

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145671	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2025
NAME OF PROVIDER OR SUPPLIER Elevate Care South Holland		STREET ADDRESS, CITY, STATE, ZIP CODE 16300 Wausau Street South Holland, IL 60473	

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 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>46560</p> <p>Based on observation, interview and record review, the facility failed to ensure the ice scoop is stored outside of the ice cooler box for the 2nd floor. This failure has the potential to affect all 45 residents currently residing on the 2nd floor.</p> <p>Findings include:</p> <p>On 04/24/2025 at 10:50AM during observation with V13 (Certified Nursing Assistant), the ice scoop of the cooler box on the 2nd floor was inside the cooler box and no separate container outside the cooler box was noted.</p> <p>On 04/24/2025 at 10:56AM during observation with V11 (Director of Food Services), the ice scoop of the cooler box on the 2nd floor was again inside the cooler box and no separate container outside the cooler box was noted.</p> <p>On 04/24/2025 at 10:50AM during interview with V13, V13 stated that the ice scoop should have a separate container outside the cooler box to place it in and should not be inside the cooler box.</p> <p>On 04/24/2025 at 10:56AM during observation with V11, V11 stated that ice scoops should be placed outside the cooler box in a separate container to prevent contamination of ice.</p> <p>On 04/24/2025 at 11:15AM during interview, R4 stated that he has been getting his own ice from the ice cooler on 2nd floor and the scoop has always been inside the cooler.</p> <p>Review of facility's undated policy entitled Ice Machine and Scoop indicated the following:</p> <p>Policy: The ice machine should be deep-cleaned quarterly by maintenance, and spot-cleaned weekly by kitchen staff. Scoop should be cleaned daily and as needed.</p> <p>Purpose: To ensure food safety and sanitation</p> <p>Procedure:</p> <p>5. The ice scoop should be washed, rinsed, and sanitized in the three-compartment sink daily, and stored outside of the ice bin covered or in a holder on the side of the ice bin.</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
---	-------	-----------