

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 03/29/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on interview and record review, the facility failed to provide adequate nursing staff to ensure resident needs are being met in a timely manner and medications are being administered as ordered by the physician. This had the potential to affect residents assigned to V31 (Licensed Practical Nurse) on 03/21/26 and residents residing on the 2nd and 3rd floor on 03/21/26, residents residing on the 3rd floor on 03/22/26 and residents assigned to V46 (Licensed Practical Nurse) on 03/26/26. Findings include: On 03/24/26 at 10:46 AM, V31 (Licensed Practical Nurse) stated she has been working at the facility since January 2026 and has been a Licensed Practical Nurse (LPN) since 2019. V31 stated she works full time on the 7-3 and 3-11 shift, mostly on the 1st floor and works during the week and covers weekends sometimes. V31 stated the 1st floor is staffed with two nurses and four Certified Nursing Assistants. V31 stated the staffing is shorter on the weekend because they get more call outs. V31 stated she worked this past weekend on the 1st floor; she was asked to come in to cover the 7-3 shift. V31 stated she arrived at the facility around 10:00 AM and had to administer all the medications on the 2nd set of room assignments. V31 stated some of the 9:00 AM medications were given late, meaning they were given after 10:00 AM. V31 stated if residents do not receive their medications on time, it may mean the residents' pain or blood pressure is not being well controlled. On 03/24/26 at 3:35 PM, R6 stated sometimes there is not enough staff to take care of her. R6 stated this past Saturday (03/21/26) there were only four CNAs (Certified Nursing Assistants) working during the day shift and this was not enough. R6 stated she had to wait a longer time for the staff to respond to her call light and change her because they were so busy. R6's diagnosis includes but not limited to Partial Traumatic Amputation Of Left Lower Leg, Chronic Venous Hypertension (Idiopathic) With Inflammation Of Bilateral Lower Extremity, Complex Regional Pain Syndrome I of Left Upper Limb, Dietary Folate Deficiency Anemia, Long Term (Current) Use Of Insulin, Type 2 Diabetes Mellitus Without Complications, Long Term (Current) Use Of Anticoagulants, Chronic Kidney Disease. R6's MDS (Minimum Data Set) from 03/04/26 indicates intact cognition and she requires partial/moderate assistance with toileting and showering/bathing and substantial/maximal assistance with transfers. On 03/25/26 at 10:05 AM, V23 (Staffing Coordinator) stated she is responsible for doing all the nursing schedule for the three floors on all shifts including the Registered Nurse/RN, Licensed Practical Nurse/LPN, and CNAs. V23 stated the staffing guidelines she uses are as follows: On the 7-3 and 3-11 shift for the 2nd and 3rd floor she staffs three nurses and six CNAs and two nurse and four CNAs for the 1st floor. On the 11-7 shift for the 2nd and 3rd floor she staffs two nurses and four CNAs and two nurse and three CNAs on the 1st floor unit. V23 stated for the 7-3 shift there are a total of eight nurses and 16 CNAs, the 3-11 shift there are a total of eight nurses and 16 CNAs and on the 11-7 shift there are a total of six nurses and 11 CNAs working. V23 stated in a full day to cover all three shifts 22 nurses and 43 CNAs are required to cover the schedule. V23 stated the facility census has been steady so she has been using this staffing framework for the past six months and this is for every day of the week; there is no difference in the staffing schedule on the weekends. V23 stated that usually the CNA staff to resident ratio is 1:13 or 1:14. V23 stated if she gets a call out she would reach out to another staff to see if they want to pick up the shift and reach out to the staff currently (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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>working to see if they would consider picking up a double and/or asks the upcoming staff who is scheduled to come in early. V23 stated she is always able to find coverage for nurses and CNAs and feels this staffing framework is adequate to provide enough coverage for the units. V23 stated the goal is to make sure the residents get the quality care that they need including timely ADL care and medication passing. V23 stated the weekend staffing can be more challenging than during the week and that she gets more call outs over the weekend. V23 stated the facility has a contract with a staffing agency for RN/LPN but she has not had to use any agency staff since this past holiday season. On 03/25/26 at 2:24 PM, V30 (Registered Nurse) stated she has been working at the facility for a little over one month and has been a Registered Nurse since December 2025. V30 stated she works full time at the facility on the 1st floor on the 7-3 shift. She works every other weekend. V30 stated the 1st floor unit is staffed with two nurses and four Certified Nursing Assistants. V30 stated when she got to the facility on Saturday, 03/21/26 she was the only nurse working on the unit. V30 stated she was told by the nurse manager that the other nurse had called off and that another nurse was going to be coming in around 11:00 AM to cover the position. V30 stated the nurse manager did not offer to help pass medications. V30 stated she started checking residents' vitals and passing her 9:00 AM medications on the 1st set (rooms 104-118) and took it upon herself