

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  11/21/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to provide nail care to dependent resident. This deficiency affects one (R10) of three residents in the sample of 34 reviewed for ADLs (Activity of Daily Living) Program. Findings include: On 11/19/25 at 8:56AM, Observed R10 lying in Low air loss mattress. He is awake but nonverbal and needs total care with ADLs and transfers. He has tracheostomy tube connected to ventilator and gastrostomy tube connected to enteral feeding pump. R10 has bilateral arms contractions. Observed with V4 WCC (Wound Care Coordinator) and V5 WCN (Wound Care Nurse), R10 has long discolored fingernails on both hands with black matter inside the finger. Both V4 and V5 said that nail care is part of the ADLs program, and the CNA (Certified Nurse Assistant) is responsible for providing the care. On 11/19/25 at 9:00AM, V7 LPN (Licensed Practical Nurse) said that she is the regular nurse for R10. Surveyor showed to V7 bilateral hands with long discolored with black matter inside the fingernails. She said that she did not notice when she made rounds. She said that CNA is responsible for R10's nail care. On 11/19/25 at 2:00PM, Informed V2 DON (Director of Nurses) of above observation made. V2 DON said that they should provide appropriate care to residents who are unable to carry out ADLs independently will receive the services necessary to maintain good nutrition, grooming, and personal oral hygiene. Nail care is part of ADLs includes daily cleaning and regular trimming to prevent infection. R10 is admitted on [DATE] with diagnosis listed in part but not limited to Anoxic brain damage, Chronic respiratory failure with hypoxia, Tracheostomy, Dependent on respirator/ventilator, Colostomy, Gastrostomy, Stage 4 Sacral pressure ulcer. Comprehensive care plan indicated she has ADL self-care performance deficit. MDS quarterly assessment dated [DATE] indicated: Section GG 0130 Functional Abilities marked 01 Dependent on Personal hygiene. Facility's policy on ADLs (Activity of Daily Living) indicated: Grooming: maintaining personal hygiene, including planning the task and gathering supplies, combing, and 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. Facility's policy on Nail Care revised 1/25/18 indicated: Guidelines: 1. Observe condition of resident nails during each time of bathing. Note cleanliness, length uneven edges, hypertrophied nails. 2. Trim fingernails in an oval fashion avoiding tissue after bathing or when needed. Be sure nails are soft before trimming. Additional soaking in warm soapy water may be necessary to soften nails.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145662	Facility ID:  145662  If continuation sheet Page 1 of 9

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to ensure splints/braces are applied to residents with contractures affecting two of seven residents (R111, R139) reviewed for range of motion. Findings include:</p> <p>On 11/18/2025 at 8:15 AM, R111 was observed lying in bed. R111 has a right-hand contracture without a splint on. On 11/18/2025 at 12:20 PM, observed with V8 (LPN-Licensed Practical Nurse) that R111 didn't have a right-hand splint or right ankle orthosis on. V8 said that R111's right-hand splint and right ankle orthosis should have been on. V8 said that R111 using the hand splint and ankle orthosis is to prevent R111's contractures from worsening.</p> <p>On 11/19/2025 at 3:09 V12 (Restorative Nurse/LPN) said that V12 is familiar with R111. V12 said that R111 is alert and oriented x 2 &amp;ndash; 3 times. V12 said that R111 can make her needs known. V12 said that R111 has a history of stroke. V12 said that R111 is on range of motion (ROM) exercises program, splint program for right hand upper extremity, and right ankle orthosis. V12 said that the restorative aide is responsible to apply R111's right hand splint and right ankle orthosis. V12 said that the splint and the ankle orthosis are to prevent further contracture. V12 said that if not applied, R111 has the potential to be more contracted. V12 said that the right-hand splint and the right ankle orthosis should have been applied on R111 as ordered.</p> <p>On 11/19/2025 at 11:29 AM, V2 (Director of Nursing) said that V2 expectation for the staff is to carry out orders as prescribed. V2 said that R111's right-splint and right ankle orthosis should have been applied on R111.</p> <p>R111 is a [AGE] year-old female who was admitted with a diagnosis not limited to hemiplegia, unspecified affecting right dominant side, major depressive disorder, hypertensive heart disease without heart failure, and primary generalized osteoarthritis.</p> <p>Physician order dated 10/18/2025 indicate that OT evaluation and treatment as indicated. R111 care plan (pg. 60 of 80), indicate that R111 will wear R (right) hand resting splint for 6-8hrs release during ADL (Activities of Daily Living) care, Exercise and mealtime check skin integrity and circulation. Application schedule: ON &amp;ndash; 9 AM, OFF &amp;ndash; 3 P</p> <p>2. R139 is a [AGE] year-old male who was admitted in the facility with diagnoses of not limited to anoxic brain damage, and other abnormalities of gait and mobility.</p> <p>On 11/18/2025 at 7:31AM during observation, R139 was lying on bed without hand splints on both hands. R139 was unable to fully open R139's both hands.