STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145669	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Waukegan	2222 Audrey Nixon Boulevard Waukegan, IL 60085

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure plastic insulated plate bases were air dried prior to stacking and storing. This has the potential to affect all residents receiving food from the kitchen. The findings include: The Centers for Medicare and Medicaid Services Form 671, dated 3/9/26, shows there are 172 residents residing in the facility. Facility provided Diet Type Report, dated 3/9/26, shows there are 16 residents with orders of NPO (nothing by mouth) and they do not receive food from the kitchen. On 3/9/26 at 9:47 AM, three employees were at the dish machine doing dishes. V23 (Dietary Aide) was on the outfeed side of the dish machine and removing clean and sanitized trays, allowing stuff to sit for a minute or two, then placing them onto carts to air dry. V23 removed plastic insulated plate bases from the dish rack, while still wet, stacked them, and placed them in a cart located underneath the outfeed table. On 3/9/26 during the lunch service from 11:37 AM until 12:38 PM, wet insulated plate bases were being pulled from the storage cart and placed onto trays for service. On 3/9/26 at 1:00 PM, V17 (Food Service Director) said all dishes should be air dried before stacking and storing. Facility Mechanical Ware Washing (Dish Machine) policy, no date, states 13. It is especially important to air dry the dishes before stacking. Leave dishes, trays, and other items in the racks before stacking them.

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure residents' rooms were clean, and failed to provide residents with linen for bathing for 5 of 34 residents (R11, R41, R66, R124, R151) reviewed for clean, comfortable homelike in the sample of 34. The findings include: On 03/09/2026 at 10:27 AM, R11 was in bed in her room. There was orange liquid splashed on the wall and on the nightstand next to her bed. R11 showed this surveyor her bed sheet that had multiple areas of orange substance. R11 stated, That's from my meds they gave me this morning; it made a mess. They need to change my sheets. On 03/09/2026 at 10:40 AM, R151 was in bed sleeping. R151's tube feeding was connected and running. There was dried brown tube feeding on the floor next to R151's bed. On 03/10/2026 at 9:43 AM, R151 was in bed sleeping. The dried brown tube feeding was still on the floor next to R151's bed.On 03/10/2026 at 9:52 AM, R11's wall and nightstand were still splattered with orange substance. R11 said they did change her sheets, but they didn't clean the mess over there and pointed to the wall area. R11 said she did not get her bed bath and hair wash last night because they did not have any washcloths or towels. On 03/10/2026 at 10:20 AM, during the group meeting, R41 and R66 both said they did not get showers or baths due to running out of towels and washcloths. R41 said running out of linen has been an ongoing problem for the past 6 months since the facility started doing all laundry in-house. R66 said the garbage in her room was not changed from Friday to Monday of this week. R124 said floor in his room is not mopped. On 03/10/2026 at 10:15 AM, V21 (Environmental Director) said, Last night, the third shift laundry aide came in sick, and I had to send her home so there was no one to do laundry, and that's why there were no towels or washcloths. Sometimes staffing is the issue, or that staff don't know how to get into the locked area where we keep extra linen. Housekeepers are supposed to mop resident rooms daily and if they see spills those should be cleaned up and not left. Garbage in resident rooms is removed daily and as needed by housekeeping or nursing staff.On 03/11/2026 at 11:05 AM, R66 said last month there were no towels so she didn't get shower. R66 said her boyfriend bought her own towel so now that's not a problem for her anymore.ˆOn 03/11/2026 at 11:11 AM, R41 said everyday there is an issue with lack of towels or washcloths. R41 said she likes to have a bed bath daily due to health issues so she had to buy her own towels and washcloths so she could have her daily baths.The facility's Resident Council Minutes for August 2025, September 2025, and February 2026 shows concerns with lack of linen.The facility's Housekeeping Services Policy shows, It is the policy of the facility to maintain a clean, odor free, comfortable, and orderly environment in all health care and public areas, which meet the sanitation needs of the facility and residents right for a safe, clean, comfortable homelike environment. Each resident shall have bed and bath linens that are clean and in good condition.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents that require extensive assistance received showers and personal hygiene care. This applies to 4 of 34 residents (R170, R160, R3, R11) reviewed for activities of daily living in the sample of 34. The findings include: 1.R170's face sheet shows he was admitted to the facility on [DATE], with diagnoses including history of falling, heart disease, atrial fibrillation, anxiety, depression, and unspecified fracture of occiput. On 03/09/2026 at 10:20 AM, R170 was in his room lying in bed. R1 said he was supposed to get a shower on Monday (3/2/26). The aide came to my room and said he would be back, but never came back. The staff told him he cannot shower alone because he's a fall risk. R170's hair was unkept and greasy. R170's facial beard was overgrown and thick. He said he does not keep his beard outgrown and has not shaved since admission. On 03/10/2026 at 9:12 AM, R170 was in his room. R170's hair still unkept and his beard outgrown. He said he was not offered a shower yesterday. On 03/10/2026 at1:09 PM, V26 (Certified Nursing Assistant-CNA) said R170 is a new resident, he is a fall risk, and cannot shower independently. V26 said residents should receive two to three showers a week. Showers are documented in electronic medical records. The 4th floor shower schedule provided on 3/11/26 shows R170's shower days are Monday, Wednesday, and Friday evening. The facility did not provide documentation of R170's shower report. 