to pass the residents medications in rooms 134-138. V30 stated she did this so those residents would receive their medications on time. V30 stated V31 (Licensed Practical Nurse) arrived around 10:15 AM. V30 stated one of the CNAs came to tell her that R12 was in a lot of pain, so V30 did a pain assessment on R12 and gave him his morning medication. V30 stated she signed off in the eMAR (Electronic Medical Administration Record) to indicate she had given R12 his medication. V30 stated that anytime she gives medication she signs off on it in the eMAR system because if she did not sign off there is no proof that the medication was given. V30 stated R12 had a standing dose of Gabapentin which was to be given at 9:00 AM. V30 stated she gave R12 his Gabapentin medication around 11:15 AM. V30 stated 9:00 AM medications should be passed between 8:00 AM-10:00 AM. V30 stated R12 and other residents on the 2nd set did not get their medications within that time frame because they were short staffed. V30 stated the potential problem with the residents receiving medication late is they could have a spike in their blood pressure, blood sugar, or pain level if they are receiving medications to control those areas. On 03/25/26, 2:45 PM, observed R12 sitting in wheelchair at the side of his bed in his room. R12 stated often does not get his medication as scheduled. R12 stated he will get his medication three hours after his scheduled medication time. R12 stated there was one day wherein he did not receive any of his medications until 1:00-2:00 PM. R12 stated he receives Gabapentin to control the pain he has in both of his lower legs. R12 stated this past Saturday, 03/21/26 he was told there was an emergency with another resident on the unit and they were short staff so that is the reason he did not get his medication on time. R12 stated he was in pain at the time because they had not given him his Gabapentin and his pain level was an eight out of ten. R12's diagnosis includes but not limited to history of Chronic Upper Respiratory Disease, Congenital Tracheal Malformation, Type 2 Diabetes Mellitus, Morbid Obesity (BMI 50-59.9), Peripheral Vascular Disease, Seizure Disorder, Schizophrenia, Bipolar Disorder, and Anxiety. R12's MDS from 12/31/25 indicates intact cognition. R12's care plan documents in part (R12) is at risk for pain related to medical comorbidities and interventions include but not limited to administer analgesia as per orders. On 03/25/26 at 4:52 PM, V23 (Staffing Coordinator) there were call offs on 3/21/26. V23 stated she thinks she was able to get replacements, but their names are not on the assignment schedule, and she does not recall the names of the staff she got to come in. V23 stated that on 3/22/26 on the 3rd floor 11PM-7AM she received one CNA call off and she does not recall being able to find a replacement, so the unit ran with three CNAs instead of four. On 03/26/26 at 9:10 AM, V53 (CNA) stated she has been working at the facility for 27 years. V53 stated she works full time on the 2nd floor on the 7-3 shift. V53 stated six CNAs are usually assigned on the 2nd floor 7-3 shift which means she carries around 13-14 residents. V53 stated when there is a call off and they cannot find someone to come in then they have to work short (continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>staffed. V53 stated that on Saturday, 03/21/26, there were call offs on every floor. V53 stated there were only four CNAs working on the 7-3 shift for the entire shift and because of this V53 had to take care of approximately 19-20 people because the census was 81. V53 stated of the residents she was taking care of on 03/21/26 about half of them required total care with three requiring a mechanical lift. V53 stated due to lack of staff on 03/21/26 V53 prioritized doing her initial rounds, incontinent care, answering call lights, feeding residents, passing out ice water. V53 stated she did not get to her charting, nail care, shaving, and for the residents who required mechanical lift those residents may not have gotten dressed or taken out of bed if she could not find the manpower to help assist her. V53 stated the lack of staff can be a problem during the week or the weekend. V53 stated this happens once or twice every week where they have to run the unit with less than six CNAs. On 03/26/26 at 9:05 AM, V14 (LPN) stated she is one of the nurses working today on the 2nd floor. V14 stated she is working with one other nurse right now but there should be three nurses working on the unit. V14 stated the other nurse is late but she will be coming soon. On 03/26/26 at 9:42 AM, V14 stated V46 (LPN) arrived and is on the unit right now. V14 stated there should be three nurses working on the 3rd floor on the 7-3 and 3-11 shift. V14 stated that on 3/21/26 she was working the 3-11 shift with one other nurse. V14 stated the scheduler could not get another nurse to come to work that day so the unit had to work with only two nurses. V14 stated she and the other nurse split up the other set of residents to make sure everyone received their medication. V14 stated 5:00 PM medications must be passed between 4:00-6:00 PM. V14 stated that everyone that day did get their medications eventually however it may have been outside the 4:00-6:00 PM timeframe. V14 stated it is hard to pass out her own set in the time frame required especially because the 3rd floor unit is the dementia unit so there is a lot of stuff that comes up that the nurses need to deal with. V14 said, we do the best we can