

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145662	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Niles		STREET ADDRESS, CITY, STATE, ZIP CODE 8333 West Golf Road 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 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** 33783</p> <p>Based on interview and record review the facility failed to provide a resident with assistance with ADLs (activities of daily living) in preparation for an outside medical appointment. This failure applied to one (R4) of three residents reviewed for assistance with ADLs.</p> <p>Findings include:</p> <p>R4 is a [AGE] year-old resident admitted to the facility on [DATE]. R4 has medical diagnoses that include: Chronic Kidney Disease (Stage 4), Anemia, Congestive Heart Failure, Type 2 Diabetes, Osteoarthritis, Long Term use of Insulin, Hemiplegia and Hemiparesis following cerebral infarction affecting left non-dominant side, and Adjustment disorder with anxiety.</p> <p>R4's most recent MDS (Minimum Data Assessment) dated 04/23/24 documents that R4 has a BIMS (Brief Interview of Mental Status) score 15 (intact cognition) and has mobility impairment on both sides.</p> <p>R4's Current Care Plan includes the following Special Instructions: TRANSFERS: DEPENDENT X2 STAFF ASSIST WITH MECHANICAL LIFT</p> <p>- Focus renal insufficiency related to Chronic Kidney disease with intervention of Assist with ADLS and ambulation as needed.</p> <p>- Focus ADL Self Care Performance Deficit related to hemiplegia/weakness, pain, poor endurance, decreased safety awareness, and visual impairment with interventions of encourage R4 to use call bell for assistance.</p> <p>06/01/24 at 3:33PM, R4 stated that she missed her ophthalmology appointment on 4/4/24 because the CNA assigned to her did not get her ready on time. R4 added that by the time staff figured out she was supposed to be leaving for an appointment, transportation came and left. R4 said that now she can't get another appointment until August 2024. R4 confirmed that she needs help with dressing and bathing as she cannot do it herself.</p> <p>Review of nursing schedule for 4/4/24 documents that V10 (CNA) was assigned to R4 for that day.</p> <p>06/01/24 at 4:45PM, V2 (Director of Nursing) confirmed that V10 no longer works at the facility and said, he just stopped showing up last week after we wrote him up for poor attendance.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145662	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Niles		STREET ADDRESS, CITY, STATE, ZIP CODE 8333 West Golf Road 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5/31/24 at 9:36AM V8 (LPN) said that V9 (Medical Records Coordinator) coordinates transportation for resident appointments. V8 said that the nurse will give the appointment information to V9 so that she can set up transportation accordingly, usually with a couple days notice.</p> <p>5/31/24 at 1:42PM V9 (Medical Records Coordinator) said that R4 has missed a couple of appointments because she refused to go; she didn't want to go. Like one day she said she didn't want to go because her hair wasn't washed. I was even going to go with her because she needs an escort, she cannot go by herself. I think she missed an eye doctor appointment last month.</p> <p>06/01/24 at 4:30PM V9 said, (about 4/4/24 appointment), I went upstairs to get ready to take her. I don't recall her being ready to go but I told her that we had enough time to get her changed and ready to go; but she didn't want to. I tried to encourage her to go but she didn't want to go. I don't recall her being ready. We had enough time to get her ready, but she said she had already called and rescheduled. I could have gotten her ready in time.</p> <p>Review of Appointment/Transportation Notes for R4 documents: (R4), Appointment Type: Ophthalmologist, Appointment Date Set: 4/4/24, Time: 10am, Escort Needed? : yes, After Notes: Appointment was rescheduled due to patient upset and complaining she was not ready, transportation was on time and patiently waiting but was sent away because the patient did not want to go.</p> <p>06/01/24 at 4:24PM, V1 (Administrator) and V2 (Director of Nursing) said that appointments are communicated to the nurses the day before and all the nurses have access to the calendar to see what appointments are upcoming or scheduled for that day, but the CNA's are supposed to get them ready. Both V1 and V2 affirmed that it was the CNA's responsibility that day (4/4/24) to get R4 ready in time for her appointment.</p> <p>Facility provided copy of Certified Nursing Assistant Job Description (undated), which includes:</p> <p>SUMMARY: The Certified Nursing Assistant (CNA) is responsible for providing resident care and support in all activities of daily living and ensures the health, welfare, and safety of all residents.</p> <p>ESSENTIAL DUTIES AND RESPONSIBILITIES:</p> <ul style="list-style-type: none"> - Provide assistance with serving meals and feeding; providing fresh water and nourishment between meals. - Provide assistance in personal hygiene by giving bedpans, urinals, baths, backrubs, shampoos, and shaves; assisting with travel to the bathroom; helping with showers and baths. - Provide assistance in ambulating, turning, and positioning residents . - Performs other duties as assigned. <p>Facility provided policy titled Activities of Daily Living (ADLS) (undated), which includes the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145662	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/03/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Niles		STREET ADDRESS, CITY, STATE, ZIP CODE 8333 West Golf Road 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Bathing :</p> <p>Washing and drying the body (excluding back and shampooing hair), including full body sponge bath, planning the task, and gathering supplies, and transfer into and out of tub/shower.</p> <p>Dressing :</p> <p>Selecting, obtaining, putting on, fastening (buttons, snaps, Zippers, Velcro, laces), and taking off all items of clothing, and putting on and removing braces and artificial limbs, socks and shoes, accessories (belts, jewelry, scarf tying, and knotting a tie.)</p> <p>Grooming :</p> <p>Maintaining personal hygiene, including planning the task and gathering supplies, combing and/or styling hair, face and hands, brushing teeth, shaving or applying makeup, oral hygiene, self manicure (safety awareness with nail care), and/or application of deodorant or powder.</p>