</p> <p>On 11/18/2025 at 12:30PM during observation with V41 (LPN), R139 was again observed without hand splints on both hands.</p> <p>On 11/18/2025 at 12:30PM, V41 stated that the restorative aides are the ones putting on hand splints on R139's both hands.</p> <p>On 11/18/2025 at 12:42PM during interview with V12 (Restorative Nurse), V12 stated that R139 should (continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>have splints on both hands to prevent further development of contractures</p> <p>R139's Order Summary Report dated 11/18/2025 indicated R139 was admitted in the facility on 09/28/2023, and an order to apply resting hand splints to bilateral hands daily after morning care for six hours as tolerated with order date of 03/22/2024.</p> <p>R139's undated Care Plan indicated that R139 would benefit from use of Splint/Brace due to R139 has actual contracture related to impaired mobility and limited ROM (range of motion).</p> <p>R139's Documentation Survey Report for October 2025 indicated that R139's resting hand splints were not being applied daily. It also did not indicate that R139 refused application of hand splints.</p> <p>R139's Documentation Survey Report for November 2025 indicated that R139's resting hand splints were not being applied daily. It also did not indicate that R139 refused application of hand splints.</p> <p>R139's Minimum Data Set, dated [DATE] indicated R139 is on splint/brace assistance program.</p> <p>Review of facility's undated policy entitled Application of Splints indicated the following:</p> <p>Purpose: To properly apply a splint for support, comfort, or aid in contracture.</p> <p>Equipment: Physician's order and specific splint for the resident</p> <p>Procedure:</p> <p>6. Document initials and total minutes for the appropriate shift. Document any difficulties or unusual situations on the reverse form or in the nursing notes and contact nursing supervisor.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to provide adequate supervision and monitoring to prevent accidents for two of four residents (R183 and R129) reviewed for accidents. Findings include: R183 is a [AGE] year-old female who was admitted in the facility in 10/26/2021 with diagnoses of not limited to major depressive disorder, generalized anxiety disorder and bipolar disorder, and was discharged on 07/28/2025. R183 was R129's roommate. R129 is a [AGE] year-old female who was admitted in the facility with tracheostomy, and diagnoses of not limited to chronic respiratory failure and chronic obstructive pulmonary disease. R129 is on low air loss mattress and high humidity tracheostomy collar. On 11/19/2025 at 9:59AM during interview with R129, R129 stated that she cannot remember when the fire happened but can remember what happened. R129 stated that she was on bed and watching the television when she felt something hot on her right leg and saw something flickering on the right side of her bed by her bed. R129 stated that she immediately yelled out fire repeatedly to call for help. R129 stated that when it happened, her roommate, R183 got up and ran quickly out of the room. R129 stated that the nurse came in and tried to put out the fire. R129 stated that R129 had seen candles in a glass on R183's bedside table before the fire happened but had never seen it after the fire incident. On 11/19/2025 at 11:45AM during interview with V43 (Certified Nursing Assistant), V43 stated that she heard R129 yelling fire so she went to R129's room and saw the fire on R129's blanket. V43 stated that the nurse came in and took out R129's blanket off of her and put on the floor to take out the fire. V43 stated that they extinguished the left-over fire on R129's bed with a bucket of water from the shower room. On 11/20/2025 at 2:38PM during interview with V1 (Administrator), V1 stated that it was concluded during the investigation that R183 lit up a candle as the root cause of the investigation based on the other residents' statement that R183 admitted to them that R183 started the fire and how R183 described the candle that R183 lit up in detail. On 11/21/2025 at 9:21AM, V1 stated that residents are not allowed to have anything that poses a fire hazard in their rooms, including smoking materials and candles. On 11/21/2025 at 10:07AM during interview with V47 (Social Worker), V47 stated that if a resident is a smoker or expressed that they want to smoke, the resident is first assessed if they are safe to smoke. V47 stated that if the resident is deemed a safe smoker, they were allowed to keep all their smoking materials inside their room before the fire incident happened. V47 stated that R183 started smoking in September of 2024 was deemed a safe smoker at that time. On 11/21/2025 11:30AM during interview with V49 (Registered Nurse), V49 stated that she was at the nurse's station when she heard a resident scream fire. V49 stated that she immediately responded to the scream and saw the fire on R129's blanket. V49 stated that she took R129's blanket off and put out the fire, then she screamed for help. R129's Order Summary Report dated 11/21/2025 with active orders as of 05/06/2025 (prior to the fire incident) indicated R129 was on low air loss mattress and high humidity tracheostomy collar with order date of 03/22/2025. R183's admission Record indicated R183 was admitted in the facility in 10/26/2021 with diagnoses of not limited to major depressive disorder, generalized anxiety disorder and bipolar disorder, and was discharged on 07/28/2025. R183's signed facility admission contract on 11/10/2021 did not indicate any personal property restrictions. R183's smoking contract signed 09/16/2024 did not indicate that smoking materials are not allowed in the rooms. Facility Report sent to Illinois Department of Public Health dated 05/09/2025 indicated that the new and final root cause of the fire was the candle that was lit up in the room by R183. Facility was unable to provide policy on Fire Prevention.