with what we have. On 03/26/26 at 9:51 AM, V46 (LPN) stated she arrived in the building today at 9:30 AM. V46 stated she overslept because she worked a double shift yesterday. V46 stated none of the medications on her set have been passed out yet, she is starting to do that right now. V46 stated she is taking care of approximately 24 residents. V46 stated the window for passing out medications is one hour before and one hour after the order time. V46 stated for the 9:00 AM medications that means they need to be passed between 8:00 AM - 10:00 AM. V46 stated she is not going to be able to get all the medications passed out before 10:00 AM. On 03/26/26 at 10:01 AM, observed V46 standing at a medication cart. V46 stated she still needs to pass out the medications for residents in rooms from 210A - 234. On 03/26/26 at 12:35 PM, V2 (Director of Nursing/DON) stated staffing is important for the safety of the residents and for quality of care. V2 stated if there are not enough CNAs to take care of the resident there may not be enough CNAs rounding to keep eyes on the residents who are at fall risk, residents who need to be fed may not get fed timely and food could get cold, response time for call lights may be delayed and ADL (Activities of Daily Living) such as incontinent care and showers may not get done timely. V2 stated if there are not enough nurses the potential risk is that medication pass will take a lot longer, nursing assessments in real time will be delayed, accuchecks may not be done timely, and the residents may not get their medications on time. V2 stated if the 2nd floor on 03/21/26 7-3 shift ran with four CNAs and the census was around 80 residents that would mean each CNA would have to care for 20 residents each. V2 stated that staff-to-resident ratio is too high; she would like to try to have a CNA staffing ratio of 1:14. V2 stated the 3rd floor is one of the heavier units because of the resident's acuity level. V2 stated the 3rd floor is our locked unit and many of the residents have dementia and require more care so it is important for the staffing to be adequate. V2 stated the 1st floor should have at least two nurses working each shift. V2 stated they have a nursing supervisor who works every Saturday and Sunday. V2 stated if one of the units was short a nurse her expectation is that the nursing supervisor should have jumped in and covered that set, and/or started to pass medications until the covering nurse arrived. V2 stated the nursing supervisor should have done that so the residents could get their medications on time. V2 stated she has to get approval from her regional office before she can call a staffing agency to fill a position. On 03/26/26 at 11:56 AM, (continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>V55 (Advanced Practice Nurse) stated having adequate staffing is very important. V55 stated the potential problem of not having enough CNAs working on the unit is that it puts the residents at increased risk for falls, developing pressure ulcers/skin breakdowns because they may not be getting changed as frequently as they should, they may be missing showers which means skin checks may not be done so any altered skin condition may not get reported. V55 stated the staffing ratio is very important for resident safety and 19-20 residents for one CNA to take care of is a lot. V55 stated residents will try to get up on their own if no one is responding to them or coming to their assistance and this could lead to a fall/injury for the residents. V55 stated the potential problem with lack of nurses is that when you have that many residents, they cannot pass medications as ordered and the medication administration will be late. V55 stated some medications are time sensitive such as insulin so it needs to be given when it is ordered. V55 stated if the medication is given late then the other risk is that medications might be given back-to-back and that could cause an increased risk for hypotension, hypoglycemia which could lead to potential falls. On 03/27/26 at 7:50 AM, V57 (CNA) stated she has been working at the facility for five years as a CNA. She works the 11-7 shift on the 3rd floor. V57 stated they should have four CNAs working on the 3-11 shift on the 3rd floor, but they usually only have three CNAs. V57 stated she was working on 03/22/26 on the 11-7 shift on the 3rd floor and there were only three CNA who worked that shift. V57 stated she had to take care of 24-25 residents, which is too many. V57 stated the 3rd floor is the dementia unit and there are a lot of residents who wander around during the night and are at risk for falling. V57 stated it is a safety risk because we cannot watch everyone. V57 stated she and the other CNAs try to make it work but it is hard. V57 stated there are usually two nurses working the night shift with V57, but they do not help the CNAs with giving care to the residents. V57 stated the consequence of not having enough staff besides the safety risk to the residents is that the residents have to wait a longer time to receive care. V57 stated, for example, that a resident may have a wait a longer time to get changed if they are wet or soiled. Facility provided copy of daily assignment dated 03/21/26 for the 1st floor 7AM-3PM which indicates V31 was assigned as team 2 nurse with a census of 48 residents. Facility provided copy of daily assignment dated 03/21/26 for the 2nd floor 7AM-3PM which indicates four CNAs were assigned with a census of 81 residents. Facility provided copy of daily assignment dated 03/21/26 for the 3rd floor 3PM - 11 PM which indicates two nurses were assigned with a census of 74 residents. Facility provided copy of daily assignment dated 03/22/26 for the 3rd floor 11PM-7AM which indicates three CNAs were assigned with a census of 74 residents. Facility provided V31's Time Card dated 03/21/26 which documents in part, V31 punched in at 10:14 AM. Facility provided V46's Time Card which documents in part, V46 punched in at 9:35 AM. Facility provided census data for 03/21/26, 03/22/26 and 03/26/26. Per V1 (Administrator) the facility does not have a policy on staffing.