2. R160's face sheet shows he has diagnoses including hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, type 2 diabetes, peripheral vascular disease, venous insufficiency, and COPD (Chronic Obstructive Pulmonary Disease).On 03/09/2026 at 10:23 AM, R160 was lying in bed. R160's hair was unkept, disheveled, and greasy. He said he has not had his hair washed in a while. On 03/10/2026 at 10:22 AM, R160 was lying in bed. His hair remained unkept and disheveled. The 4th floor shower schedule provided on 3/11/26 shows R160's shower days are Monday, Wednesday, and Friday on day shift. On 3/10/2026 at 1:09 PM, V26 said R160 is alert and oriented, he is dependent on staff for all cares. He receives bed baths and staff should be washing his hair. V26 said, Yeah his hair is bad, it needs to be washed.3.On 03/09/2026 at 10:10 AM, R3 was lying in bed. R3 has overgrown facial hair on her chin, her hair unkept and not brushed. On 03/10/2026 at 9:25 AM, R3 was lying in bed. R3's overgrown facial hair presents on her chin, her hair unkept and disOn 03/10/2026 at 1:09 PM, V26 (CNA) said R3 is dependent on staff for all cares. R3 gets bed baths, and they shave R3's facial hair when it gets long. V26 confirmed her facial hair needs to be shaved. The 4th floor shower schedule provided on 3/11/26 shows R3's room is not listed on the shower schedule. 4. R11 was in bed watching TV. R11's hair appeared greasy and stringy. R11 ran her fingers through her hair and said she was supposed to get bed bath and a hair wash that night. R11 said her hair really needs to be washed. On 03/10/2026 at 9:52 AM, R11 was in bed. R11's hair still appeared greasy and stringy. R11 said she did not get bed bath last night or her hair washed because they did not have washcloths or towels. R11 said it happens often that they don't have towels or washcloths. R11 said she did get her sheets changed but she really wanted a bed bath and her hair washed. ˆOn 03/10/2026 at 9:57 AM, V22 (Laundry Aid) said there were no staff working last night in laundry and that was why there were no towels or washcloths. The facility was unable to provide shower documentation for R11 for 3/9/26.On 3/11/26 at 11:19 AM, V29 (Registered Nurse) said R11 is alert and oriented and needs assistance of two staff for showers.The facility's Shower and Tub Bath Policy revised 2018, states, To ensure resident's cleanliness to maintain proper hygiene and dignity.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review, the facility failed to ensure puree green beans and puree beef stew were served at an appetizing temperature. This affects 4 of 4 residents (R30, R31, R37, R164) reviewed for puree diets in the sample of 34. The findings include: 1. R164's Speech Therapy notes, dated 3/7/26, state R164's recommended food and liquid consistency is pureed foods with slightly thick drinks. On 3/10/26 at 1:44 PM, V16 (Registered Dietitian) said R164 was admitted to the facility on a regular diet then requested to be downgraded to mechanical soft. Then R164 said she wanted to try puree as R164 was still experiencing swallowing difficulties on mechanical soft foods. V16 and V17 (Food Service Director) said a downgraded diet slip was provided to the kitchen over the weekend and R164 was downgraded to puree on 3/7/26. On 3/10/26 at 9:40 AM, R164 said the puree food R164 has been receiving has been cold. On 3/10/26 at 12:23 PM, R164 said R164's lunch came approximately 15 minutes ago and R164 sent it back because it was cold. R164 confirmed it was puree food. 2. Facility provided diet order report, dated 3/9/26, shows R30, R31, and R37 are on pureed diets. On 3/9/26 at 12:38 PM, test trays of the regular meal and the puree meal were plated like normal and sent up to the second floor. At 12:56 PM, all trays for the floor were served and V17 (Food Service Director) took the temperature of the foods. The puree green beans and puree beef stew were both at 98 degrees Fahrenheit. V17 said V17 would prefer the foods to be over 100 degrees Fahrenheit. This surveyor tested the puree green beans and puree beef stew, and neither were hot and were lukewarm.

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on observation, interview, and record review, the facility failed to follow a resident's care plan interventions for communication for 1 of 34 residents (R44) reviewed for accommodation of needs in the sample of 34. The findings include: On 03/09/2026 at 10:15AM, R44 was lying in bed. R44 made several attempts to communicate by moving his mouth and left arm. R44 became frustrated when not understood. R44 then waved a hand in a never mind gesture and looked away. No communication binder was found in R44's room. On 03/09/2026 at 10:15 AM, V9, Certified Nursing Assistant (CNA, said, (R44) did have a communication board. (R44) was moved to a different bed. I do not know where (R44's) communication binder is at.R44's current Care Plan on 03/09/2026 with intervention revised 01/06/2026 shows R44 presents with an alteration in the ability to communicate related to: Impaired cognitive abilities, Impaired speech. Patient communicates via pointing, nodding, and using his communication binder.

