STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145630	A. Building B. Wing	09/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care North Branch	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)
F 0552 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that the rights of one (R1) of three residents reviewed for resident rights were respected when staff disregarded the resident's expressed refusal to be transferred via mechanical lift. This failure resulted in R1's actual harm evidenced by pain, loss of dignity, and emotional distress. Findings include:R1 is an [AGE] year-old-male admitted to the facility on [DATE] with diagnosis including but not limited to Unilateral Primary Osteoarthritis, Right Hip; Encounter for Orthopedic Aftercare Following Surgical Amputation; Acute Osteomyelitis, Left Ankle and Foot; Type 2 Diabetes Mellitus; Chronic Obstructive Pulmonary Disease; Hypertensive Chronic Kidney Disease; Dependence on Renal Dialysis; and Atherosclerotic Heart Disease of Native Coronary Artery.According to R1's MDS (Minimum Data Set) assessment dated [DATE] under section C, R1 has BIMS (Brief Interview of Mental Status) score of 15 indicating intact cognition.According to R1's MDS (Minimum Data Set) assessment dated [DATE] under section GG, R1's mobility related to transfer from bed-to-chair and chair-to-bed is assessed as dependent indicating need for 2 helpers with all effort placed on helpers. On 09/16/2025 at 11:56 AM V4 (Certified Nurse Assistant) said, I worked on 09/15/2025 between 3:00 PM and 11:00 PM. I was assigned to care for R1. Me and V5 (CNA) transferred R1 into the bed with mechanical lift when he returned form dialysis. R1 didn't like it, but he cannot move, and his left foot is amputated, so that is the only way to transfer R1. R1 was complaining of right hip pain during the transfer. I don't normally take care of R1, this was maybe the second time I transferred him. After R1 complained of right hip pain, we told V6 (Licensed Practical Nurse). I think V6 (LPN) checked on R1, but I'm not sure because after we put R1 in bed, we left.On 09/16/2025 at 12:12 PM R1 said, Yes, I called in a complaint yesterday. They (CNAs) came in to move me to the dialysis by putting me into a machine that lifts me up. In the process, my right hip, which is very arthritic, was very painful. I knew then, I don't want to do it again. When I returned (from dialysis), I told staff, that I don't want to use the mechanical lift again and they have to figure out another way to transfer me into the bed. Staff insisted there is no other way to move me, and they just proceeded to put me in the mechanical lift. I tried to stop them from doing it, but I couldn't. R1 took a pause, shook his head, then continued, As the machine was lifting me, you could hear click, click, click in my right hip. There is so much bone-on-bone friction in that hip, you can just imagine how much it hurt. Nobody came in to check on me or offer pain medication after that. One of the staff was V5 (CNA), I don't know the other one's name.On 09/16/2025 at 12:35 PM V7 (Physical Therapist) said, R1 just explained to me that he is absolutely against the use of mechanical lift. We used to transfer R1 with slide board; however, R1's physical ability declined upon his recent hospitalization and mechanical lift is the safest mean to transfer him right now.On 09/16/2025 at 12:40 PM V8 (Therapy Director) said, This is the first time I hear that R1 has such an issue with mechanical lift. If R1 really doesn't like a mechanical lift, we can try a slide board. R1 requires new physical ability assessment, due to recent hospitalization, to truly determine what is the safest way to transfer him.On 09/16/2025 at 12:46 PM V2 (Director of Nursing) said, If a resident adamantly refuses something, the staff should accommodate resident's request to the best of their ability, unless the refusal poses risk of any type of injury or compromises safety. If a mechanical lift is resident's recommended mean of transfer based on an assessment, we don't advise staff to look for another way because it poses safety concern. A resident should be given choice and education related to risks and safety concerns during transfer by other means than recommended by the assessment. For example, if a resident returns from dialysis and refuses to be transferred to bed via mechanical lift, we should educate a resident, but we still have to use a mechanical lift because a resident cannot stay in the chair. It is a safety concern for both resident and staff to change means of transfer if they are assessed to be safely transferred only with a mechanical lift.On 09/16/2025 at 2:02 PM V6 (Licensed Practical Nurse) said, I worked on 09/15/2025 between 3:00 PM and 11:00 PM. No one ever told me that R1 was in pan during a transfer. I went into R1's room when he returned form the dialysis, I actually went in there couple of times, and R1 never told me that he had an issue related to a mechanical lift transfer, that he was in pain, nor that he needed a pain medication.On 09/16/2025 at 2:48 PM V5 (CNA) said, I worked yesterday (09/15/2025). I assisted V4 (CNA) with R1's transfer. It was around 4:30 PM - 5:00 PM. R1 returned form the dialysis and needed to be transferred back into bed with mechanical lift, so there had to be two CNAs. R1 got agitated during the transfer. R1 really didn't want to be transferred with a mechanical lift. R1 kept saying No, no, no! As we set up a mechanical lift, R1 was attempting to take straps