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to follow physician orders for administering medications to eight (R1, R6, R7, R10, R11, R12 R13, R14) of eight residents reviewed for Improper Nursing Care. Findings include: On 3/24/26 at 10:46 AM V31 (Licensed Practical Nurse/LPN) stated she worked this past weekend on the 1st floor; she was asked to come in to cover the 7-3 shift. V31 stated she arrived at the facility around 10:00 AM and had to administer all the medications on the 2nd set of room assignments. V31 stated some of the 9:00 AM medications were given late, meaning they were given after 10:00 AM. V31 stated if residents do not receive their medications on time, it may mean the residents' pain or blood pressure is not being well controlled. On 3/25/26 at 2:24 PM V30 (Registered Nurse/RN) stated on 3/21/26 she was the only nurse on the unit because the other nurse had called off. She stated one of the CNAs came to tell her that R12 was in a lot of pain, so V30 did a pain assessment on R12 and gave him his morning medications. V30 stated R12 had an order of Gabapentin at 9:00 AM and it was given around 11:15 AM. V30 stated 9:00 AM medications should be given between 8:00 AM-10:00 AM. V30 stated the potential problem with the residents receiving medication late is they could have a spike in their blood pressure, blood sugar, or pain level if they are receiving medications for those areas. On 3/25/26 at 2:45 PM Observed R12 sitting up in wheelchair at the side of his bed in his room. R12 stated he often does not get his medication as scheduled. R12 stated he will get his medication three hours after his scheduled medication time. R12 stated there was one day wherein he did not receive any of his medications until 1:00-2:00 PM. R12 stated he receives Gabapentin to control the pain he has in both of his lower legs. R12 stated this past Saturday, 3/22/26 he was told there was an emergency with another resident on the unit, and they were short staff so that is the reason he did not get his medication on time. R12 stated he was in pain at the time because they had not given him his Gabapentin. R12 stated his pain level was an eight out of ten. R12's admission record or face sheet shows admit date on 10/21/25 with diagnoses not limited to Other specified diseases of upper respiratory tract, Other congenital malformations of trachea, Other seizures, Schizophrenia, Type 2 diabetes mellitus, Peripheral vascular disease. MDS (Minimum Data Set, dated [DATE] shows R12's cognition is intact. R12's Physician Order Sheet (POS), MAR (Medication Administration Record) and Medication audit report dated 3/8/26 and shows in part: Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 6PM was administered at 10:50PM. R12's POS, MAR and Medication audit report dated 3/9/26 reviewed and shows in part: Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 9AM was administered at 12:06PM. Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered at 12:06PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 9AM was administered on 12:13PM. R12's POS, MAR and Medication audit report dated 3/14/26 reviewed and shows in part: Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 1PM was administered on 4:19PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 1PM was administered on 4:19PM. R12's POS, MAR and Medication audit report dated 3/15/26 reviewed and shows in part: Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered on 11:11AM. Ordered time at 6PM was administered at 8:04PM. Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 1PM was administered at 3:41PM. Ordered time at 5PM was administered at 8:04PM. Gabapentin Tablet 600 MG (continued on next page)</p>		

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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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Give 1 tablet by mouth three times a day for neuropathy ordered time at 4PM was administered at 8:04PM.R12's POS, MAR and Medication audit report dated 3/21/26 reviewed and shows in part:Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 9AM was administered on 2:46PM. Ordered time at 1PM was administered at 2:46PM. Ordered time at 5PM was administered at 7:06PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 11AM was administered on 2:46PM. Ordered time at 4PM was administered on 7:05PM. Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered on 2:46PM. R12's POS, MAR and Medication audit report dated 3/22/26 reviewed and shows in part:Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 11AM was administered at 2:46PM. Ordered time at 4PM was administered at 9:54PM.Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered on 2:46PM. Ordered time at 6PM was administered at 9:54PMOn 3/26/26 at 9:51 AM V46 (LPN) stated she arrived in the building today at 9:30 AM. She stated she overslept because she worked a double shift yesterday. V46 stated none of the medications on her set have been passed out yet, she is starting to do that right now. V46 stated she is taking care of approximately 24 residents. V46 stated the window for passing out medications is 1 hour before and 1 hour after the order time. V46 stated for the 9:00 AM medications that means they need to be passed between 8:00 AM - 10:00 AM. V46 stated she is not going to be able to get all the medications passed out before 10:00 AM.On 3/26/26 at 10:56 AM Medication administration conducted with V46 (LPN). Observed V46 prepared the following medications: Aspirin 81mg 1 tablet, Hydroxychlor 200MG 1 tablet, Metformin 500mg 1 tablet, Potassium Chloride 20MEQ 1 tablet, Prednisone 20mg 1 tab, trimethoprim/sulfamethoxazole (Bactrim DS) 160mg/800mg 1 tablet. Symbicort inhaler - 2 puffs given to R13.On 3/26/26 at 11:05 AM V46 stated there are 6 pills in the medication cup. Observed V46 administered medications to R13 and were taken orally. V46 stated Empagliflozin (Jardiance) and Gabapentin were not available so medications were not given to R13.On 3/26/26 at 11:07 AM Observed R13 sitting up on wheelchair by her bedside with oxygen inhalation via nasal cannula, alert and oriented x 3, verbally responsive. She stated she did not receive her pain patch on her left shoulder this morning. Observed no pain patch on R13's left shoulder. R13 with complaint of pain on her left shoulder, she rates her pain as 8 out of 10.R13's MAR (Medication Administration Record) and POS (Physician Order Sheet) shows order not limited to: Lidocaine External Patch 5 % (Lidocaine) Apply to pain site topically one time a day at 6AM.Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole Trimethoprim) Give 1 tablet by mouth two times a day for UTI for 3 Days. Scheduled for 9AM and 6PM.Hydroxychloroquine Sulfate Oral Tablet 200 MG Give 200 mg by mouth two times a day. Scheduled for 9AM and 6PM.Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 500 mg by mouth two times a day. Scheduled for 9AM and 6PM.Symbicort Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide Formoterol Fumarate Dihydrate) 2 puff inhale orally two times a day. Scheduled for 9AM and 6PM.Gabapentin Oral Capsule (Gabapentin) Give 1 capsule by mouth three times a day for pain. Scheduled for 9AM, 1PM and 5PM.R13's face sheet or admission record shows admission date on 5/10/22 with diagnoses not limited to Chronic obstructive pulmonary disease, Sleep apnea, Hypertensive heart disease with heart failure, Heart failure, Type 2 diabetes mellitus, Rheumatoid arthritis. MDS (Minimum Data Set) dated 1/17/26 shows R13's cognition is intact.On 3/26/26 At 11:13 AM Observed V46 (LPN) checked R14's BP = 104/On 3/26/26 At 11:17AM Observed V46 Prepared the following medications: Phenobarbital 64.8mg 1 tablet, Tylenol 325mg 2 tabs, Gabapentin 100mg 3 capsules, Calcium 600mg with Vit D 1 tablet, Famotidine 20mg 1 tab, Vitamin B1 100mg 1 tablet, Phenytoin 100mg 2 capsules.On 3/26/26 At 11:21 AM V46 administered prepared meds to R14 and taken by mouth. V46 stated Folic acid 1mg was not available and it was not given to R14.On 3/26/26 At 11:25 AM V46 (LPN) stated there are 13 residents more to give medications scheduled at 9AM.R14's MAR and POS show order not limited to: (continued on next page)</p>		

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 03/29/2026
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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Phenobarbital Oral Tablet 64.8 MG (Phenobarbital) Give 1 tablet by mouth two times a day for Conversion disorder with seizures or convulsions give one tablet in the morning and at bedtime, ordered time at 9AM and 9PM. Gabapentin Capsule 100 MG Give 3 capsule by mouth three times a day for Right shoulder pain, Ordered time at 9AM, 1PM and 5PM.R14's face sheet or admission record shows admission date on 7/31/23 with diagnoses not limited to Conversion disorder with seizures or convulsions, Gastro-esophageal reflux disease, Essential (primary) hypertension, Alcohol abuse, Displaced fracture of base of neck of right femur, Unspecified fracture of left femur. MDS dated [DATE] shows R14's cognition is intact.On 3/26/26 At 11:47AM V55 (Nurse Practitioner/NP) stated she is expecting nurses to follow ordered time for medication administration. She said if pain medication is not given an hour before and after the ordered time, residents could be uncomfortable, their mobility could be affected due to pain and could lead to hospitalization. She said she has seen R12, and his Gabapentin is ordered for tingling or numbness or for pain related to his diagnosis of PVD. She said if medication is not given an hour before and an after that it is late administration and not following doctor's order. She said if hypertensive or diabetic medication is scheduled multiples times per day, and it was not given on scheduled time, nurse could potentially administer medications back-to-back and could potentially have a higher risk of hypotension/hypoglycemia. On 3/26/26 at 12:58PM V2 (Director of Nursing/DON) stated nurses are expected to follow 5 rights in giving meds. (right route, time, med, dose, patient). She said Nurses should follow ordered time, medication can be given 1 hour before and 1 hour after the ordered time and should be documented after giving medication in MAR (Medication Administration Record). V2 stated if medication was given more than an hour the ordered / scheduled time, it is considered late and not following doctor's order. She said if Pain medication is not given as ordered, Pain