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident with an Advanced Directive of Do Not Resuscitate (DNR) had a physician order for DNR for 1 of 34 residents (R4) reviewed for Advanced Directives in the sample of 34. The findings include:R4's Physician's Order Sheet, printed on [DATE], shows an order, dated [DATE], for Full Code. R4's IDPH (Illinois Department of Public Health)-Uniform Practitioner Order for Life-Sustaining Treatment (POLST) Form, dated [DATE], shows R4 wishes to be a DNR.On [DATE] at 1:16 PM, V14 (Licensed Practical Nurse) said if a resident was found pulseless, she would check the order in the system to see if she needed to attempt resuscitation and if it says Full Code she would start CPR. On [DATE] at 1:23 PM, V2 (Director of Nursing) said once a POLST form is completed by the resident or resident representative, the order for DNR is put into the system, if that is what they elect. V2 said the POLST form and order should always match the resident's wishes. V2 said a resident's code status is always discussed at care plan meetings as well. The facility's Advanced Directives Policy shows, If a resident or health care representative indicates an Advanced Directive(s) regarding CPR or DNR/Scope of Treatment (POLST form), the appropriate forms will be completed to indicate their wishes. A written physician's orders shall be specific and address each Advanced Directive(s). Advanced Directive(s) shall be included in the resident's care plan and will be reviewed during the care plan meeting with the resident and/or the resident's legal representative when present.

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, interview, and record review, the facility failed to initiate a resident reported grievance in a timely manner for 1 of 34 residents (R11) reviewed for grievances in the sample of 34.The findings include:On 03/09/2026 at 10:27 AM, R11 was in bed in her room on the third floor. R11 said since she moved to this room from the second floor, she is missing a gray comforter and a green bath towel. R11 said her Guardian Angel (a staff member assigned to round on her) spoke with her this morning and R11 had told her about the missing items. On 03/09/2026 1:18 PM, V1 (Administrator) said there were no grievances reported for March 2026.On 03/10/2026 at 9:52 AM, R11 was in bed in her room said she had not heard anything on her missing items, and no one had been in to talk to her about them after she told her Guardian Angel. R11 said she forgot to tell her Guardian Angel about missing her slippers and her wallet and was going to tell her when she came back to round on her. On 03/11/2026 at 11:15 AM, R11 said her Guardian Angel came in on Monday, and she told her about missing items, and then she also rounded yesterday as well. R11 said yesterday her Guardian Angel wrote down a list and said she would turn it into the Administrator. On 3/11/2026 at 1:12 PM, V12 (Social Services Director) said when a resident has a grievance the information is taken down and a grievance form is filled out and sent down to the Administrator. V12 said the grievance is then forwarded to the manager of the appropriate department to handle the issue. V12 said she would expect the staff receiving the resident grievance to submit the grievance the same day.The facility could not provide a Concern/Compliment form for R11 until the morning of 3/11/2026. This form was dated 3/10/2026The facility's Grievances Policy, dated 11/28/12, shows, To ensure prompt resolution of all grievances with respect to care and treatment which has been furnished as well as that which has not been furnished.

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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review, the facility failed to document medical symptoms and ensure non-pharmacological interventions were implemented prior to starting a resident on Seroquel (anti-psychotic medication) for 1 of 5 residents (R17) reviewed for chemical restraints in the sample of 34.The findings include:R17's Physician's Order shows a phone order, dated 12/24/25, for Seroquel 50 milligrams (mg) -1 tablet twice a day for anxiety was received.R17's Psychiatric Provider Note, dated 10/14/25, shows, Patient seen in room, after breakfast, with hospice staff present. He is alert, able to answer some questions appropriately. He denies depression, anxiety, he has been sleeping well at night, occasional daytime drowsiness. Staff have reported no concerns, no overt s/s (signs/symptoms) of sadness, loneliness noted, no changes in appetite. Patient does not exhibit symptoms of SI (suicidal ideation)/HI (homicidal ideation), patient has been negative for hallucinatory behaviors. Staff have reported patient has been cooperative, compliant with care, medications, no agitation or outburst reported.R17's Nurse Practitioner Note, dated 12/25/25, shows, Vascular dementia, depression/anxiety, insomnia-Per hospice CNA (Certified Nursing Assistant), patient has been trying to get out of bed more on his own, will reinstate his Seroquel at a lower dose of 50 mg BID (twice a day).in-house psychiatry following.R17's electronic medical record (EMR) does not have any behavior notes documented from 10/14/25 to 12/24/25. R17's EMR shows he was last seen by the psychiatrist on 10/14/25. R17's EMR does not document why an order for Seroquel was initiated on 12/24/25.On 3/11/26 at 2:01 PM, V2 (Director of Nursing-DON) said behavior monitoring should be documented in the resident's electronic medical record. V2 said that prior to initiating a new psychotropic medication, there should be documentation in the resident's record regarding behaviors they are having and what non-pharmacological interventions were attempted. V2 (DON) said it is not appropriate to start a resident on a psychotropic medication just because they are trying to get out of bed. V2 said he reviewed R17's medical record and did not see any behaviors documented prior to the 12/24/25 Seroquel order.The facility's Psychotropic Medication-Gradual Dosage Reduction Policy shows, Purpose-To ensure that residents are not given psychotropic drugs unless psychotropic drug therapy is necessary to treat a specific or suspected condition as per current standards of practice.