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure enteral (tube) feeding was administered at a correct rate per physician order and enteral feeding container was labeled per policy. This deficient practice has the potential to affect 2 of 2 residents (R124, R39) reviewed for enteral feeding management in a sample of 34. Findings Include: On 11/18/2025 at 08:30 AM, R39 was observed in his room. R39's tube feeding was infusing at the rate of 55 ml/hr (milliliters/hour). On 11/18/2025, at 12:15 PM, V8 (LPN-Licensed Practical Nurse) observed with surveyor R39's tube feeding infusing at the rate of 55 ml/hr. At 12:17 PM, V8 and surveyor reviewed R39's tube feeding order. R39's physician order indicates enteral feed every shift (nutritional supplement) 1.5 @ 65 ml/hr. V8 said that R39 tube feeding rate should have been set at 65 ml/hr per physician order.</p> <p>On 11/19/2025 at 11:29 AM, V2 (Director of Nursing) said that V2's expectation for the staff is to carry out orders as prescribed. V2 said that R39's tube feeding rate should have been set at a rate of 65 ml/hr.</p> <p>R39 is an 80 -year-old male admitted on [DATE] with diagnosis not limited to personal history of malignant neoplasm of prostate, Parkinson disease without dyskinesia, multiple fracture of ribs, and other abnormalities of gait and mobility.</p> <p>Physician order indicates enteral feed every shift (nutritional supplement) 1.5 @ 65 ml/hr.</p> <p>R124 was admitted to facility on 12/10/2024. Diagnoses include diffuse traumatic brain injury with loss of consciousness of unspecified duration, encounter for attention to gastrostomy, unspecified dysphagia, oropharyngeal phase. Order summary report, start date 5/7/2025 read Enteral Feed Order every shift (nutritional supplement) 1.5 @50ml/hr X21 hours or until 1050ml total volume infused. Care Plan Report, date initiated 12/17/2024 read Focus: Potential for alteration in fluid or nutritional status related to NPO (nothing by mouth) status + Feeding tube. Interventions include Administer medications as ordered. Enteral nutrition per physician order.</p> <p>On 11/19/2025 at 10:00 AM R124 in bed with enteral feeding connected and running at 50ml/hr. Enteral feeding bag observed without any visible identification label. V4 (Wound Care Coordinator) stated, feeding bag should be labeled with resident's name, date, start time, rate, and volume to infuse per physician order before administration.</p> <p>On 11/19/2025 at 11:30 AM, V2 (Director of Nursing) stated enteral feeding container should be labeled for identification and proper administration.</p> <p>Policy and Procedure</p> <p>Title: Gastrostomy Tube &amp; Feeding and Care, Revision date 8/3/20</p> <p>Purpose: To provide nutrients, fluids, and medications, as per physician orders, to residents requiring feeding through an artificial opening into the stomach.</p> <p>Procedure:</p> <p>(continued on next page)</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Licensed nurse will review physician's order for type of formula, concentration, rate of flow, and method of administration.</p> <p>3. Label container with resident's name, flow rate, date and time.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview, and record review, the facility failed to ensure multi-dose medications are labeled and discarded accordingly for one of two medication rooms (second floor medication room) reviewed for medication storage and labeling. Findings include: On 11/18/2025 at 9:10AM during medication room observation with V33 (Registered Nurse), second floor medication room was observed with the following: 1. R78's Latanoprost ophthalmic solution with open date of 08/01/2025 and pharmacy label that reads Throw away any drug left after 6 weeks 2. R18's insulin lispro with no open date and pharmacy label that reads Throw any medicine that remains 28 days after first use 3. Two open, undated vials of Tuberculin Purified Protein Derivative with bottle label that reads Once entered, vial should be discarded after 30 days, and medication literature that reads Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency On 11/18/2025 at 9:20AM during interview with V33, V33 stated that all multidose medications and vials should be labeled with open date once opened. R78's Order Summary Report dated 11/19/2025 indicated R78 was admitted in the facility on 09/01/2017 with diagnosis of not limited to primary open-angle glaucoma, bilateral, indeterminate stage, and an order for Latanoprost solution with order date of 06/11/2019. R18's Oder Summary Report dated 11/19/2025 indicated R18 was admitted in the facility on 09/16/2024 with diagnosis of not limited to type 2 diabetes mellitus without complications, and an order for Insulin lispro with an order date of 10/17/2025. Review of facility's policy entitled Storage of Medications with effective date of 10/25/2014 indicated the