is not addressed properly. Pain med could not be as effective when it was given as ordered and pain could worsen. V2 stated if medication for hypertension or diabetes is not given as ordered, there could be a risk that resident's blood pressure or blood sugar will not be controlled. She said it is very important to give Antibiotic timely or as ordered as it could risk or higher the chance of resistance and antibiotic could not be effective. R1's admission record/face sheet shows admission on [DATE] with diagnoses not limited to Essential (primary) hypertension, Benign prostatic hyperplasia, Unspecified dementia, Personal history of other venous thrombosis and embolism, Solitary pulmonary nodule, Hyperlipidemia, Embolism and thrombosis of left popliteal vein, Pleural effusion. MDS dated [DATE] shows R1's cognition is impaired.Care plan dated 10/22/2025 shows in part: R1 receives psychotropic medication as ordered related to Dementia w/ agitation. Administer medications as ordered. Monitor for side effects and effectiveness of medications.R1's POS, MAR and Medication audit report dated 3/7/26 shows in part:Risperidone Oral Tablet 1 MG (Risperidone) Give 1.5 tablet orally two times a day ordered time at 6PM was given 7:50PM.Benztrapine Mesylate Oral Tablet 1 MG (Benztrapine Mesylate) Give 0.5 tablet orally two times a day ordered time at 6PM was given 7:50PM.R1's POS, MAR and Medication audit report dated 3/8/26 shows in part:Benztropine Mesylate Oral Tablet 1 MG (Benztrapine Mesylate) Give 0.5 tablet orally two times a day ordered time at 9AM was given at 2:10PM.Risperidone Oral Tablet 1 MG (Risperidone) Give 1.5 tablet orally two times a day ordered at 9AM was given at 2:10PM.R1's POS, MAR and Medication audit report dated 3/15/26 shows in part:Benztropine Mesylate Oral Tablet 1 MG (Benztrapine Mesylate) Give 0.5 tablet orally two times a day ordered time at 9AM was given at 7:28PM. Ordered time at 6PM was given at 8:07PM. Risperidone Oral Tablet 1 MG (Risperidone) Give 1.5 tablet orally two times a day ordered at 9AM was given at 7:28PM.Sennosides-Docusate Sodium Tablet 8.6-50 MG Give 2 tablet by mouth two times a day for Constipation ordered time at 9AM was given at 7:28PM. Ordered time at 6PM was given at 8:07PM. R6's admission record/face sheet shows admission on [DATE] with diagnoses not limited to Partial traumatic amputation of left lower leg, Chronic venous hypertension, Complex regional pain syndrome, Type 2 diabetes mellitus, Hypertensive chronic kidney disease, Chronic kidney disease, Anemia in other chronic disease. MDS dated [DATE] shows R6's cognition is intact. Care plan dated 3/16/2026 (continued on next page)</p>		

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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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>shows in part: R6 receives insulin. Diagnosis of DM. Insulin as ordered.Care plan dated 2/28/2023 shows in part: R6 has risk for alteration in cardiovascular status related to hypertension (HTN). Give anti-hypertensive medications as ordered.Care plan dated 10/20/2021 shows in part: R6 has Diabetes Mellitus and is at risk for complications. Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness.R6's POS, MAR and Medication audit report dated 3/7/26 reviewed and shows in part:Metoprolol Tartrate Tablet 50 MG Give 1 tablet by mouth every 12 hours related to chronic venous hypertension, ordered time at 9AM was administered at 11:58AM.Ferrous Sulfate Tablet 325 (65 Fe) MG Give 1 tablet by mouth two times a day ordered time at 9AM was administered at 11:58AM.Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth two times a day for DM (Diabetes Mellitus), ordered time at 9AM was administered at 11:58AM.Humalog Solution 100 UNIT/ML (Insulin Lispro (Human)) Inject as per sliding scale: if 0 - 200 = 0; 201 - 249 = 1; 250 - 299 = 2; 300 - 349 = 3, subcutaneously before meals for diabetes > 350 Give 4 units. Humalog insulin ordered time at 11AM was administered at 12:22PM. R6's POS, MAR and Medication audit report dated 3/8/26 reviewed and shows in part:Metoprolol Tartrate Tablet 50 MG Give 1 tablet by mouth every 12 hours related to chronic venous hypertension, ordered time at 9AM was administered at 11:58AM.metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth two times a day for DM, ordered time at 9AM was administered at 11:58AM.R6's POS, MAR and Medication audit report dated 3/14/26 reviewed and shows in part:Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth two times a day for DM, ordered time at 6PM was administered at 7:18PM.Metoprolol Tartrate Tablet 50 MG Give 1 tablet by mouth every 12 hours related to chronic venous hypertension, ordered time at 9AM and 9PM. Metoprolol ordered time at 9PM was administered at 10:34PMR6's POS, MAR and Medication audit report dated 3/15/26 reviewed and shows in part:Metoprolol Tartrate Tablet 50 MG Give 1 tablet by mouth every 12 hours related to chronic venous hypertension, ordered time at 9AM was administered at 12:01PM.Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth two times a day, ordered time at 9AM was administered at 12PM.Ferrous Sulfate Tablet 325 (65 Fe) MG Give 1 tablet by mouth two times a day, ordered time at 9AM was administered at 12PM.Humalog Solution 100 UNIT/ML (Insulin Lispro (Human)) Inject as per sliding scale: if 0 - 200 = 0; 201 - 249 = 1; 250 - 299 = 2; 300 - 349 = 3, subcutaneously before meals for diabetes > 350 Give 4 units. Humalog ordered time at 11AM was administered at 1:20PM.R6's POS, MAR and Medication audit report dated 3/21/26 reviewed and shows in part:Metoprolol Tartrate Tablet 50 MG Give 1 tablet by mouth every 12 hours related to chronic venous hypertension, ordered time at 9AM was administered at 11:49AMFerrous Sulfate Tablet 325 (65 Fe) MG Give 1 tablet by mouth two times a day, ordered time at 9AM was administered at 11:49AMHumalog Solution 100 UNIT/ML (Insulin Lispro (Human)) Inject as per sliding scale: if 0 - 200 = 0; 201 - 249 = 1; 250 - 299 = 2; 300 - 349 = 3, subcutaneously before meals for diabetes > 350 Give 4 units. Humalog ordered time at 11AM was administered at 2:44PM.R6's POS, MAR and Medication audit report dated 3/22/26 reviewed and shows in part:Ferrous Sulfate Tablet 325 (65 Fe) MG Give 1 tablet by mouth two times a day, ordered at 6PM was administered at 7:39PMmetformin HCl Oral Tablet 500 MG (Metformin HCl) Give 1 tablet by mouth two times a day, ordered time at 6PM was administered at 7:40PM.R7's face sheet or admission record / face sheet shows admission on [DATE] with diagnoses not limited to Alcohol abuse, Tobacco use, Alcoholic liver disease, Alcoholic polyneuropathy, Unspecified convulsions, Contracture left hand, wrist drop left wrist, Irritable bowel syndrome, Essential (primary hypertension. MDS dated [DATE] shows R7's cognition is intact.R7's POS, MAR and Medication audit report dated 3/7/26 reviewed and shows in part:Gabapentin Capsule 300 MG Give 1 capsule by mouth three times a day for Numbness and Tingling in hands and feet. Ordered time at 9AM was administered at 11:49AM, ordered time at 5PM was administered at 6:16PMR7's POS, MAR and Medication audit report dated 3/8/26 reviewed and shows in part:Gabapentin Capsule 300 MG Give 1 capsule by mouth three times a day for Numbness and Tingling in hands and feet. Ordered time at 9AM was administered at 10:31AMR7's POS, MAR and Medication audit report dated 3/15/26 reviewed and shows in</p> <p>(continued on next page)</p>		

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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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>part:Gabapentin Capsule 300 MG Give 1 capsule by mouth three times a day for Numbness and Tingling in hands and feet. Ordered time at 9AM was administered at 11:18AM, ordered time at 1PM was administered at 3:06PM.R7's POS, MAR and Medication audit report dated 3/21/26 reviewed and shows in part:Gabapentin Capsule 300 MG Give 1 capsule by mouth three times a day for Numbness and Tingling in hands and feet. Ordered time at 9AM was administered at 10:35AM, ordered time at 1PM was administered at 2:34PM. R10's face sheet or admission record shows admit date on 3/19/24 with diagnoses not limited to Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, Chronic respiratory failure, Type 2 diabetes mellitus, Other seizures, Anemia, Essential (primary) hypertension. MDS dated [DATE] shows R10's is moderately impaired.R10's POS, MAR and Medication audit report dated 3/8/26 reviewed and shows in part:Divalproex Sodium Oral Tablet Delayed Release 250MG (Divalproex Sodium) Give 2 tablet by mouth two times a day for Prophylaxis Anticonvulsants ordered time at 9AM was administered at 1:28PM.Carvedilol Oral Tablet 6.25 MG (Carvedilol) Give 1tablet by mouth two times a day for HTN hold if pulse is less than 60 ordered time at 9AM was administered at 1:28PM.Baclofen Oral Tablet 10 MG (Baclofen) Give 1 tablet by mouth three times a day for Muscle spasm ordered at 9AM was administered at 1:28PM.R10's POS, MAR and Medication audit report dated 3/9/26 reviewed and shows in part:Baclofen Oral Tablet 10 MG (Baclofen) Give 1 tablet by mouth three times a day for Muscle spasm ordered at 9AM was administered at 11:12AM.Carvedilol Oral Tablet 6.25 MG (Carvedilol) Give 1tablet by mouth two times a day for HTN hold if pulse is less than 60 ordered at 9AM was administered at 11:12AM.Divalproex Sodium Oral Tablet Delayed Release 250MG (Divalproex Sodium) Give 2 tablet by mouth two times a day for Prophylaxis Anticonvulsants ordered at 9AM was administered at 11:12AM.R10's POS, MAR and Medication audit report dated 3/14/26 reviewed and shows in part:Divalproex Sodium Oral Tablet Delayed Release 250MG (Divalproex Sodium) Give 2 tablet by mouth two times a day for Prophylaxis Anticonvulsants ordered time at 9AM was administered at 10:47AM.Carvedilol Oral Tablet 6.25 MG (Carvedilol) Give 1tablet by mouth two times a day for HTN hold if pulse is less than 60 ordered time at 9AM was administered at 10:47AM.Baclofen Oral Tablet 10 MG (Baclofen) Give 1 tablet by mouth three times a day for Muscle spasm ordered at 9AM was administered at 10:47AM. Baclofen scheduled at 5PM was administered at 6:20PM.R10's POS, MAR and Medication audit report dated 3/15/26 reviewed and shows in part:Divalproex Sodium Oral Tablet Delayed Release 250MG (Divalproex Sodium) Give 2 tablet by mouth two times a day for Prophylaxis Anticonvulsants ordered time at 9AM was administered at 10:30AM.Carvedilol Oral Tablet 6.25 MG (Carvedilol) Give 1tablet by mouth two times a day for HTN hold if pulse is less than 60 ordered time at 10:30AM.Baclofen Oral Tablet 10 MG (Baclofen) Give 1 tablet by mouth three times a day for Muscle spasm ordered at 9AM and was administered at 10:30AM. R10's POS, MAR and Medication audit report dated 3/21/26 reviewed and shows in part:Divalproex Sodium Oral Tablet Delayed Release 250MG (Divalproex Sodium) Give 2 tablet by mouth two times a day for Prophylaxis Anticonvulsants ordered time at 6PM was administered at 