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to report an injury of unknown origin and an allegation of abuse for 2 of 34 residents (R31, R133) reviewed for abuse in the sample of 34. The findings include: 1.On 03/09/2026 at 11:47 AM, R31 was lying in bed with a left frontal hematoma and abrasion to the head. R31 did not respond to verbal stimulation due to his impaired cognition.On 03/09/2026 at 11:55AM, V4 (Certified Nursing Assistant-CNA) stated, I am not sure how (R31) was injured. I am a float CNA. I do not work with (R31) often. On 03/10/2026 at 9:39 AM, V1 (Administrator) stated, I did not know about (R31's) injury until yesterday (03/09/2026) when you asked. I have not talked to the staff yet. On 03/10/2026 at 9:42 AM, V6 (CNA) stated, (R31) had bruising to the head when I started my shift on Thursday (03/05/2026).On 03/10/2026 at 9:55 AM, V8 (Registered Nurse-RN) stated, I saw (R31's) bruise on Sunday (03/08/2026). I did not report the wound; the wound was not new; it was in the healing stage. I do not remember seeing the wound on Saturday (03/07/2026). I did not receive any information during nurse-to-nurse report about (R31's) injury. On 03/10/2026, R31's latest New Skin Condition assessment, dated 12/25/2025, shows, no injury. R31's Wound Rounds record on 03/10/2026 shows no active wounds. R31's Nurse Practitioner Assessment, dated 03/04/2026 at 8:22AM, shows Head: Normocephalic. R31's MDS-Minimum Data Set, dated [DATE], shows: 00-severe cognitive impairment. (R31) requires substantial/maximal assistance, helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort when (R31) is rolling left or right in bed, sit to lying, lying to sitting. The helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity of standing, transferring from the bed to the chair, or transferring from the chair to the bed.On 03/09/2026 at 12:15PM, 03/10/2026 at 9:39 AM, and 03/11/2026 at 10:00AM, V1 (Administrator) was asked to provide R31's initial hematoma and abrasion investigation to this surveyor.On 03/11/2026 at survey exit, V1 (Administrator) did not provide any documents related to R31's Injury.2. On 03/09/2026 at 12:32 PM, V31 (R133's sister) was sitting at the bedside of R133. V31 said her mom had an issue on Friday (3/6/26) with one of the CNAs that was helping R133. V31 said R133 needed to be changed and when she went and got the CNA, the CNA acted mad since she had just changed R133 and he had a bowel movement again. V31 said the CNA was rude and abrupt with her mom, and then when the CNA was rolling R133 to the side, the CNA grabbed R133 harshly and pushed him so fast that his leg went over the bed. V31 said another family member, who was with her mom, ran up and grabbed R133's leg. V31 said her mom was so upset because of the incident, she was crying in the hallway. V31 said V30 (Human Resources) came out and asked her what was wrong and talked to her mom about what happened. V31 said V30 took her mom's statement but she hasn't heard anything about it since. On 3/09/2026 at 2:06 PM, V30 Human Resources Director said R133's mom was in the hallway and was upset. V30 said R133's mom reported to her the CNA was rough to R133 and rude to her. V30 said she got V1, Administrator, and they both started an investigation and interviewed the CNA (V32) involved. V30 said she thought it was abuse at first and that is why she got V1. V30 said she was not sure what V1 did after that with the investigation. On 03/10/2026 at 1:43 PM, V1 said, An allegation that staff is rough and rude would be reported to me or a nurse supervisor as an allegation of abuse to be investigated per policy. When asked again, V1 said she had no abuse investigations pending for March 2026. When asked about the concerns family reported to V30 about V32 being rough and rude to R133, V1 said yes, the situation had been reported to her. V1 said she talked to R133's mom and V31 and took statements. V1 said she did a soft file file on the incident. V1 said she spoke to V32 (CNA) and R133's nurse that day but she didn't do other staff or resident interviews. V1 said she was not looking at the incident as abuse so didn't do an abuse investigation and report it. V1 said based on the (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	interviews and investigation that she did, it was a customer service issue. V1 said she sent V32 home, but not because she was following abuse policy just because there was only 5 or so minutes left of V32's shift. V1 said she told R133's mom that R32 would not be assigned to R133 again.On 03/11/2026 at 10:45 AM, V1 provided her soft file for R133. The soft file contained statements from R133's mother, V31, V32 (CNA), and other staff. The file also contained resident interviews about care from staff (components of an abuse investigation) and a grievance form. V1, when asked about the grievance form and why she didn't provide this when asked two days prior if there were any abuse or grievances for March, said she forgot it was in this file. The facility's Abuse and Retaliation Policy Prevention Program, dated 1/2026, shows, Any allegation of abuse, retaliation, or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any Incident or allegation involving abuse, neglect, exploitation, retaliation, mistreatment, or misappropriation of resident property will result in an investigation.

