

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 08/19/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide supervision to residents who obtained and consumed alcohol in the facility for 5 of 10 residents (R1,R2,R3,R4 and R5) of the sample. This failure resulted in an unsafe environment for the residents in the facility.Findings include:5 Residents (R1,R2,R3,R4, and R5) were involved in consumption of alcohol on facility premises.R1 is a [AGE] year-old female, with diagnoses including Cerebral Palsy, Morbid Obesity, Anxiety Disorder, and Depression. R1 was first admitted to the facility on [DATE]. R1 has a BIMS (Brief Interview Of Mental Status) Score of 15/15, indicating intact cognition.R2 is a [AGE] year-old male, with diagnoses including heart disease with Heart Failure, Schizo-affective Disorder, and is an Identified offender. R2 was first admitted to the facility on [DATE]. R2 has a BIMS (Brief Interview Of Mental Status) score of 15/15.R3 is a [AGE] year-old male resident, with diagnoses including Hypertensive Heart Disease, and Peripheral Vascular Disease. R3 has a BIMS (Brief Interview of Mental Status) Score of 13/15.R4 is a [AGE] year-old female, with diagnoses including COPD (Chronic Obstructive Pulmonary Disease), Diabetes type 2, Hemiplegia and Hemiparesis following Cerebral Infarction, and Schizo-affective Disorder. R4 was first admitted to the facility on [DATE]. R4 has a BIMS (Brief Interview Of Mental Status) score of 15/15.R5 is a [AGE] year-old male with diagnoses including Hypertensive heart disease with heart failure, and COPD. R5 was first admitted to the facility on [DATE]. R5 has a BIMS (Brief Interview Of Mental Status) score of 15/15.On 8/19/25 at 9:50AM, V1 (Administrator) per phone, stated, On 7/30/25, (R1, R2, R3, R4, and R5) were found to be drinking alcohol on the 4th floor in the dining room. I don't know how they got the alcohol. All were put on a 30 day suspension from unsupervised community pass.On 8/14/25 at 11:42AM, V3 (Social Service stated, (R1) was caught drinking by a nurse that had approached her in the day room on 4th floor. There was a group of residents drinking at a table playing cards at around 7:30PM. The nurse reported incident to (R1s) doctor, and he ordered a urine test. I reviewed the camera and could see the group drinking alcohol from plastic drinking cups. The nurse also smelled liquor on the breath of (R1) and at the table of residents in the group. (R1, R2, R3, R4 and R5). As part of behavior agreement, (R1) was put on a 30 day restriction for unsupervised pass privileges. (R1) is receiving 1:1 psychosocial therapy. (R1) also participates in daily activities. I do not know where the group got the alcohol. None of the residents would provide any information. The other 4 residents were also put on a 30 day restriction. Today, (R1) wrote me a letter admitting to drinking alcohol that day. I have a copy in my files.On 8/14/25 at 1:33PM, V4 (Licensed Practical Nurse/ LPN) stated, It was reported to me by a CNA (Certified Nursing Assistant), (V5), that (R1, R2, R3, R4, and R5) were seen in the dining room sitting at a table drinking alcohol. I tried to search belongings, but the residents wouldn't let me. I smelled alcohol at the table where the residents were sitting. I made them disperse. I contacted (R1's) physician and mother. The physician ordered a urine test to be done. That is all I can recall of the incident on 7/30/25.On 8/14/25 at 1:52PM, V5 (CNA) stated, There were residents in the dining room drinking. I reported this to the nurse. That is all I know.On 8/4/25 at 2:14PM, R6 stated, (interpreter for V6 was present),I was in the dining room. A group of residents including (R1, R2, R3, and R5) that I can remember had a small yellow/brown bottle and they were drinking from plastic cups. I went back to my room and told the CNA about it. The camera saw what happened. There are cameras in that room. That is all I know. I don't want to get in trouble. I was afraid to be in there when they were drinking.R1's progress noted, dated 7/30/25, states Note Text: Medication administration was held due to suspicion of recent alcohol consumption on facility property. Resident observed exhibiting signs consistent with possible intoxication, order of alcohol. Nursing and administrative staff notified. Per MD order, hold all meds till resident is drug screened. POA (Power of Attorney) has been notified. Awaiting further assessment and direction per facility policy.Review of R1's, R2's, R3's, R4's, and R5's physician orders do not show a physician order for the consumption of alcohol.Facility policy titled Alcohol Beverages includes:Purpose: To provide for the safe consumption of alcohol beverages.Guidelines: A physician order will be obtained for a resident to receive alcohol beverages in the facility.</p>		