

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 04/22/2026
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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility left R1 eating alone in the bedroom with a small plastic spoon to eat providing no supervision, cuing, or touch assist for 1 of 13 residents (R1) reviewed for Activities of Daily Living in the sample of 13. The findings include: R1's Minimum Data Set (MDS) shows supervision for eating. R1 may need cueing during the meals. R1's MDS, dated [DATE], shows, Eating: supervision or touching assistance, helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. On 04/22/2026 at 12:46PM, R1 was sitting at the overbed table alone in the room, in a wheelchair with the noon meal. R1 was using a small, child sized, plastic spoon. R1 gripped the tiny handle of the plastic spoon with a loose fist. When R1 scooped the food with the spoon, the spoon flexed towards gravity and the food fell off the spoon. R1 did not notice the food falling off the spoon. R1 attempted to take the bite off the spoon. This continued with every other bite, two bites in a row, up to five bites in a row; the food would fall off, R1 expressed frustration. R1 ate 50% of the noon meal. On 04/22/2026 at 12:46PM, R1 stated, I am losing my vision. It is getting hard for me to see. I do not like using the plastic (flatware), what can you do? This is what they give me. I am not able to straighten my fingers out. On 04/22/2026 at 12:53PM, V5, LPN-Licensed Practical Nurse, said, We do not have any metal spoons. We only use plastic ones. I do not know why they use plastic. On 04/21/2026 at 1:15PM, V6, Dietary Manager, said, The kitchen will use plastic when there is not enough metal flatware. Resident Council Minutes, dated 02/18/26, documents, Dietary: two residents complained about receiving plastic ware.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to monitor R1's anticoagulant blood levels, resulting in R1 being hospitalized for 1 of 13 residents (R1) reviewed for medication in the sample of 13. The findings include: R1's Medical Record on 04/21/2026 shows thrombosis of the right upper extremity. R1's Physician's Orders, dated 03/02/2026 shows draw INR (International Normalized Ratio) blood test. R1's Progress Note, dated 03/20/2026 at 3:51PM, shows patient was admitted (to the hospital with a) diagnosis of supratherapeutic INR-International Normalized Ratio blood test. R1's Medical Record on 04/21/2026 shows no results for R1's 03/02/2026 INR blood test order. R1's prior INR result was dated 1/16/26 with an INR 1.2 On 04/21/2026 at 2:18PM, V2, DON-Director of Nursing, said, We had an issue with our lab. (R1's) INR was ordered on 03/02/2026. The blood was drawn on 03/03/2026 but the PT-Prothrombin Time (blood clot formation time) and the INR blood test were not completed. The laboratory orders were placed correctly but the anticoagulation testing was not performed. More INR tests were scheduled for (R1) on 03/13/26, 03/14/26, 03/16/26, 03/17/26, and 03/18/26. No INR results were obtained for those order dates. (R1) was discharged from the facility and admitted to the hospital on [DATE]. R1's hospital discharge instructions, dated [DATE], shows on 03/19/2026, Hospital Laboratory results: PT 96.6 normal value 12.3-15.1 seconds, INR 12.0 normal value is 0.8-1.2. On 04/22/2026 at 10:11AM, V10, Medical Doctor, said, Supratherapeutic INR means too much coumadin. INR levels are used to regulate (R1's) anti-clotting medication. (R1's) therapeutic INR range should be 2-3. A level of 12 can be critical if the patient is bleeding. The elevation could be due to (R1's) diet. I ordered (R1's) INR test frequently at the facility; I never got any of the laboratory results. The facility did not provide a policy at the time of the survey.</p>		