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	145669	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Waukegan	2222 Audrey Nixon Boulevard Waukegan, IL 60085

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to refer a resident for a Preadmission Screening and Resident Review (PASARR) Level II evaluation after a new diagnosis of psychosis for 1 of 5 residents (R17) reviewed for PASARR in the sample of 34. The findings include:R17's Face Sheet shows he admitted to the facility on [DATE], with diagnoses of generalized anxiety disorder and major depression. R17's Face Sheet shows he received the diagnosis of Psychosis not due to substance or known physiological condition on 1/30/24 during his stay. R17's PASARR Level 1 Screening, dated 10/3/22, shows he does not have any serious mental illness diagnoses and a Level 2 screen is not indicated. On 3/11/2026 at 11:15 AM, V28 (Social Service Coordinator) said corporate does PASARR screening for residents prior to admission. V28 said she is not sure who checks them for accuracy. V28 said if a resident receives a new severe mental illness diagnosis, corporate will refer them for a PASARR level II evaluation. V28 said she is not sure how corporate is notified of any new diagnoses. V28 said corporate did contact her in February and told her to do a PASARR for R17 but she was having issues with the system. V28 said a new diagnosis of psychosis would require a PASARR Level II evaluation.The facility's Preadmission Screening and Annual Resident Review (PASARR) Policy shows, The facility will refer all level II residents and all residents with newly evident or possible serious mental illness disorder, intellectual disability, or related condition for a level II review upon significant change in status assessment to the state PASSAR representative.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure a resident with dysphagia was supervised during meals. This applies to 1 of 34 residents (R141) reviewed for safety in the sample of 34. The findings include: R141's face sheet shows he has diagnoses including dysphagia, hemiplegia and hemiparesis following non traumatic subarachnoid hemorrhage affecting right dominant side, type 2 diabetes, and carpal tunnel syndrome left upper limb. R141's Physician Order Sheets, dated March 2026, shows orders for mechanical soft diet and nectar thick liquids. On 03/09/2026 at 12:17 PM, R141 was eating in his room during the noon meal. R141 was sitting in his wheelchair with his meal tray on his bedside table. He was served beef stew and green beans. R141 was drinking water (not thickened) and coughing after water and bites of food. On 03/10/2026 at 1:00 PM, V27 (Certified Nursing Assistant) said, (R141) is on the list to be supervised and assisted during meals for safety. (R141) is on mechanical altered diet and nectar thickened liquids, he should not be eating in his room unsupervised.R141's current care plan does not include his dysphagia diagnosis or interventions implemented.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, interview, and record review, the facility failed to ensure a resident's indwelling urinary catheter was secured to prevent pain and/or injury for 1 of 5 residents (R1) reviewed for urinary catheters in the sample of 34.The findings include:On 03/09/2026 at 10:19 AM, R1's urinary drainage bag tubing was hanging off the bed. The drainage tubing was being fully supported by the indwelling urinary catheter inside of R1's bladder. R1 did not have an external securing device for the indwelling urinary catheter. On 03/09/2026 at 10:22 AM, V9 (Certified Nursing Assistant) said, (R1's) catheter securing device may have fallen off.On 03/10/2026 2:29 PM, V10 (Licensed Practical Nurse) said, We use catheter securing devices. It prevents yanking on the catheter that may cause the catheter to come out of the urinary urethra causing damage or pain to a resident.The facility's Urinary Catheter Care policy, revised 02/14/2019, shows, indwelling catheters may be secured to prevent trauma and tension.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview, and record review, the facility failed to provide nutritional supplements for a resident at risk for weight loss. This applies to 1 of 6 residents (R141) reviewed for weight loss in the sample of 34. The findings include: R141's face sheet shows he has diagnoses including dysphagia, hemiplegia and hemiparesis following non traumatic subarachnoid hemorrhage affecting right dominant side, type 2 diabetes, and carpal tunnel syndrome left upper limb. On 03/09/2026 at 12:17 PM, R141 was eating in his room during the noon meal. R141 appeared thin and underweight. R141 was served beef stew and green beans. There was no frozen nutritional supplement provided with his meal. On 03/10/2026 at 1:00 PM, V27 (Certified Nursing Assistant-CNA) said the frozen nutritional treats should come on the resident's meal tray from the kitchen. R141's dietary note, dated 1/10/26, documents he is underweight at 103 lb (pounds) continue supplements frozen nutritional treat and nutritional shake twice a day. R141's current care plan shows he is at risk for compromised nutritional status with interventions to provide dietary supplements.