Surveyor inquired if R3 has any pressure ulcers, R3 stated, I had a hot spot on the right heel and developed a pressure sore.</p> <p>On 4/30/24 at approximately 2:01pm, surveyor requested R3's current weight.V5 (Licensed Practical Nurse) accessed the electronic record and affirmed R3 weighed 186.7 pounds on 4/16/24. Surveyor inquired about the current settings on R3's LALM. V5 stated, It's around 270 pounds and proceeded to adjust the settings. Surveyor inquired what R3's LALM setting was placed on. V5 responded, I'm trying to put it on 186 this should be close to the 180. The settings were marked 180-250, however, V5 placed R3's settings on approximately 210 at this time. Surveyor inquired who's responsible for adjusting the LALM settings in the facility. V5 replied It's the restorative (aide) who does the weight; they should be the one to monitor it, denying Nurse responsibility.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/2/24 at 2:05pm, surveyor inquired about LALM use. V13 (Wound Care Coordinator) stated, Basically anybody attending to the residents are responsible for that. Settings of the LALM should be as close as possible to the resident's weight. When the resident is in bed and not receiving any kind of care, it should be on alternating mode. It can be put into a static mode while residents receive a bed bath or incontinence care, but should be turned back to alternating mode. Surveyor inquired what static mode means. V13 responded, That means that the mattress is a firm surface to provide a safer turning and repositioning and less likely the resident would roll off the bed when receiving care. During alternating mode, the mattress is providing a therapeutic surface. Surveyor inquired what's allowed between the resident and LALM while lying in bed. V13 replied, One flat sheet on the mattress (between the mattress surface and the resident) and then one form of incontinence protection either a chux (under pad) or incontinence brief. Surveyor inquired about staff requirements for reporting skin integrity impairments. V13 stated, My expectation is either they (staff) go to the floor nurse (attending to that unit) and report, or they come directly to the wound care team and ask to take a look right away.</p> <p>On 5/2/24 at 2:36pm, surveyor inquired about R3's mobility. V13 (Wound Care Coordinator) stated, He's paralyzed basically from the waist down. Surveyor inquired about R3's (1/2/24) stage 4 (initial) wound assessment, V13 responded, Currently we are treating a (facility acquired) right heel pressure wound identified 1/2/24 as a stage 4; it's not a stage 4, it's a blood blister unstageable just from looking at the picture. Surveyor inquired what causes a blood blister V13 replied, Friction, pressure or shearing.</p> <p>2. R4's diagnoses include quadriplegia and stage 4 pressure ulcer of right buttock.</p> <p>R4's (7/19/23) initial wound assessment includes (stage 4) right ischial tuberosity pressure ulcer (present on admission). Tissue type: pink or red not-granulating 100%. Exudate: scant bloody. Size: 0.5 x 0.5 x 0.5cm.</p> <p>R4's (10/13/23) POS states LALM may be used to prevent worsening wounds.</p> <p>R4's (3/29/24) care plan states resident has pressure injury right ischium. LALM in place with appropriate settings and functioning properly. Turn and reposition at least every 2 hours while in bed and as needed. Reposition at least hourly while in wheelchair and as needed.</p> <p>R4's (4/17/24) functional assessment affirms R4 is dependent on staff for rolling left and right.</p> <p>R4's (4/17/24) BIMS determined a score of 15.</p> <p>R4's (4/28/24) right ischial tuberosity wound assessment states tissue type: pink or red non-granulating 100%. Exudate: scant serosanguineous. Size: 0.5 x 0.4 x 0.5cm. Outcome: maintenance.</p> <p>On 4/30/24 at 2:40pm, surveyor inquired how long R4 has been sitting in the wheelchair. R4 stated, Today I got up around 9:30am. Surveyor inquired if R4 has a pressure ulcer. R4 responded, I have one on my right butt cheek. It's like a chronic wound, it heals a little bit but not all the way. Surveyor inquired when R4 usually gets placed back in bed. R4 replied, I get up at 9am and go back to bed at 9:30pm, so like all day I'm up and affirmed he cannot reposition himself.