

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 12/18/2025
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** Based on observation, interview, and record review, the facility failed to follow its Incontinence Care Guidelines by failing to provide timely incontinence care to dependent residents. This applies to 3 of 3 (R1, R2, and R3) residents reviewed for Activities of Daily Living (ADL) care in a sample of 3. The findings include: 1. R1 is a [AGE] year-old female admitted on [DATE], with intact cognition as per the Minimum Data Set (MDS) dated [DATE]. The MDS review also indicates that R1 is dependent on toileting hygiene. On 12/16/25 at 2:30 PM, R1 stated, There were times they didn't change me for long periods. They will change me around 6:00 AM, 10:30 AM, and 1:00 PM. Sometimes the morning CNAs (Certified Nurse Assistants) don't change me at 1:00 PM, so I have to wait for the evening shift, and they don't change me right away when they start at 3:00 PM. Then I must wait for extended hours to get changed. 2. R2 is a [AGE] year-old female with mild cognitive impairment as per the MDS dated [DATE]. The MDS review also indicates that R2 is dependent on toileting hygiene. On 12/16/25 at 10:20 AM, observed R2's call light going off, and V9 (LPN/Licensed Practical Nurse) answered the call light and stated that R2 needs to be changed and will notify her CNA (V10). On 12/16/25 at 10:27 AM, V10 stated, I started at 7:00 AM and didn't change R2 yet. We are supposed to check the resident every two hours for incontinent care, but I was passing trays. On 12/16/25 at 10:30 AM, V10 provided incontinent care to R2, and R2 was observed with a brownish, soaked incontinent brief with stool spread over to the buttocks and soaked linen and mattress. A review of R2's incontinence care plan document interventions, including: Incontinent: Check at least every 2 hours when providing ADL care or as required for incontinence. Wash, rinse, and dry the perineum. Change clothing as needed after incontinence episodes. 3. R3 is a [AGE] year-old female admitted on [DATE], having moderate cognitive impairment as per the MDS dated [DATE]. The MDS review also indicates that R3 is dependent on toileting hygiene. On 12/16/25 at 9:55 AM, R3 stated that she is wet and needs to be changed. On 12/16/25 at 10:50 AM, observed R2's call light going off and R2 stated, I have been waiting for a while to get changed. On 12/16/25 at 11:00 AM, observed V11 (Restorative CNA) answering R2's call light and turning it off, saying to R2 that he would let R2's CNA (V3) know about your call. On 12/16/25 at 11:03 AM, observed V11 (CNA) and V3 providing incontinent care to R2, and R2 was observed with a moderately urine-soaked incontinent brief. On 12/16/25 at 12:30 PM, V2 (Director of Nursing/DON) stated that residents need to be checked for incontinent care every two hours and as needed. The facility presented the Incontinence Care Guidelines revised on 1/16/18 document: Incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or every two hours and provided perineal and genital care after each episode.</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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