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to obtain weights for a resident with a gastrostomy tube for 1 of 7 residents (R191) reviewed for gastrostomy tubes in the sample of 34.The findings include: On 03/09/2026 at 10:06 AM, R191 was in bed sleeping. R191's gastrostomy tube was connected to the feeding pump. Osmolite 1.2 was running at a rate of 70 cubic centimeters (cc)/hour.On 03/10/2026 at 1:19 PM, V2 (Director of Nursing) said resident weights are checked on admission, weekly x 4 weeks to get the residents baseline weight, and then monthly. V2 said for residents on gastrostomy tube feedings, the Dietician needs weights to make sure the tube feeding is meeting the caloric needs of residents.R191's Weights and Vital Summary, dated 3/10/26, shows the only weight obtained for R191 was done on 3/10/26.R191's Physician Orders (POS) for March 2026 shows R191 was admitted on [DATE]. This same POS shows orders Weigh upon admission & weekly x 4 and weigh monthly and record. This POS shows R191 is NPO (nothing by mouth) for diet and Enteral feed order every shift Osmolite 1.2 at 70 milliliters (ml)/hr.The facility's Enteral Nutrition-Tube Feeding Policy dated 2020 shows, Monitoring of the individual's actual intake and tolerance of tube feeding is important to ensure that nutritional goals are met and maintained. Monitoring of the individual with tube feedings is and interdisciplinary team effort an includes-Enteral feed is being delivered as ordered by physician and weight.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, interview, and record review, the facility failed to ensure a resident's oxygen was administered according to physician orders for 1 of 9 residents (R162) reviewed for oxygen in the sample of 34.The findings include:On 03/09/2026 at 9:59 AM, R162 was sleeping in bed wearing a nasal cannula. R162's oxygen concentrator was set at 5 Liters (L).On 03/10/2026 at 9:38 AM, R162 was in bed watching TV with a nasal cannula on. R162's oxygen concentrator was set at 5 Liters.On 03/10/2026 at 1:19 PM, V2 (Director of Nursing) said the nurse should follow the oxygen order in Physician Orders when setting the level of oxygen being administered. Residents can have respiratory issues if oxygen is set too high.R162's Physician Orders dated 6/18/2025 shows, On 3L/min of oxygen via nasal cannula.The facility's Oxygen Therapy Policy, dated 12/1/2024, shows, It is the policy of this facility that oxygen shall be used in a safe and effective manner in accordance with applicable rules and regulations and the standard of care. Set-up and administration of oxygen: Attach the nasal cannula/mask to the oxygen source and turn the flow meter to the ordered flow rate.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident?s drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to discontinue an antibiotic as ordered for 1 of 34 residents (R57) reviewed for unnecessary medication in the sample of 34.The findings include:R57's Face Sheet shows that he admitted to the facility on [DATE], with diagnoses of: acquired absence of right great toe, right toes, left great toe and osteomyelitis.R57's Hospital Discharge Medications, dated 2/8/26, shows an order for cephalexin 500 milligrams (mg)-1 capsule 4 times a day for 7 days.R57's February and March Medication Administration Record shows that he received cephalexin 500mg-1 capsule four times a day from 2/8/26 to 3/11/26. R57's Infectious Disease Nurse Practitioner Note, dated 2/23/26, shows, Patient is on cephalexin 500 mg po (by mouth) four times a day, no end date: however, according to hospital records it was supposed to be only for 7 days. Will verify with nursing staff if someone extended. At present, the patient is clinically stable: afebrile, vital signs stable, no signs or symptoms of systemic infection. There is a potential medication management risk related to cephalexin duration, as hospital records indicate a 7-day course; clarification is needed to determine whether therapy was appropriately extended.On 3/11/2026 at 9:18 AM, V13 (Infection Preventionist) said when a resident admits with antibiotic orders, the nurse should be put the medication in the system with the appropriate stop date. V13 said she did not notice R57 had a duration on his discharge papers. V13 said R57 should have stopped the cephalexin after 7 days. V13 said no one had spoken to her in the past regarding R57's antibiotic. The facility's Antibiotic/Antimicrobial Stewardship Program Policy shows, This program help ensure that our residents get the right antibiotics a the right time for the right duration.The facility will work towards implementing an antibiotic review process, also known as an antibiotic time-out, for all antibiotics prescribed in the facility with the cooperation of the physician. Antibiotic reviews provide clinicians with an opportunity to reassess the ongoing need for and choice of antibiotic when the clinical picture is clearer and more information is available.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to administer medications as ordered for 2 of 3 residents (R4, R71) reviewed for medication administration in the sample of 34. This failure resulted in 6 errors out of 30 opportunities resulting in a 20% medication error rate.The findings include:1.R4's March 2026 Medication Administration Record (MAR), documents, Metoprolol Succinate Extended Release 50 milligrams; give 1 tablet by mouth once a day, hold medication if resident's heart rate (pulse) is less than 60 beats per minute.On 3/9/26 at 10:02 AM, V15 (Registered Nurse-RN) administered 50 milligrams of Metoprolol to R4. V15 did not assess R4's pulse prior to administering the medication. V15 stated the last time she assessed R4's pulse was around 8 am on 3/9/26. On 3/9/26 at 12:40 PM, V2 (Director of Nursing-DON) stated as per the physician's order, R4's pulse should be checked immediately prior to administering her Metoprolol medication. 