STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145683	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Abington	3901 Glenview Road Glenview, IL 60025

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40798 Based on interview and record review, the facility failed to ensure a resident at risk for falls was supervised and assisted while in the bathroom for 1 of 4 residents (R1) reviewed for safety in the sample of 7. This failure resulted in R1 being sent to the hospital after sustaining a laceration to his head which required staples. The findings include: R1's Admission Record dated 4/5/24 shows he was admitted to the facility on [DATE]. R1's diagnoses includes, but are not limited to, Parkinson's disease, neurocognitive disorder with Lewy bodies, dementia, left foot drop, and abnormalities of gait and mobility. R1's Minimum Data Set (MDS) dated [DATE] shows R1 has severely impaired cognition and is completely dependent on staff assistance for toileting hygiene, shower/bath, dressing, putting on/taking off footwear, and personal hygiene. R1's care plan initiated on 7/31/23 shows he is at high risk for falls due to generalized weakness and cognitive impairment secondary to dementia and R1 will not sustain minor/serious injury. On 4/5/24 at 10:50 AM, V8, Certified Nursing Assistant (CNA), said he was taking care of R1 (3/25/24) that evening after dinner around 6:30 PM. V8 said he was getting R1 ready for bed and sat R1 on the toilet. V8 said he left R1 to attend to R1's roommate and when he returned to assist R1, R1 had gotten off the toilet and was on the floor in the bathroom with his head bleeding. V8 said R1 needs assistance with everything, he does not walk, he is a fall risk, and he needs to have someone with him when he is in the bathroom. On 4/5/24 at 11:02 AM, V9, Registered Nurse (RN), said he was the nurse when R1 fell (3/25/24). V9 said a CNA came and got him and he went to R1's room. R1 was lying on the floor in his room outside of the bathroom. V9 said R1 was bleeding and had a five-centimeter (cm) laceration to the back, right side of his head. V9 said they called 911 and sent R1 to the hospital. V9 said R1 is a fall risk and is dependent of staff assistance for toileting. V9 said R1 needs to be with a staff member when he is in the bathroom and should not be in the bathroom alone. V9 said he was still in the facility when R1 returned from the hospital. V9 said R1's head laceration was closed with staples. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145683	A. Building B. Wing	04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elevate Care Abington	3901 Glenview Road Glenview, IL 60025

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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 0689 Level of Harm - Actual harm Residents Affected - Few	R1's Nurse's Note from 3/25/24 at 6:45 PM shows the CNA observed R1 lying on the floor with noted bleeding over the right occipital area and when the nurse did a skin assessment, a five cm laceration was noted to the right occipital area and abrasions to the right knee. The nurse called the paramedics for emergency transfer to the acute care hospital for further evaluation and management. R1's Nurse's Note from 3/26/24 at 6:33 AM shows R1 returned from the emergency department at 11:10 PM (on 3/25/24) with sutures and staples on his right occipital area. The facility's Long-Term Care Facility & IID-Serious Injury Incident and Communicable Disease Report dated 3/29/24 at 3:00 PM shows R1 had a fall with physical harm or injury on 3/25/24 at 6:30 PM. It also shows staff interviews indicate R1 was assisted to the bathroom whereby he was left sitting on the toilet unattended while the CNA remained outside the bathroom door. When the CNN heard a thud, the CNA returned to find R1 on the floor. R1 was transported to the emergency department via 911 ambulance and later returned to the facility with staples to his head laceration. The facility's Fall Prevention Program Policy (revised 11/21/17) shows, Residents who require staff assistance will not be left alone after being assisted to bathe, shower, or toilet.