

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145683	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/24/2024
NAME OF PROVIDER OR SUPPLIER  Elevate Care Abington		STREET ADDRESS, CITY, STATE, ZIP CODE  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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to ensure no medication was kept at the resident 's bedside without a physician order. The facility also failed to assess a resident for safe medication self-administration. This deficiency affects one (R41) of three residents in the sample of 26 reviewed for Medication safety.</p> <p>Findings include:</p> <p>On 5/22/24 at 10:02AM, Observed R41 sitting on her bed. She is alert and oriented x 3, and able to verbalize her needs to staff. She said her buttocks hurt due to her bed sore. She said the wound care nurse gave her medication to apply to her buttocks for pain. She opened her bedside drawer and showed the surveyor the medicated ointment- Calmoseptine. She also showed the surveyor her other medications kept at bedside such as Bio freeze roll on and artificial tears eye drops. She said that she uses the Bio freeze roll on daily and as needed for her pain on her right shoulder due to her frozen shoulder. She demonstrates how she is having difficulty applying the medication to her right shoulder using her left hand due to limited movement. She added that medications in her drawer are disorganized because she was recently transferred from the 3rd floor to 2nd floor. She said that the staff helped her to transfer her personal belongings. She said the nurses are busy and does not want to bother them.</p> <p>On 5/22/24 at 10:30AM, Informed V3 Assistant Director of Nursing of above observation made. She said that residents are not allowed to keep medication at the bedside without a physician order. She said that a resident who request to keep and take their medications by herself will be assessed for Self-administration medication safety.</p> <p>On 5/22/24 at 3:00PM, Informed V1 Administrator and V2 Director of Nursing (DON) of above concern. V2 DON said that resident medication is not kept at the bedside without a physician order. If a resident request for self-medication administration, the interdisciplinary team (IDT) will assess the resident for safety of medication self-administration.</p> <p>R41 was admitted on [DATE] and readmitted on [DATE] with diagnosis listed in part but not limited to Osteoarthritis. Active physician order sheet does not indicate order for: Calmoseptine ointment, Bio Freeze roll on and artificial eye drops. No order indicates to keep medication at bedside. Care plan indicates she has potential for pain related to diagnosis of Osteoarthritis. She is at risk for alteration in skin integrity. Her care plan does not indicate Self-medication administration at bedside.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's policy on Medication Storage revised 7/2/19 indicates:</p> <p>Purpose: To ensure proper storage, labeling and expiration dates of medications, biologicals, syringes, and needles.</p> <p>Guidelines:</p> <p>2. Facility should ensure that medications and biologicals are stored in an orderly manner in cabinets, drawers, carts, refrigeration/freezers of sufficient size to prevent crowding.</p> <p>13. Bedside Medication Storage:</p> <p>13.1 Facility should not administer/provide bedside medications or biologicals without a Physician/Prescriber order and approval by the Interdisciplinary Care team and Facility administration.</p> <p>13.2 Facility should store bedside medications or biologicals in locked compartment within the resident's room.</p> <p>13.3 Facility should ensure that only facility representatives and the appropriate resident maintains the keys, access cards, electronic codes or combinations which open the locked compartment.</p> <p>Facility's policy on Self-Administration of Medication procedure indicates:</p> <p>Purpose: to provide procedures for determining if the resident can safely self-administer and store medications in their room.</p> <p>Procedure:</p> <p>1. Resident who requests to self-administer drugs will be assessed at the time of admission or thereafter, to determine if the practice is safe, based on the results of the Resident Assessment- Self Administration of Medications tool.</p> <p>2. The assessment results will be discussed with the attending physician and an order obtained to self-administer, if appropriate.</p> <p>3. Bedside storage of legend (Prescription or non-legend drugs is permitted when the assessment demonstrates the practice is safe.</p> <p>9. Residents who self-administer shall be monitored at least semi-annually by licensed nursing personnel.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46560</p> <p>Based on interview and record review, the facility failed to perform a complete assessment and notify physician of the significant change of condition for one of three residents (R330) reviewed for quality of care.</p> <p>Findings include:</p> <p>On 05/22/2024 at 4:00PM during interview with V19 (R330's Family Member), V19 stated that at around 11:00AM on 06/20/2023 while talking on the phone with her brother, her brother noticed that R330 was not responding so V19 instructed her brother to call the nurse.