

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  12/16/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</b></p> <p>Based on interview and record review, the facility failed to follow their call light policy and answer residents' call light in a timely manner for three (R1, R3, and R4) residents out of four residents reviewed for call lights in a total sample of four residents. This failure places residents at risk to be provided with inappropriate care and services to meet the resident's physical, mental and/or psychosocial needs.</p> <p>Findings include:</p> <p>On 12/15/2024, 9:29 AM, V5 (Certified Nursing Assistant) states that currently there are two certified nursing assistants working on this floor and one nurse. V5 states that there are approximately 22 residents on this floor.</p> <p>On 2/15/2024, 9:44 AM, R1 is laying down on her bed, head of her bed slightly elevated, and in no apparent distress. R1 is wearing black sunglasses. R1's call light is within reach. R1 reports that she has waited several hours to be changed. R1 states that sometimes staff take long to answer her call lights. R1 states that it takes 2 hours for someone to answer her call light.</p> <p>R1's MDS/Minimum Data Set, dated dated dated [DATE], documents that R1 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R1 is cognitively intact.</p> <p>12/15/2024, 9:57 AM, R3 is standing up, using oxygen via nasal cannula, with a steady gait. R3 states that she observes staff taking a long to attend to R1. R3 states that staff can take up to one hour before they answer R3's bedroom call light.</p> <p>R3's MDS/Minimum Data Set, dated dated dated [DATE], documents that R3 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R3 is cognitively intact.</p> <p>12/15/2024, 1:25 PM, R4 is sitting in his wheelchair in his bedroom, R4 is alert and responsive. R4 states that he does need assistance with staff to change his incontinence briefs. R4 states that he does utilize his call light to call for assistance. R4 states that he has waited more than 2 hours for his call light to be answered. R4 states that no other staff help answer call lights, and usually just the nursing aids. Sometimes the nurses answer the call lights.</p> <p>R4's MDS/Minimum Data Set, dated dated dated [DATE], documents that R4 has a BIMS/Brief Interview for Mental Status score of 14/15, indicating that R4 is cognitively intact.</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  12/16/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/15/2024, 10:22 AM, at the nurse's station with V5 (Certified Nursing Assistant) and V6 (Certified Nursing Assistant), V5 states that the call light system is at the nurse's station. It will alert like a doorbell, and it shows how long it's been on for. V5 states that residents could be waiting for a very long time for just some water. V5 states that residents could need urgent help. If the call lights are not answered in a timely manner their care can get delayed.</p> <p>12/15/2024, 10:25 AM, V6 (Certified Nursing Assistant/CNA) states but if I am in the room giving a bed bath, and the call light is on, it won't get answered until I answer it. All staff are supposed to answer the call lights. V6 states I've seen 50 minutes there, pointing at the call light system where it reflects how long the call light has been on for.</p> <p>12/15/2024, 12:41 PM, observed V5 and V6 collecting lunch trays. One call light went on. Call light noise heard at nurse's station. V10 (Financial Coordinator) sitting at nurse's station in front of computer.</p> <p>12/15/2024, 12:43 PM, V6 went into room and answered call light.</p> <p>12/15/24, 12:56 PM, call light sound went on, V8 (Registered Nurse) and V10 (Financial Coordinator) sitting at the nurse's station, V10 stated I just saw V5, where is she.</p> <p>12/15/2024, 1:48 PM, V2 (Director of Nursing) states that when a resident pulls the call light, staff need to answer right away. V2 states sometimes its's challenging if the nurse is giving medication and giving patient care, it can take a little. They can't just leave to go answer the call light.</p> <p>Facility document dated 10/15/2024, titled Resident Council Meeting Minutes documents in part residents had mentioned regarding call light response.</p> <p>Facility document dated 2/2/2018, titled Call light documents in part, in all departments, resident call lights will be answered in timely manner. All staff should assist in answering call lights.</p>		