following: Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures: B. Only licensed nurses, pharmacy personnel, and those lawfully authorized to administer medications (such as medication aides) permitted to access medications. Medication rooms, carts, emergency kits/boxes, and medication supplies are locked when not attended by persons with authorized access. Expiration Dating D. Drugs by the pharmacy staff will generally carry an expiration date as follows: (Note: the pharmacist determines the exact date based upon a number of factors as well as applicable law or regulation) 2) Drugs dispensed in the manufacturer's original container will carry the manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is: - in a multi-dose injectable vial- an ophthalmic medication- An item for which the manufacturer has specified a usable life after opening E. When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to date and label food items and beverages after preparing and storing. The facility also failed to maintain sanitizing solution at level required per manufacturer's instruction. This deficiency affects all 146 residents in the facility receiving food trays from kitchen. Findings include: Based on observation, interview, and record review the facility failed to date and label food items and beverages after preparing and storing. The facility also failed to maintain sanitizing solution at level required per manufacturer's instruction. This deficiency affects all 146 residents in the facility receiving food trays from kitchen. Findings include: On 11/18/25 at 6:32AM, Observed in cooler storage fridge 15 cold sandwiches and 4 juices in plastic cup not dated and labeled with V18 Night Supervisor. V18 called V19 [NAME] and asked when it was prepared. V19 said it was prepared last night. Surveyor asked why it was not dated and labeled then he changed his statement and said it was prepared this morning. Both V18 and V19 said that all food items and beverages prepared should be dated and labeled. On 11/19/25 at 9:19am Surveyor observed V15 Dietary manager (DM) tested the red bucket sanitizing solution with cloth using sanitizer testing strip. The test strip color barely changes indicating 0 ppm (parts per million). V16 Food Service Director (FSD) also tested the red bucket using sanitizer testing strip and obtained the same reading. Both said that for sanitizer test strip manufacturer's recommendation should be between 200-400 ppm for effective sanitization and food safety handling. On 11/19/25 at 9:24AM, V25 Dietary Aide applied dishwasher testing strip to fork and placed inside the dishwasher machine. V16 FSD said that the black strip bar should change to bright orange indicating the dishwasher is maintaining the proper temperature. The test strip faded black color strip into gray but did not change into bright orange as recommended by test strip manufacturer. On 11/19/25 at 9:50AM, Reviewed Sanitizing sink chemical log and Dishwasher test strips for [DATE] with both V15 DM and V16 FSD. Sanitizing sink chemical log indicated 100ppm on 11/7 and 11/8/25. Test strip recommendation should be 200 to 400ppm. Dishwasher test strips indicated not bright orange but faded black/grayish color strip on 11/1 dinner, 11/2 breakfast, lunch and dinner, 11/3 lunch, 11/6 breakfast, 11/13 breakfast and 11/19 tested with surveyor. On 11/19/25 at 10:30AM, Informed V1 Administrator of above concerns. On 11/20/25 at 8:51AM, Both V15 Dietary Manager and V16 Food Service Director said that they provide 146 food trays in the facility. Facility's policy on Sandwich indicated: *Cold sandwiches made for non-immediate use should be dated and labeled. The labeled should include the food item, date made and use by date. * Once complete, the sandwiches should be stored in a fridge on a ready to use items shelf on a tray or in a container/pan of some sort. Facility's policy on Buckets, red and [NAME] indicated: Frequency: A green bucket with detergent solution and a red bucket with sanitizing solution must be available, changed at least 3 times and every prep area, throughout the workday. Purpose: To ensure food safety Procedure: 3. Red buckets should be filled with sanitizing solution with a clean cloth and kept every prep area. Change solution every 2 hours and the cloths, as needed to remain clean. Sanitizer solution cannot be too hot. Over 100F will lose potency. 4. Use a test strip to check the PPM of the sanitizing solution before use and record at least before preparing every meal (3 times a day) and log accordingly. Facility's policy on Mechanical Ware Washing (Dish Machine) indicated: Policy: The Dish machine should be used in accordance with the manufacturer's specifications. Purpose: To ensure safety Procedure: The proper cleaning and sanitizing of dishes in the dietary department is extremely important to health and safety of residents. It is especially important to follow the guidelines noted below and the requirements of the dish machine.5. The</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>internal temperature of the sanitizing cycle (if a high-temperature machine) or the PPM of the sanitizer (if a low temperature machine) should be tested and logged before washing dishes from each meal to ensure the dish machine is properly sanitizing dishes. Dishwashing Machine Testing strip instruction: 2. If the color [NAME] has turned bright orange, the dishwasher is maintaining the proper temperature.</p>		