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/30/24 at 2:43pm, surveyor inquired about the current settings on R4's LALM. V7 (Licensed Practical Nurse) stated, Not all of them (settings) are working, it's always been static. Surveyor inquired if the LALM setting should be on static mode when R4 lies on the mattress. V7 responded, I don't know. Surveyor inquired what static mode means. V7 affirmed he was unsure. V7 attempted to change R4's LALM setting from static to alternating pressure, however, was unable to do so.</p> <p>On 5/2/24 at 2:45pm, surveyor inquired about R4's mobility. V13 (Wound Care Coordinator) stated, He is quadriplegic, uses a mouth stick to control his tablet and uses head movements to control his motorized wheelchair. Surveyor inquired about R4's skin integrity impairment. V13 responded, He has right ischial tuberosity identified (7/19/23) as present on admission. It's now basically the same with the measurements.</p> <p>On 5/14/20 at 2:34pm, surveyor inquired if improper use of a LALM (continuous static setting and/or multiple layers placed between the resident and mattress) can cause pressure ulcers. V20 (Medical Director) stated you can develop wounds or wounds will get worse.</p> <p>The pressure ulcer prevention policy (revised 1/15/18) states to prevent and treat pressure sores/pressure injuries: turn dependent resident approximately every two hours or as needed and position resident with pillow or pads protecting bony prominences as indicated. Whenever possible, encourage resident to change position at regular intervals as able to promote circulation. Wheelchair residents may be instructed to shift weight from one buttock to the other. Specialty mattresses such as loss air loss, alternating pressure, etc. may be used as determined clinically appropriate. Specialty mattresses are typically used for residents who have multiple stage 2 wounds or one or more stage 3 or stage 4 wounds. Use positioning devices or pillows, rolled blankets, etc. to reduce pressure and friction/shearing from heels, toes, and malleoli as indicated.</p> <p>The (undated) LALM operational manual states determine the patient's weight and set the control knob to that weight setting on the control unit. Patients can directly lie on the overlay or cover with a sheet and tuck loosely. A visible indicator (green) tells the pressure has reached a preset or user-defined level. Press ON to set the air overlay to static mode or OFF to set to alternating pressure mode. In static mode, the overlay provides a firm surface that makes it easier for the patient to transfer or reposition.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>32819</p> <p>Based upon interview and record review, the facility failed to provide restorative services as directed for three of four residents (R2, R3, R5) reviewed.</p> <p>Findings include:</p> <p>1. R2's diagnoses include osteomyelitis, low back pain, unsteadiness on feet, abnormalities of gait/mobility, lack of coordination, and weakness.</p> <p>R2's (7/21/23) POS (Physician Order Sheets) state discontinue skilled PT (Physical Therapy) services, recommending restorative program.</p> <p>R2's (1/5/24) restorative contracture observation states resident's range of motion is currently within functional limits and is at high risk for developing contractures.</p> <p>R2's (January 2024) documentation survey report affirms PROM (Passive Range of Motion) was documented for 15 minutes on 1/1, 1/4, 1/5, 1/7 and 1/8, however, the directions state resident will participate in PROM program for 15 minutes a day and for 6-7 days.</p> <p>On 5/7/24 at 2:26pm, V14 (Nurse Practitioner) stated, He (R2) had spastic movements likely due to refusing dialysis and hypercalcemia.</p> <p>2. R3's diagnoses include quadriplegia.</p> <p>R3's (11/15/23) POS states discontinue skilled PT services, referred to restorative program.</p> <p>R3's (4/25/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact).</p> <p>R3's (4/25/24) restorative contracture observation states resident had limitations in range of motion in: Right/Left shoulders/ elbows/ wrists/ hands: moderate contracture of specified joint. Displays 50-70% of normal range. Right/Left ankles: mild contracture of specified joint. Displays 75% or more of normal range.</p> <p>R3's (April 2024) documentation survey report affirms PROM was documented 10 out of 30 days, however, the instructions state resident will engage in PROM exercises to all extremities 6-7 times weekly for 15 minutes as tolerated.