</p> <p>On 05/23/2024 at 12:50PM during interview with V22 (Registered Nurse), V22 stated that R330's complete vital signs were part of the assessment of R330 during change in condition and should have been documented. V22 also stated that she was not aware if the facility practices rapid response, so she did not call for one during R330's emergency change of condition. Rapid Response is when a resident demonstrates signs of imminent clinical deterioration, a team of providers is summoned to the bedside to immediately assess and treat the patient with the goal of preventing intensive care unit transfer, cardiac arrest, or death.</p> <p>On 05/24/2024 at 10:40AM during interview with V2 (Director of Nursing), V2 stated that he expects for nurses to call a rapid response on residents having an emergency change of condition. V2 also stated that he expects the nurses to obtain complete set of vital signs as part of the resident assessment at least after 911 was called during an emergency and to inform the attending physician after the emergency situation has been addressed.</p> <p>On 05/24/2024 at 11:00AM during interview with V23 (Physician), V23 stated that he would want to be informed of the emergency situation that his residents underwent, what was done and what the outcome was after the emergency situation had been addressed.</p> <p>Review of R330's progress notes dated 06/20/2023 did not indicate attempt to obtain complete set of vital signs and the physician being informed or updated of R330's condition.</p> <p>Review of R330's Weights and Vital Signs Summary dated 06/01/2023 - 05/31/2024 indicated last set of vital signs were checked 06/20/2023 at 8:57AM.</p> <p>Review of facility's policy entitled Physician-Family Notification - Change in Condition revised on 11/13/18 indicated the following:</p> <p>Purpose: To ensure that medical care problems are communicated to the attending physician or authorized designee and family/responsible party in a timely, efficient, and effective manner.</p> <p>Guidelines:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility will inform the resident; consult with the resident's physician or authorized designee such as Nurse Practitioner; and if known, notify the resident's legal representative or an interested family member when there is:</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>- Life-threatening conditions are such things as a heart attack or stroke.</p> <p>Facility was unable to provide policy on rapid response, vital signs and management of change of condition upon request.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39781</p> <p>Based on observation, interview, and record the facility failed to obtain a tracheostomy tube size order from physician for a resident with a Tracheostomy tube. The facility also failed to implement oxygen as ordered. This deficiency affects one (R180) of one resident in the sample of 26 reviewed for Respiratory Care.</p> <p>Findings include:</p> <p>On 5/21/24 at 12:19PM, Observed R180 lying on bed with tracheostomy tube connected to oxygen at 6LPM (liters per minute). R180 has audible congestion. V13 RN said that she suctioned R180 earlier at 11:30am. Observed R13 perform tracheostomy and oral suctioning. V13 said that R180 is on 40% FiO2. V13 showed surveyor the tracheostomy tubes available at the bedside- Shiley adult flexible 6CN75H and 8CN85H.</p> <p>Reviewed R180's medical records. R180 was admitted on [DATE] with diagnosis listed in part but not limited to Acute and Chronic Respiratory failure, Tracheostomy, Traumatic subdural hemorrhage, persistent vegetative state. Active physician order sheet indicates: Trach type (Shiley) Trach size: (). No indication of trach size order. Trach collar with FiO2 35%. (FiO2 is the concentration of oxygen in the gas mixture). Most recent respiratory therapy assessment dated [DATE] but signed on 5/22/24 indicated R180 is on 40% FiO2, no trach size indicated. Care plan indicates R180 has tracheostomy and is at risk for infection and complication. Interventions: Trach collar with 35% FiO2 every shift.</p> <p>On 5/22/24 at 9:22AM, Informed V2 Assistant Director of Nursing (ADON) of above concerns identified. V2 Assistant Director of Nursing said that they should have a tracheostomy tube size order for resident on Tracheostomy. Requested the policy.</p> <p>On 5/22/24 at 3:00PM, Informed V1 Administrator and V2 DON of above concern. V2 DON said that they should have a obtained physician order and documented it in physician order sheet. V2 also said that they should follow physician order for oxygenation and implement the care plan written. V2 said that they have only one resident in the facility with tracheostomy tube.</p> <p>Facility's policy on Tracheostomy Tube Change indicates:</p> <p>Equipment:</p> <p>1. Appropriate size Trach tube</p> <p>Additional Notes:</p> <p>A. This policy is for routine and PRN (as needed) trach tube change. Check physician orders for appropriate trach tube size.</p> <p>B. Each resident need to have a same size and one downsize trach at bedside for safety purpose.</p> <p>Facility's policy on Oxygen indicates:</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Purpose: to provide oxygen for therapeutic use</p> <p>Procedure:</p> <p>1) Verify and understand the physician's order.</p>