

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145669	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/06/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Waukegan		STREET ADDRESS, CITY, STATE, ZIP CODE 2222 Audrey Nixon Boulevard Waukegan, IL 60085	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>40085</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident room was free from pests for 1 of 10 residents reviewed for pest control (R3) in the sample of 10.</p> <p>The findings include:</p> <p>On 5/6/24 at 9:17 AM, V5 (Licensed Practical Nurse/LPN) said there is a problem with roaches in the facility and R3's room is pretty bad. V5 stated, They claim to be spraying but it doesn't seem to be working.</p> <p>On 5/6/24 at 9:32 AM, R4 was sitting in the room of R3 while he was at therapy. R4 said there is a big problem with cockroaches in the room. She showed the surveyor a hole in the bottom wall of the bathroom behind the toilet where the baseboard was also missing, and said roaches come into the room from the hole in the wall. When R3's mini refrigerator and dresser were pulled away from the wall, assorted sizes of bugs scattered up the walls. As R4 and this surveyor were talking she said, Look there's one on his dresser. A large bug was crawling on the blanket that was sitting on top of the dresser and the same bugs were also seen in the closet of the room.</p> <p>On 5/6/24 at 9:45 AM, R3 said his room has had those roaches in it for quite awhile and they claim to be spraying, but it is not helping. R3 said no one had talked to him about moving to a different room at the facility or repairing the hole in the wall.</p> <p>On 5/6/24 at 10:00 AM, V4 (Maintenance Director) came to the room of R3. This surveyor showed V4 the bugs in various places of the room, and he verified they were in fact cockroaches. V4 said he has known about the bugs in the room for a couple weeks and said he has not talked with anyone about sealing of the room, but he will do so now and fumigate it. V4 said staff have not told him recently about the roaches still being in R3's room, and they did not write it down in the maintenance request book.</p> <p>The facility provided Pest Control policy, last revised 9/1/22, shows employees should promptly report all observations of pests in the building and all facility building openings shall be tight-fitting and free of breaks.</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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