</p> <p>On 4/30/24 at 1:42pm, R3 stated, I can move my arms, but I'm paralyzed from the nipples down, and affirmed restorative services are provided 3 to 4 times weekly, and denied loss of mobility during stay at the facility.</p> <p>3. R5's diagnoses include contracture of right/left hands and chronic pain.</p> <p>R5's (2/23/24) BIMS determined a score of 15.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's (2/20/24) restorative contracture observation states resident has limitations in range of motion as noted in: Right/Left hands/ankles: severe contracture of specified joint. Displays less than 50% of normal range.</p> <p>R5's (April 2024) documentation survey report affirms PROM was documented 13 out of 30 days, however, the instructions state resident will tolerate PROM exercises to both upper extremities and ankles 6-7 days per week for 15 minutes.</p> <p>On 4/30/24 at 3:12pm, surveyor inquired if R5 sustained mobility loss during stay at the facility. R5 stated No.</p> <p>On 5/8/24 at 3:05pm, V15 (Restorative CNA/Certified Nursing Assistant) stated, PROM is roughly supposed to be 15min for like stretching, flexing, and extension. Surveyor inquired where restorative care is documented. V15 responded, It's in the (electronic medical record); it's daily charting for everybody; all ADL's and restorative is charted daily.</p> <p>On 5/8/24 at 3:13pm, surveyor inquired where restorative care is documented. V18 (Restorative Aide) stated, In the (electronic medical record), the minutes in what programs they have like splint or PROM we chart the time of how many minutes they were able to do it or if they refuse. Surveyor inquired what blank spaces on the documentation survey report indicate. V18 responded, They haven't been done that day.</p> <p>The restorative nursing program (revised 1/4/19) states each resident will be screened for restorative nursing upon admission, annually, quarterly, and with any significant change in function. Develop an individualized restorative program as appropriate based on the assessment information and update the resident care plan.</p> <p>The (undated) passive range of motion policy states residents will be assessed for their need of passive range of motion per the functional limitation in range of motion assessment. If the resident is recommended for a PROM program, trained nursing staff will provide the range of motion exercises as outlined under range of motion technique. Passive range of motion is provided by the staff with no assist from the resident.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based upon record review and interview, failed to revise fall prevention interventions; failed to implement appropriate fall prevention interventions; and failed to provide supervision to one of four residents (R2) reviewed for falls. These failures resulted in R2 sustaining a fall, laceration (above the right eye), and stitches.</p> <p>Findings include:</p> <p>R2's diagnoses include but not limited to osteomyelitis, low back pain, unsteadiness on feet, abnormalities of gait/mobility, lack of coordination and weakness.</p> <p>The facility incident reports affirm R2 fell on [DATE], 10/12/23 and 11/27/23.</p> <p>R2's (1/10/24) BIMS (Brief Interview Mental Status) determined a score of 9 (moderate impairment).</p> <p>R2's (1/10/24) functional assessment affirms R2 requires substantial/maximal assistance with chair/bed to chair transfer.</p> <p>R2's care plan includes (6/14/23) Resident is at risk for falls related to deconditioning and gait/balance problems. Interventions: (10/3/23) Resident is encouraged to ask for (as needed) pain medications for increased pain and before transferring to wheelchair. (11/28/23) Staff will ensure bilateral floor mats are in place while resident is in bed. Resident will be evaluated and treated as ordered by PT (physical therapy) and OT (occupational therapy).</p> <p>R2's (11/27/23) progress notes state resident found on floor next to bed lying on his back. Resident reported he was trying to reach his phone charger and slid out of the bed. Resident noted to have small 1 cm (centimeter) laceration above his right eye. Resident transported to ER (emergency room) for further evaluation. Resident was brought back to the facility, the laceration at the upper side of the right eye was stitched.