STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145626	A. Building B. Wing	06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Des Plaines	1660 Oakton Place Des Plaines, IL 60018

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record reviews, the facility failed to provide timely assistance with toileting/incontinent care and personal hygiene for three (R4, R5, R6) of four residents reviewed for ADL care.Findings include:1. R4 is a [AGE] year-old, female, initially admitted in the facility on 10/20/22 with the following diagnoses: Type 2 Diabetes Mellitus without Complications; Encounter for Attention to Tracheostomy; Dependence on Respirator Status; Morbid Obesity with Alveolar Hypoventilation; Chronic Obstructive Pulmonary Disease, Unspecified; Neuromuscular Dysfunction of Bladder, Unspecified; and Lymphedema, Not Elsewhere Classified. MDS (Minimum Data Set) dated 04/25/26 recorded R4's BIMS (brief interview for mental status) score is 15 which means little to no impairment in cognition.On 06/15/26 at 10:50 AM, V9 (Certified Nurse Aide, CNA) was observed providing incontinent care on R4. R4 has indwelling urinary catheter draining to urinary bag. R4 does not wear incontinent brief. R4 uses incontinent pad that was placed under her bottom to absorb bowel leaks. During incontinent care, dried feces were observed on her (R4) lower back. The pillowcase and pillow under her back was also soiled with feces as well as the incontinent pad and bed sheet. R4 was asked regarding issues with incontinent care and call light responses. R4 stated, When I pushed the call light, sometimes I need to wait for long periods of time, especially the night shift. I called this morning, she (V9) came and said she is going to change another resident first. I waited for several hours just to clean me up; right now, I am sitting on my feces. I pushed the call light, and no one came until now. V9 was asked on how often incontinent care is provided on R4. V9 replied, This is the first time she will be cleaned. I checked on her at 7:30 AM. Residents are changed when needed. It had been 3 hours and 20 minutes since R4 was last checked for incontinent care.2. R5 is a [AGE] year old, male, admitted in the facility on 02/24/26 with diagnoses of Parkinson's Disease without Dyskinesia, without Mention of Fluctuations; Unspecified Intracapsular Fracture of Right Femur, Encounter for Closed Fracture with Routine Healing; Presence of Right Artificial Hip Joint; and Type 2 Diabetes Mellitus with Diabetic Polyneuropathy. MDS dated [DATE] documented R5's BIMS score of 13 which means little to no impairment in cognition.On 06/15/26 at 11:15 AM, R5 stated I want to get changed. This would be the first for this morning. I need to change; I am wet now. Per V11 (Certified Nurse Assistant, CNA) R5 was checked at 8AM and he (R5) said he was okay. Incontinent care was provided to R5 at 11:25 AM.3. R6 is a [AGE] year-old, female, admitted in the facility on 04/09/26 with diagnoses of Displaced Intertrochanteric Fracture of Right Femur, Subsequent Encounter for Closed Fracture with Routine Healing; and Wedge Compression Fracture of T7-T8 Vertebra, Subsequent Encounter for Fracture with Routine Healing. MDS dated [DATE] recorded R6 has BIMS score of 15 which means little to no impairment in cognition.On 06/15/26 at 11:45 AM, R6 stated, It takes a while to answer my call light, sometimes I wait for an hour. I have been trying to get me change now and it's been an hour or more that I have been waiting. I have been wet and needed to get changed. When I used my call light, they came and said they were coming but never came.On 06/16/26 at 1:37 PM, V2 (Director of Nursing) stated, Residents are checked and changed at least every 2 hours.On 06/16/26 at 2:54 PM, V17 (Registered Nurse, RN), V14 (CNA) and V18 CNA were asked on how often incontinent care is provided on residents. V17 stated, I do my rounds and check (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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	residents every two hours and if they need to get change, we change them. V14 and V18 both stated that incontinent care on residents is implemented every one to two hours, check and change when needed.Facility's policy titled Incontinence Care, dated 4-20-21 stated in part but not limited to the following:Purpose: To prevent excoriation and skin breakdown, discomfort and maintain dignity.Guidelines: Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or approximately every two hours and provided perineal and genital care after each episode.