

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Windsor Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 East 75th St Chicago, IL 60649	

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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</p> <p>Based on observation, interview, and record review the facility failed to ensure the nurse call system was properly working for four of eight residents (R5, R6, R7, R8) reviewed for call lights on the sample list of eight.</p> <p>Findings include:</p> <p>R5 is [AGE] year old with diagnosis including but not limited to: Limitation of activities due to disability, Abnormalities of gait and mobility, dementia, pain in left shoulder, repeated falls and hypertension.</p> <p>R5's Functional Abilities and Goals section of MDS (Minimum Data Set) documents the following: R5 requires substantial/maximal assistance with toileting, dressing, eating, personal hygiene and transferring.</p> <p>R6 is [AGE] year old with diagnosis including but not limited to: Acquired absence of right leg below knee, Peripheral vascular disease, pain in right foot, chronic obstructive pulmonary disease and hypertension.</p> <p>R6's Functional Abilities and Goals section of MDS (Minimum Data Set) documents the following: R6 requires substantial/maximal assistance with dressing and transfers.</p> <p>R6 has a BIMS (Brief Interview of Mental Status) score of 14, which indicates cognitively intact.</p> <p>R7 is [AGE] year old with diagnosis including but not limited to: History of falling, other abnormalities of gait and mobility, other lack of coordination, altered mental status and hypertension.</p> <p>R7's Functional Abilities and Goals section of MDS (Minimum Data Set) documents the following: R7 requires moderate assistance with personal hygiene, dressing and transferring.</p> <p>R8 is [AGE] year old with diagnosis including but not limited to: Unspecified convulsions, cerebral infarction, hypertension, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Elevate Care Windsor Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 East 75th St Chicago, IL 60649	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R8's Functional Abilities and Goals section of MDS (Minimum Data Set) documents the following: R8 requires substantial/maximal assistance with toileting, hygiene and dressing; R8 is totally dependent on staff for transferring.</p> <p>R8 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact.</p> <p>On 6/12/2024, during investigation, R5 was observed sitting in bed crying out for help. On 6/12/2024 at 11:58 AM, Surveyor asked R5 where her call device was. On 6/12/2024 at 11:59 AM, R5 activated her call device. Surveyor stayed in the room with R5 and waited for assistance.</p> <p>On 6/12/2024 at 12:19 PM, V3 (Restorative/ Fall Nurse) was observed walking in the hallway and Surveyor asked V3 for assistance for R5. At this time, R5's call light was still activated, but the light outside of R5's bedroom door was not illuminated.</p> <p>On 6/12/2024 at 12:20 PM V3 entered R5's room and noted the red light near R5's bed. At this time, V3 said, The red light near R5's bed means that the call light was activated, but I just left the nurses' station and the light was not on at the nurses' station. The light outside of the room is not on neither. I am going to call maintenance now and I will get R5's nurse.</p> <p>On 6/12/2024 at 12:22 PM, V3 (Restorative/ Fall Nurse) said, It is important for the residents to be able to call for help at all times. It could be an emergency situation.</p> <p>On 6/12/2024 at 12:30 PM, R6 was observed sitting in her room calling out for help. At this time, R6 said, I pushed my call light a while ago and been waiting for help. I need pain medication and water. Can you go and get my nurse for me? R6's call light was not illuminated outside of her room, but the red light near R6's bed was illuminated. At this time, R8 said, I need pain medication too. Can you go and get my nurse for me? At this time, R7 also said R7 needed assistance from the nurse. On 6/12/2024 at 12:31 PM, R8 said, I don't like using the call light because no one never answers it.</p> <p>On 6/13/2024 at 12:35 PM, V13 (Maintenance Director) entered R6's room to inspect the call device. V13 said, the call light system needs some updating. The lights outside the bedrooms and the lights at the nurses' station won't light up if the bathroom call light had been accidentally bumped. When I inactivate the bathroom call light, then the bedroom call light works properly.</p> <p>Facility policy titled Call Light documents, Resident call lights will be answered in a timely manner; Call bell system defects will be reported promptly to the Maintenance department for servicing. Check room frequently until system is repaired.</p>		