</p> <p>R2's (11/27/23) incident report affirms resident was found next to bed on the floor lying on his back. No witnesses found.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Elevate Care Chicago North		STREET ADDRESS, CITY, STATE, ZIP CODE 2451 West Touhy Avenue Chicago, IL 60645	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 1:58pm, surveyor inquired about R2's fall risk assessment prior to falling in the facility. V2 (Director of Nursing) reviewed R2's electronic medical record and stated, I see that there's an assessment 9/11 (2023) the score was 26 (moderate fall risk). Surveyor inquired what fall prevention intervention was implemented post R2's (10/2/23) fall. V2 responded, Is encouraged to ask for PRN (as needed) medication for increase pain before transferring to wheelchair on 10/3/23. Surveyor inquired what fall prevention intervention was implemented post R2's (10/12/23) fall. V2 replied, I haven't seen really an entry for 10/12 and affirmed R2's care plan was not revised on or about 10/12/23. Surveyor inquired about staff requirements if a resident falls. V2 stated, They (staff) need to update the care plan. Surveyor inquired about R2's (11/27/23) fall/injury. V2 (Director of Nursing) responded, According to the note here resident found next to bed on floor lying on his back has small 1 centimeter laceration above eye. Resident was reaching for phone charger and slipped out of bed. Surveyor inquired what fall prevention interventions were implemented post (11/27/24) fall. V2 replied, 11/28 it's says (R2) will be treated with PT (Physical Therapy) and OT (Occupational Therapy) as ordered. Will ensure bilateral floor mats are in place while (R2) is in bed. Surveyor inquired if staff supervision was included on R2's fall prevention interventions . V2 stated, I didn't see that.</p> <p>On 5/14/24 at 2:13pm, surveyor inquired about fall prevention. V20 (Medical Director) stated, If I label them (residents) as a fall risk, I try to put measures in place to prevent the fall. For every single fall they (staff) call, and we implement something. Surveyor inquired about potential harm to a resident that sustains an unwitnessed fall. V20 responded, You can have a subdural hematoma, head trauma, visceral injuries, or fractures. Falls can cause many potential injuries.</p> <p>The fall prevention program (revised 11/29/22) states the program will include measures which determine the individual needs of each resident by assessing the risk of falls and implementation of appropriate interventions to provide necessary supervision and assistive devices are utilized as necessary. The fall prevention program includes the following components: Care Plan addresses each fall, interventions are changed with each fall, as appropriate. Safety interventions will be implemented for each resident identified at risk. The resident will be checked approximately every two hours, or as according to the care plan, to assure they are in a safe position. The frequency of safety monitoring will be determined by the resident's risk factors and the plan of care.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>32819</p> <p>Based upon interview and record review, the facility failed to ensure that 1:1 feeding assistance was provided to three of three residents (R2, R3, R4) reviewed for nutrition. These failures resulted in R2 sustaining significant weight loss.</p> <p>Findings include:</p> <p>1. R2's (11/22/23) physician orders state weigh upon admission and weekly x4 for 5 weeks (end date: 12/28/24). R2 was discharged from the facility 1/10/24.</p> <p>R2's (1/10/24) BIMS (Brief Interview Mental Status) determined a score of 9 (moderate impairment).</p> <p>R2's (1/10/24) functional assessment affirms resident requires supervision or touching assistance with eating.</p> <p>R2's (5/2/23) admission weight was 202.1# (pounds).</p> <p>R2's (12/18/23) progress note states writer received a call from resident's parents requesting resident be put on feeder list for assistance due to unsteadiness of hand while eating. IDT (Interdepartmental Team) made aware.</p> <p>R2's (1/9/24) dietary assessment states weight 144# (pounds). IBW (Ideal Body Weight) 190#. Weight over 1, 3, and 6 months is as follows: 12/1/23- 160.6#; 10/3/23 - 176# ; 7/23/23 - 187#. Significant weight loss at 1, 3, and 6 months is unplanned and likely related to poor oral intake at mealtimes. Continue 1:1 feeding assistance to maximize oral intake.