2. R71's March 2026 Medication Administration Record (MAR) showed the following medication orders for R71:Duloxetine 60 milligrams (mg); give 1 capsule two times a day at 9 AM and 6 PM.Metoprolol Tartrate 25 mg; give 1/2 tablet every 12 hours at 9 AM and 9 PM.Mucinex Extended Release 12 Hour 600 mg; give 1 tablet two times a day at 9 AM and 6 PM.Buprenorphine 2 mg; give 1 tablet three times a day at 9 AM, 2PM and 9 PM.Topamax 50 mg; give 1 tablet three times a day at 9 AM, 2 PM and 6 PM. On 3/9/26 at 10:30 AM, V14 (Licensed Practical Nurse) administered doses of Duloxetine, Metoprolol, Mucinex, Buprenorphine, and Topamax to R71. On 3/9/26 at 12:40 PM, V2 (DON) stated medications should be administered as per physician order. V2 stated medication administration is considered late if a medication is administered later than one hour after its scheduled time. The facility's Medication Administration policy, dated 10/25/14, showed the Five Rights of medication administration are to be followed when administering medications which include the right resident, right drug, right dose, right route, and right time. The policy showed, Medications are administered in accordance with written orders of the prescriber. Medications are administered within 60 minutes of scheduled time.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on observation, interview, and record review, the facility failed to ensure psychotropic medications were reordered before running out, resulting in missed doses of lithium and lorazepam for a resident. This applies to 1 of 34 residents (R135) reviewed for medications in the sample of 34. The findings include: On 3/10/26 at 9:03 AM, R135 was lying in bed with a calm demeanor and said there have been a few occasions where R135 missed doses of his lorazepam. R135's Medication Administration Record (MAR) for February 2026 shows R135 missed one dose of Lorazepam on 2/5/26, two doses on 2/26/26, and one dose on 2/27/26. R135's MAR for February 2026 also shows R135 missed two doses of lithium on 2/1/26. R135's February 2026 electronic MAR (eMAR) progress notes show the reason for the missed doses all state awaiting delivery. On 3/10/26 at 1:33 PM, V18 (Licensed Practical Nurse- LPN) said if a resident runs low on a medication, V18 calls the pharmacy. If the resident is already out of a medication, V18 would call and receive an order to retrieve the medication from the locked medication dispensing machine if the medication is available. If the medication is not available in the locked medication dispensing machine, V18 would call the pharmacy to get a STAT (immediate) delivery of the medication for the resident. V18 said the pharmacy does not automatically send medications before they run out and the facility nursing staff must call or fax the pharmacy for refills to be sent. On 3/11/26 at 11:51 AM, V20 (Physician) said R135 has a diagnosis of schizoaffective disorder and receives lithium and lorazepam to manage associated symptoms. R135 said there would be no harm done to R135 for having missed the above doses of lithium or lorazepam. On 3/11/26 at 12:24 PM, V24 (Nurse Practitioner- Psych) said V24 was aware of R135's missed lithium doses and was told by the facility it was an error on the pharmacy. V24 aid R135 is not a candidate for a gradual dose reduction and R135 is dependent upon his lithium and lorazepam to stabilize R135's mood. V24 also prescribed R135 an additional mood stabilizer recently to assist with R135's overall mood. V24 was not happy that R135 missed doses, but V24 stated she did not believe it would cause any harm to R135 or others. The facility's IC3 Ordering and Receiving Non-Controlled Medications From the Dispensing Pharmacy policy, dated 10/25/14, states, 4) Reordering of medications is done in accordance with the order and delivery schedule developed by the pharmacy provider(s). Quantities of medications sent from the pharmacy may vary in accordance with payer status, insurance plan, or law. Examples include Medicare A vs. Medicaid, plan limitations on quantities under Medicare part D, and quantity ordered by the prescriber. Reorder medication four (4) days in advance of need, as directed by the pharmacy order and delivery schedule, to assure an adequate supply is on hand.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review, the facility failed to ensure staff provided prescribed therapeutic diets. This applies to 2 of 34 residents (R141, R164) reviewed for therapeutic diets in the sample of 34.The findings include:1.R141's face sheet shows he has diagnoses including dysphagia, hemiplegia and hemiparesis following non traumatic subarachnoid hemorrhage affecting right dominant side, type 2 diabetes, and carpal tunnel syndrome left upper limb. On 03/09/2026 at 12:17 PM, R141 was eating in his room during the noon meal. R141 was served beef stew and green beans and two cups of thin liquids. R141 took a sip of water and started coughing. R141 continued to drink his water (not thickened) and requested more water. At 12:25 PM, V4 (Certified Nursing Assistant-CNA) poured water into a cup from the water pitcher on the drink cart. V4 did not add thickener to the water and delivered the water to R141 (there was no thickener solution located on the drink cart). On 03/10/2026 at 1:00 PM, V27 (CNA) said the floor aides pass liquids to the residents. The CNAs thicken the liquids according to their diet. V27 confirmed R141 is on nectar thick liquids. R141's Physician Order Sheets, dated March 2026, shows orders for mechanical soft diet and nectar thick liquids. The facility's On Tray Dietary Policies and Procedures dated 2025, states, The Dietary Department should serve therapeutic and modified diets as prescribed. 