

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145779	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Elevate Care Palos Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 12550 South Ridgeland Avenue Palos Heights, IL 60463	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49871</p> <p>Based on observation, interview, and record review the facility failed to ensure call light is within reach affecting 2 of 2 (R2, R34) residents reviewed for Accommodation of Needs in a sample of 20</p> <p>Findings Include:</p> <p>On 1/21/2025 at 11:20 AM, R2 in bed, call light not within reached. V6 (Certified Nursing Assistant/CNA) said R2 uses a custom call light that V6 was not able to find within R2's reach.</p> <p>On 1/23/2025 at 10:45 AM, V2 (Director of Nursing/DON) said call light should be within reach of resident.</p> <p>Admission Record: Diagnosis Information</p> <p>Cerebral Palsy, Unspecified</p> <p>Contracture, Unspecified Joint</p> <p>Care Plan:</p> <p>Encourage R2 to use custom call light r/t contractures of all extremities for staff assistance.</p> <p>Policy and Procedure:</p> <p>Call Light, Revisions: 2-2-18</p> <p>Purpose: To respond to residents' requests and needs in a timely and courteous manner.</p> <p>Guidelines:</p> <p>Resident call lights will be answered in timely manner.</p> <p>1. All residents that have the ability to use a call light shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>40001</p> <p>On 1/21/2025 at 11:30am R 34 was observed in bed asking for her call light, R34 call light was observed on the floor under her bed out of reach.</p> <p>On 1/21/2025 at 11:35am V11(Nurse) said her call light should be in reach and attached the call light to the bed in reach.</p> <p>On 1/23/2025 at 12:40pm V2(Director of Nursing-DON) said R34 has multiple sclerosis and she expect her call light to be always in reach.</p> <p>An admission record dated 1/23/2025 indicated that R34 has a diagnosis of multiple sclerosis. A care plan dated 1/13/2023 indicates that R34 has a focus of at risk for falls related to deconditioning an intervention to keep call light and desired personal items within reach.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50469</p> <p>Based on observation, interview, and record review the facility failed to ensure appropriate infection control practices in proper handling of respiratory equipment. This deficiency affects two (R6, R23) of four residents in the sample of 20 reviewed for Infection control.</p> <p>Findings include:</p> <p>On 1/21/25 at 11:05 AM, R23 observed in wheelchair alert and responsive. R23 nebulizer mask observed on top of dresser uncovered and tubing with no date or label.</p> <p>On 1/21/25 at 11:10 AM, V5(Licensed Practical Nurse) made aware of above findings and said that nebulizer mask should be covered in a plastic bag with date on tubing, V5 said nebulizer mask should not be left on top of dresser uncovered.</p> <p>On 1/22/25 at 2:00 PM, V2 (Director of Nursing) said that her nebulizer masks should be placed inside a plastic bag with tubing labeled and dated for infection control purposes.</p> <p>Facility's Policy on Nebulizer- Medication Administration revision: 10-9-18</p> <p>Guidelines</p> <p>23. When equipment is completely dry, store in a plastic bag with the resident's name and date on it.</p> <p>24. Change equipment and tubing weekly.</p> <p>49871</p> <p>On 1/21/2025 at 11:35 AM R6's CPAP machine on the nightstand with mask/cannula not stored in a plastic/zip lock bag. V5 (Licensed Practical Nurse) said CPAP mask/cannula should be in the bag when not in use.</p> <p>On 1/23/2025 at 10:45 AM V2 (Director of Nursing) said CPAP mask/cannula should be stored in a plastic/zip lock bag when not in use.</p> <p>Admission Record:</p> <p>Diagnosis Information: Sleep Apnea, Unspecified; Obstructive Sleep Apnea (Adult) (Pediatric)</p> <p>Order Summary Report:</p> <p>CPAP to be worn at bedtime</p> <p>Care Plan:</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interventions: CPAP to be worn at bedtime</p> <p>Policy and Procedure:</p> <p>Oxygen & Respiratory Equipment - Changing/Cleaning</p> <p>Review/Revisions: 1-7-19</p> <p>Guidelines:</p> <p>Purpose:</p> <ol style="list-style-type: none"> 1. To provide guidelines to employees for changing all disposable respiratory supplies. 2. To ensure the safety of residents by providing maintenance of all disposable respiratory supplies. 3. To minimize the risk of infection transmission. <p>Procedure:</p> <ol style="list-style-type: none"> 2. Nasal Cannula <ol style="list-style-type: none"> c. A clean plastic bag with a zip lock or draw string, etc. will be provided to store the cannula when it is not in use.