</p> <p>R2's weights are as follows:</p> <p>5/2/23 (Admission): 202.1#</p> <p>7/23/23: 187#; 15.1# weight loss; -7.5%</p> <p>10/3/23: 176#; 26.1# weight loss; -12.9%</p> <p>12/1/23: 160.6#; 41.5# weight loss; -20.5%</p> <p>1/9/24: 144# 58.1# weight loss; -28.7%</p> <p>R2's (January 2024) documentation survey report affirms eating assistance for 20 out of 29 meals was not documented. On 1/1/24 (breakfast & lunch) and 1/5/24 (dinner) setup or clean up assistance was documented.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 11:20am, surveyor inquired if R2 was able to feed himself. V16 (Social Service) stated, I know he would drink on his own, but I don't recall. Surveyor inquired if R2's family requested R2 receive feeding assistance. V16 responded, December 18th is when I received a call from the mother; she wanted the resident to be put on the feeding list due to unsteadiness of his hand while eating. Surveyor inquired if feeding assistance was provided to R2. V16 replied, I don't know.</p> <p>On 5/8/24 at 3:13pm, surveyor inquired what blank spaces on the documentation survey report indicate. V18 (Restorative Aide) responded, They haven't been done that day.</p> <p>On 5/14/24 at 2:23pm, surveyor inquired about potential harm to a resident that sustains significant weight loss. V20 (Medical Director) stated, in part, Malnutrition.</p> <p>The dietary policy (revised 10/17/19) states residents identified at nutritional risk may be weighed weekly or bi-weekly as per physician order or IDT recommendation. Weekly weights may be discontinued if the resident's weight has remained stable for four consecutive weeks or as determined by the IDT, Dietician, or the Physician.</p> <p>2.R3's diagnoses include quadriplegia.</p> <p>R3's (4/19/24) dietary assessment includes 1:1 feeding assistance.</p> <p>R3's (April 2024) Documentation Survey Report states resident will eat all meals with one-person total assist as tolerated, however, 49 of 90 meals were not documented.</p> <p>3. R4's diagnoses include quadriplegia.</p> <p>R4's (4/19/24) dietary assessment includes 1:1 feeding assistance.</p> <p>R4's (April 2024) Documentation Survey Report affirms eating assistance for 51 of 90 meals were not documented.</p> <p>The restorative nursing program (revised 1/4/19) includes but is not limited to eating and swallowing. Develop an individualized restorative program as appropriate based on the assessment information.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819</p> <p>Based upon observation, interview, and record review, the facility failed to ensure adequate staff were available to meet the needs for four of four dependent residents (R2, R3, R4, R5) in the sample. This failure has the potential to affect a total of 114 residents residing on 1st, 2nd and 4th floor.</p> <p>Findings include:</p> <p>1. The (4/30/24) census includes 27 (1st floor) residents.</p> <p>On 4/30/24 at 1:17pm, surveyor inquired about the current (1st floor) staffing. V3 (CNA/Certified Nursing Assistant) stated, We got 2 CNAs and 1 Nurse. I have 14 residents. Sometimes we need 3 (CNAs). Surveyor inquired about the acuity of V3's assigned residents. V3 responded, I got 2 feeders and 6 incontinent residents, it's 7 if you count the urinal. Surveyor inquired if the (1st floor) staffing was adequate considering resident acuity. V3 replied, It's a lot, it's a lot of charting.</p> <p>On 4/30/24 at 1:30pm, surveyor inquired about the current (1st floor) staffing. V4 (CNA) stated, It's 2 CNAs and 1 Nurse on the floor. I'm assigned to 13 residents. Surveyor inquired about the acuity of V4's assigned residents. V4 responded, There are 7 or 8 incontinent and 2 are feeding assist. Surveyor inquired if the (1st floor) staffing was adequate considering resident acuity. V4 replied Honestly, I feel like it be okay on certain days but some of the residents keep pressing the call lights when we're assisting others, I think 3 (CNAs) would be better.</p> <p>R3 resides on the 1st floor.