

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145630	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Elevate Care North Branch		STREET ADDRESS, CITY, STATE, ZIP CODE 6840 West Touhy Avenue Niles, IL 60714	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46344</p> <p>Based on interview and record review, the facility failed to ensure the confidentiality of a resident's financial records. This failure applied to one (R1) of three residents reviewed for privacy and confidentiality.</p> <p>Findings include:</p> <p>R1 is a [AGE] year-old male who originally admitted to the facility on [DATE] and continues to reside in the facility. R1 has multiple diagnoses including but not limited to the following: Parkinson's disease, CHF, ESRD, COPD, dementia, delirium, and depression.</p> <p>R1's face sheet shows R1 is his own decision maker, however V7 (Family Member) is R1'S substitute decision maker.</p> <p>On 2/10/2025 at 12:45PM, V3 (Business Office Manager) said, I am responsible to handle the residents financial accounts. I receive and submit payments for them. Resident's financial information is confidential, and I never send e-mails containing any of this information.</p> <p>At 1:05PM, V10 (VP of Accounts Receivable) said we had a situation where V7 (family member) made a payment to the facility, but we did not receive it. V7 sent copies of R1's bank statements to show that the money was withdrawn from the account.</p> <p>At 1:25PM, V1 (Administrator) said we reviewed V3's e-mails and noted that on 1/6/2025 an e-mail was sent to the wrong individual with bank statements belonging to R1.</p> <p>E-mail written by V3 (Business Office Manager) dated 1/6/2025 shows records of R1's bank statements that was sent to an external and inaccurate recipient.</p> <p>R1's Admission Packet and Contract dated and signed by R1 on 1/24/2024 states in part but not limited to the following: No resident shall be deprived of any of the following rights: The right to confidentiality of the resident's financial records. The release of a record shall be by written consent of the resident or the resident's representative.</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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