

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  06/23/2025
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)
F 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to report abuse allegations to the State Agency for 1 of 4 residents (R2) reviewed for abuse in the sample of 4.</p> <p>The findings include:</p> <p>R2's admission Record, dated 6/17/25, shows R2 is a [AGE] year-old male admitted to the facility on [DATE], with an admitting diagnosis of Amyotrophic Lateral Sclerosis (ALS). R2's current care plan, initiated on 3/31/25, shows R2 is very welcoming, alert, and oriented to person, place, time, and situation.</p> <p>On 6/17/25 at 9:50 AM, R2 said the Certified Nursing Assistant (CNA), V10, tried to break his oxygen concentrator by hitting it, and when she could not break it, she turned it off. R2 said V10 disabled his call light by pulling it out of the wall. R2 said the incident happened prior to 5/20/25, and he thinks it was during the night shift. R2 said he told a male nurse about it, and the nurse was going around getting statements, and they conducted an investigation.</p> <p>On 6/17/25 at 12:45 PM, V1, Administrator, said she did not report R2's allegations to the Illinois Department of Public Health (IDPH) because it was not reportable. V1 said V5, PM Nursing Supervisor, called her around 10:30 PM on 5/28/25 to report R2 told V5 that R2's Certified Nursing Assistant (CNA), V10, unplugged R2's oxygen concentrator and his call light to stop communications with others. V1 said, It's not like a major abuse case; there was nothing to report to IDPH.</p> <p>On 6/17/25 at 12:35 PM, V10 said she got suspended because R2 made allegations against her. V10 said R2 told the nurse she took the call light away from him and out of the wall so he couldn't use it, and called him a devil.</p> <p>On 6/17/25 at 1:11 PM, V2, Director of Nursing (DON), said he received a call from V5 on 5/28/25 between 9:00 PM and 10:00 PM. V5 reported R2 said V10 turned off his oxygen concentrator. V2 agreed if a staff member purposefully turned off a resident's oxygen concentrator, it would be considered abuse. V2 said V10 was asked to leave her shift on 5/28/25, and was suspended during the investigation.</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
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/17/25 at 1:39 PM, V4, Licensed Practical Nurse (LPN), said she was R2's nurse when V10 came to her and told her R2 told V10 that V10 called him a devil. V4 said she went to R2's room and R2 told her V10 turned off his oxygen concentrator and called him the devil. V4 said she reported R2's concerns to the supervisor, V5. V4 said she and V5 called V1 and V2 to report the allegations. V4 said when it comes to any abuse allegations, she should definitely go straight to the Administrator with the allegations and should inform the DON and supervisor too.</p> <p>On 6/17/25 at 2:29 PM, V5 said he was the supervisor when V4 came to him about an issue R2 had with V10. V5 said he spoke to R2 and R2 said V10 made noises behind him, and he felt scared, and he didn't feel safe. V5 said he called V1 and V2 and explained the situation, since V1 is the abuse coordinator. V5 said V1 told him to send V10 home. V5 said if a staff member purposefully turned off a resident's oxygen concentrator or disabled a call light it, would be considered abuse.</p> <p>The facility's Abuse Prevention and Reporting Policy (last revised 10/24/22) shows the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents by filing accurate and timely investigative reports. Any allegation of abuse will be reported to the DPH immediately. Public Health shall be informed that an occurrence of potential abuse has been reported and is being investigated.</p>		