</p> <p>R3 is [AGE] years old with diagnoses which include quadriplegia. R3's (4/25/24) functional assessment affirms resident is dependent on staff for chair/bed to chair transfer. R3's (4/25/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 4/30/24 at 1:42pm, R3 was observed lying in bed atop of a low air loss mattress and the setting was affirmed to be incorrect (too firm). Surveyor inquired if R3 developed any pressure ulcers at the facility. R3 stated, I had a hot spot on the right heel and developed a pressure sore. R3's (1/2/24) wound assessment affirms (facility acquired) right heel (stage 4) pressure ulcer. Surveyor inquired about concerns at the facility. R3 responded, They usually staff only 1 Nurse and 2 CNAs. It seems as if they're (staff) always in a rush to get things done. Today is a day I would usually get up, but today they're changing diapers so I couldn't get up. They use the lift with 2 people to get me up. I get up 2 or 3 times a week since November, therefore, confined to a bed 4-5 days a week.</p> <p>2. The (4/30/24) census includes 32 (2nd floor) residents.</p> <p>On 4/30/24 at 2:17pm, surveyor inquired about the current (2nd floor) staffing. V6 (CNA) stated, There's 1 Nurse and 2 CNAs. Surveyor inquired if the (2nd floor) staffing was adequate considering acuity of the residents. V6 responded, I have 10 total cares of 16 (assigned residents) and 3 feeds. We need 1 more CNA because we have the feedings, then they get up, they shower, and there's 5 (mechanical) lifts.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/30/24 at 2:23pm, surveyor inquired about the current (2nd floor) staffing. V7 (LPN/Licensed Practical Nurse) stated, I got 2 CNAs and there's 1 Nurse. I have 32 patients. Surveyor inquired if the (2nd floor) staffing was adequate considering resident acuity. V7 responded, Sometimes its 3 (CNAs) if we got more (residents) here, but sometimes they (facility) scale down. It would be nice if I could get some help.</p> <p>R4 resides on the 2nd floor.</p> <p>R4 is [AGE] years old with diagnoses which include quadriplegia and stage 4 pressure ulcer of right buttock. R4's (4/17/24) functional assessment affirms resident is dependent on staff for chair/bed to chair transfers. R4's (4/17/24) BIMS determined a score of 15. On 4/30/24 at 2:40pm, surveyor inquired about concerns at the facility. R4 stated, I wish they (facility) would get 1 more CNA because it's kinda hard for them (CNAs). It's like 6 feeders here (2nd floor); for 2 CNAs it's a lot. They got me to get up I need a (mechanical) lift. They also got some dialysis (residents) going out. Surveyor inquired how long R4 has been sitting in the wheelchair, R4 responded, Today I got up around 9:30am. Surveyor inquired if R4 has a pressure ulcer. R4 replied, I have one on my right butt cheek. It's like a chronic wound, it heals a little bit but not all the way. Surveyor inquired when R4 gets placed back in bed, R4 stated, I get up at 9am and go back to bed at 9:30pm, so like all day I'm up.</p> <p>On 4/30/24 at 2:50pm, surveyor inquired about the current (2nd floor) staffing. V8 (CNA) stated, I have 18 residents. Today I fed 4, we (2nd floor) have 7 (residents requiring feeding assistance). I have 10 total care (residents) and 8 need assistance. Surveyor inquired if the (2nd floor) staffing was adequate considering acuity of the residents. V8 responded, I always tell them (Administration) we need more CNAs. We have 6 dialysis (residents) on this floor. We have to take them to the basement for dialysis and have to pick them up. 2 (CNAs) is not enough; we have 7 or 8 (mechanical) lifts, it take you 30 minutes to feed 1 resident. When you get up residents, another one put on the call light and want to get up at the same time. Night shift don't follow the get up list, so we (day shift CNAs) have to do it.</p> <p>3. The (4/30/24) census includes 55 (4th floor) residents.</p> <p>On 4/30/24 at 3:04pm, surveyor inquired about the current (4th floor) staffing. V10 (Licensed Practical Nurse/LPN) stated, I think we have 4 CNAs and 2 Nurses. Surveyor inquired where the CNAs were currently located. V10 responded, Right now 1 of them (CNAs) is here, and affirmed the other Nurse was seated at the Nurse station. Surveyor inquired why only 1 CNA was on the unit, V10 replied, The shift changed at 3:00 and affirmed the day shift CNAs already left the building.