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	04/30/2026

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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. Based on interview and record review, the facility failed to protect one resident's (R1) right to be free from physical abuse, out of four residents investigated, by not adhering to its own abuse prevention policy when a staff member kicked R1 on his leg while he was lying in bed. Findings include:R1 is an eighty-seven-year-old resident of the facility with a Brief Interview for Mental Status (BIMS) score of 14/15, and medical diagnosis including but not limited to peripheral vascular disease; encounter for surgical aftercare following surgery on the genitourinary system; benign prostatic hyperplasia with lower urinary tract symptoms; multiple sclerosis; hypertensive heart disease without heart failure; atherosclerotic heart disease of native coronary artery without angina pectoris; trigeminal neuralgia; history of falling; personal history of transient ischemic attack, and cerebral infarction without residual deficits; and adjustment disorder with depressed mood. On 04/29/2026 at 12:03 PM, R1 said one day about two months ago, he was yelling for assistance because he could not find his call light. R1 said V3 (CNA) entered his room and told him to stop yelling and to be quiet. R1 said V3 then kicked him twice on his leg. R1 said it felt like it was a kick to get his attention. R1 said he then thought to himself, I'm not able to defend myself. R1 said V3 left without assisting him. On 4/29/2026 at 12:12 PM, V4 (Caretaker) said he spoke with V3 on 02/02/2026, and V3 told him he kicked R1, who was in bed. V4 said V3 told him he and R1 were a little frustrated; so, in frustration, V3 tried to kick R1's bed but ended up kicking R1's leg, instead. V4 said he then told V6 (RN). On 04/29/2026 at 12:43 PM, V3 said he did not recall the alleged incident with R1; however, since R1 had always been in bed whenever V3 had been in his room, it was possible he may have run into his bed, inadvertently. On 04/30/2026 at 10:47 AM, V1 (Administrator) said R1 told her he did not like V3's approach. On 04/30/2026 at 12:17 PM, V6 (RN) said on 02/01/2026, at around four or five in the afternoon, V7 told her R1 had said V3 had kicked him twice a couple days back, on his foot. On 04/30/2026 at 12:35 PM, V7 (Family Member) said R1 complained to her one CNA at the facility was not as nice as the others. V7 said R1 first told V4 (Caretaker) V3 kicked him, and then V4 told her. V7 said she then spoke with R1, and he told her the same story, more than once. In separate interviews on 04/30/2026 between 10:47 AM and 12:17 PM, V1, V5 (Social Services Director), and V6 said they did not speak with V4 about R1's allegation against V3. The facility's Abuse and Retaliation Policy Prevention Program (January 2026) states, in part, This facility affirms the right of our residents to be free from abuse. This will be done by establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment.

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