

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 12/04/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow policy procedures, failed to follow the LALM (Low Air Loss Mattress) manufacturer guidelines, failed to implement care plan interventions, failed to ensure that a LALM (Low Air Loss Mattress) in use was functioning properly, failed to ensure that the LALM was on the correct settings, failed to transcribe wound care orders in the POS (Physician Order Sheets) and TAR (Treatment Administration Record), and/or failed to follow physician orders for three of four residents (R2, R3, R4) reviewed for pressure ulcers. Findings include: On 12/2/25 at 12:43pm, surveyor inquired about requirements for LALM use. V4 (Wound Care Nurse) stated, We (facility) use the low air loss mattress if they're (residents) high risk for wounds depending on their (risk assessment for developing skin integrity impairment) score. The patient can have a flat sheet with a brief or a flat sheet with the pad, it can't be both. R3 was admitted on [DATE] with diagnoses which include (Stage 4) sacral pressure ulcer measuring 8 x 7 x 0.8cm (centimeters). R3's (11/17/25) risk assessment for developing skin integrity impairment determined a score of 15 (at risk). R3's (11/28/25) physician wound assessment includes (Stage 4) sacral pressure ulcer. Treatment recommended on 11/28/25: Clean with: Dakins 1/2 strength. Apply Collagen, and Calcium Alginate. Cover with foam/dry dressing daily and PRN (as needed). R3's POS includes (11/5/25) LALM in use check for proper functioning and settings every shift. (11/28/25) Wound Care (Sacrum) cleanse with NS (Normal Saline), pat dry, apply collagen, Calcium Alginate, cover with border gauze/dry dressing daily and PRN - which is incongruent with R3's (11/28/25) physician recommended treatment orders. R3's (November 2025) TAR affirms administered sacrum treatments (on or after 11/28/25) exclude clean with Dakin's 1/2 strength therefore (11/28/25) recommended physician orders were not transcribed and/or followed. R3's (11/18/25) care plan includes pressure injury to sacrum, interventions: LALM in place with appropriate settings and functioning properly. On 12/2/25 at 1:42pm, surveyor inquired about R3's current sacrum treatment orders. V5 (Wound Care Nurse) stated, Clean with normal saline, apply Calcium Alginate, Collagen, dry dressing daily. We (staff) did it this morning [Dakins 1/2 strength was excluded]. Surveyor subsequently entered R3's room. R3 was lying atop of a LALM with the settings on 250 pounds however he appeared very thin and emaciated. Surveyor inquired if R3 weighs 250 pounds. V5 responded, No. Surveyor inquired why R3's LALM was set on 250 pounds. V5 replied, It actually, starts with 250 and affirmed that R3's LALM settings don't go below 250 pounds. V4 (Wound Care Nurse) stated, We (staff) did an audit today to make sure they (residents) can get the right mattress. Surveyor inquired when R3 was admitted. V4 responded, He's been here for 3 weeks. V5 removed R3's sacrum dressing and affirmed His wound is stable, that's how it is when he (R3) came here. On 12/2/25 at 1:59pm, surveyor requested R3's current weight. V4 (Wound Care Nurse) reviewed R3's EMR (Electronic Medical Record) with surveyor and stated, It was 121.1 on 12/1/25. Surveyor inquired about concerns with the current settings on R3's LALM V4 responded, It starts at 250 and he's (R3) not 250 pounds. R4's diagnoses include (Stage 4) sacral pressure ulcer. R4's (10/16/25) risk assessment for developing skin integrity impairment determined a score of 11 (high risk). R4's (11/28/25) physician wound assessment includes Sacral (Stage 4) pressure ulcer measuring 5.1 x 3.4 x 0.6cm (centimeters). Exudate: serous, light. Treatment recommended on 11/28/25 - for 30 days: clean with NS (Normal Saline). Apply Calcium Alginate and Metrogel. Secure with dry dressing 3 times weekly and PRN. R4's POS includes (8/26/25) LALM in use check for proper functioning and settings every shift. (11/14/25) Hydrogel Gel (wound dressing) apply to sacrum every Monday, Wednesday, Friday after cleansing with NS - which is incongruent with R4's (1/28/25) physician recommended treatment orders. R4's (November 2025) TAR affirms administered sacrum treatments (on or after 11/28/25) exclude Calcium Alginate therefore (11/28/25) recommended physician orders were not transcribed and/or followed. R4's (6/23/23) care plan includes sacrum pressure injury, interventions: LALM in place with appropriate settings and functioning properly. During care place mattress setting on static for safety and return to appropriate settings once care is completed. On 12/2/25 at 2:22pm, surveyor inquired about R4's current sacrum treatment V5 (Wound Care Nurse) reviewed R4's EMR and stated, Hydrogel and dry dressing every other day, it was changed yesterday [prescribed Calcium Alginate - which absorbs exudate, was excluded]. Surveyor subsequently entered R4's room. R4 was lying atop of a LALM however the static button was affirmed to be broken - the light remained off when V4 (Wound Care Nurse) pressed the button on and off. Surveyor inquired if R4's LALM cells appeared to be alternating. V5 (Wound Care Nurse) responded, No. I</p>		