</p> <p>On 4/30/24 at 3:00pm, surveyor inquired about the current (4th floor) staffing. V11 (CNA) stated, It's supposed to be 4 CNAs up here, now it's only me up here on the floor. One CNA doing a double shift is on break right now. Surveyor inquired about the acuity of (4th floor) residents. V11 affirmed 7 residents require feeding assistance and stated, 26 are total care. Surveyor inquired how many residents require mechanical lift transfers. V11 responded, All the total cares are machine lift. Surveyor inquired if the (4th floor) staffing was adequate considering resident acuity, V11 replied, It tends to get busy during dialysis days. We (CNAs) have to drop off and then pick them up every day except for Sundays. Surveyor inquired how many (4th floor) residents require hemodialysis. V11 stated, 5.</p> <p>R5 resides on the 4th floor.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5 is [AGE] years old with diagnoses which include legal blindness, morbid obesity, contracture of right/left hands, and chronic pain. R5's (2/23/24) functional assessment affirms substantial/ maximal assistance is required for chair/bed to chair transfer. R5's (2/23/24) BIMS determined a score of 15. On 4/30/24 at 3:12pm, surveyor inquired about concerns at the facility. R5 stated, They (facility) don't have enough staff here because there's only like 3 CNAs here and some nights we only got 1 Nurse, that's not good. Yesterday, on 2nd shift, they had a male CNA over here (assigned to R5), and I (R5) can't have a male CNA. The Nurse was new, I had to be cleaned up. I put on the light, she (Nurse) came in with the male CNA and they changed my diaper at 4pm. The female (Nurse) was supposed to come back at 8pm to change me and never came back. Surveyor inquired why R5 was lying in bed at this time. R5 stated, I get up on certain days, the last time I got up was Thursday.</p> <p>4. Restorative care concerns (re: Passive Range of Motion and/or eating assistance) were also identified for R2, R3 and R5 during this survey.</p> <p>On 5/8/24 at 2:21pm, surveyor inquired how many Restorative CNAs are employed by the facility, V2 (Director of Nursing) stated, We have 3, I think or 4, and 2 Restorative Nurses. One of them (Restorative Nurse) is on vacation.</p> <p>On 5/8/24 at 3:05pm, surveyor inquired how many restorative CNAs are employed by the facility. V15 (Restorative CNA) stated, There's 4 of us, 3 full-time and 1 part-time. Surveyor inquired if restorative staff are assigned to specific units, V15 responded, Technically we're supposed to be assigned to certain floors but sometimes we team up and go to different floors. Pretty much 95% of 'em (residents) receive restorative care in some form. Surveyor inquired if the restorative team is adequately staffed. V15 replied, One more hand wouldn't be bad to be honest.</p> <p>On 5/8/24 at 3:13pm, surveyor inquired how many restorative Nurses are employed by the facility. V18 (Restorative CNA) stated, 2 and it's 4 restorative aides. Surveyor inquired if the restorative team is adequately staffed. V18 responded, We been (sic) trying to hire more but we haven't been able to find more people. They're trying to hire 2 more as we speak. Surveyor inquired where restorative care is documented. V18 replied, In the (electronic medical record). Some people have 1 program for 15 minutes some people have 2 programs so that would be maybe 30 minutes. Today I worked the 3rd floor by myself, so some days you get to see 12 people, some days you get to see 14. Everybody on 3rd floor has some sort of program. Surveyor inquired if all the (3rd floor) residents requiring restorative care today received services as directed. V18 stated, That's impossible there's like 45 or more residents up there. Surveyor inquired how often V18 gets pulled from restorative to work the floor as a CNA. V18 responded, This month I got pulled 4 times maybe.</p> <p>On 5/2/24, the facility staffing policy was requested, however, V2 (Director of Nursing) provided the Administrative Code Title 77: Public Health Chapter 1: Department of Public Health Subchapter e: Long-Term Care Facilities Part 300 Skilled Nursing and Intermediate Care Facilities Code Section 300.1230 Direct Care Staffing and affirmed the facility follows the Administrative Code.</p> <p>The 300.1230 Direct Care Staffing Administrative Code states the facility shall schedule nursing personnel so that the nursing needs of all residents are met. The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents.</p>		