2. R164's Speech Therapy notes, dated 3/7/26, state R164's recommended food and liquid consistency is pureed foods with slightly thickened drinks. On 3/10/26 at 1:44 PM, V16 (Registered Dietitian) said R164 was admitted to the facility on a regular diet then requested to be downgraded to mechanical soft. Then R164 said she wanted to try puree as R164 was still experiencing swallowing difficulties on mechanical soft foods. V16 and V17 (Food Service Director) said a downgraded diet slip was provided to the kitchen over the weekend and R164 was downgraded to puree on 3/7/26. Facility provided diet order report, dated 3/9/26, shows R164's diet order as mechanical soft. On 3/10/26 at 12:23 PM, R164 said R164's lunch came approximately 15 minutes ago and R164 sent it back because it was cold. R164 confirmed it was puree food. On 3/10/26 at 1:20 PM, R164 was sitting upright in bed eating a can of chili. R164 said the certified nursing assistant (CNA) heated it up. On 3/10/26 at 2:32 PM, V19 (CNA) said before heating the soup for R164, V19 did not know that R164 was supposed to be on puree. V19 said the last time V19 worked with R164, R164 was not on a pureed diet.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure enhanced barrier precautions (EBP) were implemented for a resident who has a pressure ulcer to prevent cross contamination. This applies to 1 of 34 residents (R170) reviewed for infection control in the sample of 34. The findings include: On 03/09/2026 at 10:20 AM, R170's room did not have a EBP sign or isolation cart outside of his room. R170 said he has sore on his right heel. A protective foam dressing was in place to his right heel. On 03/10/2026 at 9:12 AM, R170 did not have an EBP sign posted or isolation cart outside of his room. R170's Physician Order Sheets, dated March 2026, shows there was no order for EBP until 3/10/26. R170's Wound Progress note, dated 3/2/26, shows an unstageable right heel pressure ulcer measuring 1.0 cm (centimeters) x 1.0 cm. Date identified 2/19/26, present on admission. On 03/11/2026 at 9:20 AM, V13 (Infection Control Preventionist) said residents with open wounds should be placed on EBP. V13 confirmed R170 should have been on EBP. The facility's EBP policy, revised 2024, does not include residents with open wounds are placed on EBP.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to screen, educate, and offer the influenza immunization to a resident upon admission to the facility. The facility failed to administer a pneumococcal immunization to a resident once the resident consented to receiving the immunization. These failures apply to 1 of 5 residents (R163) reviewed for immunizations in the sample of 34.The findings include:R163's admission Record showed R163 was admitted to the facility on [DATE].R163's Immunization Record printed 3/10/26 showed R163 was not screened for, educated on, or offered the influenza immunization until 3/10/26. The record showed R163 has never received a pneumococcal immunization in the facility. R163's Authorization and Release for Pneumococcal form, dated 9/22/25, showed R163 consented to receiving a pneumococcal vaccine on that date after being screened for and educated on the immunization. On 3/10/26 at 1:14 PM, V13 Infection Preventionist (IP) stated residents should be screened for, educated on, and offered influenza and pneumococcal immunizations upon admission to the facility. V13 stated R163 was not offered the influenza immunization until 3/10/26. V13 stated R163 consented to receiving the pneumococcal immunization upon admission to the facility on 9/22/25, however, R163 had never received the immunization. V13 stated, (R163's) immunizations must have gotten missed.The facility's Influenza and Pneumococcal Immunizations policy, dated 4/21/2, showed the immunizations will be offered to residents upon admission to the facility after the resident and/or resident representative has received education on the immunizations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145669	A. Building B. Wing	03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Waukegan	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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to screen, educate, and offer the COVID immunization upon admission to the facility for 2 of 5 residents (R123, R163) reviewed for immunizations in the sample of 34.The findings include:R123's admission Record showed R123 was admitted to the facility on [DATE].R123's Immunization Record, printed on 3/10/26, showed R123 was not screened for, educated on, or offered a COVID immunization until 3/10/26.R163's admission Record showed R163 was admitted to the facility on [DATE].R163's Immunization Record printed 3/10/26 showed R163 was not screened for, educated on, or offered a COVID immunization until 3/10/26.On 3/10/26 at 1:14 PM, V13 Infection Preventionist (IP) stated residents should be screened for, educated on, and offered the COVID immunization upon admission to the facility. V13 stated R123 and R163 were not offered the immunization until 3/10/26.