7:21PM. Carvedilol Oral Tablet 6.25 MG (Carvedilol) Give 1tablet by mouth two times a day for HTN hold if pulse is less than 60 ordered time at 6PM was administered at 7:21PM. Baclofen Oral Tablet 10 MG (Baclofen) Give 1 tablet by mouth three times a day for Muscle spasm ordered at 5PM and was administered at 7:21PM. R10's POS, MAR and Medication audit report dated 3/22/26 reviewed and shows in part:Divalproex Sodium Oral Tablet Delayed Release 250MG (Divalproex Sodium) Give 2 tablet by mouth two times a day for Prophylaxis Anticonvulsants ordered time at 6PM was administered at 8:16PM.Carvedilol Oral Tablet 6.25 MG (Carvedilol) Give 1tablet by mouth two times a day for HTN hold if pulse is less than 60 ordered time at 6PM was administered at 8:16PM.Baclofen Oral Tablet 10 MG (Baclofen) Give 1 tablet by mouth three times a day for Muscle spasm ordered at 5PM and was administered at 8:16PM.R11's face sheet or admission record shows admit date on 11/30/22 with diagnoses not limited to Chronic obstructive pulmonary disease, Essential (primary) hypertension, Cardiomyopathy, Other specified disorders of brain, Other seizures, Cerebrovascular disease. MDS dated [DATE] shows R11's cognition is (continued on next page)</p>		

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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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>intact.R11's POS, MAR and Medication audit report dated 3/8/26 reviewed and shows in part:Levetiracetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for seizures ordered time at 6PM was administered at 8:40PM.R11's POS, MAR and Medication audit report dated 3/9/26 reviewed and shows in part:Levetiracetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for seizures ordered time at 9AM was administered at 10:57AM. Levetiracetam ordered time at 6PM was administered at 9:52PM.R11's POS, MAR and Medication audit report dated 3/14/26 reviewed and shows in part:Levetiracetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for seizures ordered time at 9AM was administered at 10:25AM. Levetiracetam ordered time at 6PM was administered at 7:41PM.R11's POS, MAR and Medication audit report dated 3/15/26 reviewed and shows in part:Levetiracetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for seizures ordered time at 6PM was administered on 3/16/26 at 2:20AM. R11's POS, MAR and Medication audit report dated 3/21/26 reviewed and shows in part:Levetiracetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for seizures ordered time at 9AM was administered at 11:33AM. R11's POS, MAR and Medication audit report dated 3/22/26 reviewed and shows in part:Levetiracetam Oral Tablet 750 MG (Levetiracetam) Give 1 tablet by mouth two times a day for seizures ordered time at 9AM was administered at 10:34AM. Facility's administration procedures for all medications policy dated 10/25/14 shows in part: to administer medications in a safe and effective manner. Review 5 rights 3 times. Check MAR for order</p>		

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NAME OF PROVIDER OR SUPPLIER Elevate Care Windsor Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2649 East 75th St Chicago, IL 60649	
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents are free of any significant medication error for two (R12 and R13) of eight residents reviewed for improper nursing care. The findings include: On 3/25/26 at 2:24 PM V30 (Registered Nurse/RN) stated on 3/21/26 she was the only nurse on the unit because the other nurse had called off. She stated one of the CNAs (Certified Nursing Assistants) came to tell her that R12 was in a lot of pain, so V30 did a pain assessment on R12 and gave him his morning medications. V30 stated R12 had an order of Gabapentin at 9:00 AM and it was given around 11:15 AM. V30 stated 9:00 AM medications should be given between 8:00 AM-10:00 AM. V30 stated the potential problem with the residents receiving medication late is they could have a spike in their blood pressure, blood sugar, or pain level if they are receiving medications for those areas. On 3/25/26 at 2:45 PM Observed R12 sitting up in wheelchair at the side of his bed in his room. R12 stated he often does not get his medication as scheduled. R12 stated he will get his medication three hours after his scheduled medication time. R12 stated there was one day wherein he did not receive any of his medications until 1:00-2:00 PM. R12 stated he receives Gabapentin to control the pain he has in both of his lower legs. R12 stated this past Saturday, 3/22/26 he was told there was an emergency with another resident on the unit, and they were short staff so that is the reason he did not get his medication on time. R12 stated he was in pain at the time because they had not given him his Gabapentin. R12 stated his pain level was an eight out of ten. R12's admission record or face sheet shows admit date on 10/21/25 with diagnoses not limited to Other specified diseases of upper respiratory tract, Other congenital malformations of trachea, Other seizures, Schizophrenia, Type 2 diabetes mellitus, Peripheral vascular disease. MDS (Minimum Data Set, dated [DATE] shows R12's cognition is intact. R12's Physician Order Sheet (POS), MAR (Medication Administration Record) and Medication audit report dated 3/8/26 and shows in part: Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 6PM was administered at 10:50PM. R12's POS, MAR and Medication audit report dated 3/9/26 reviewed and shows in part: Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 9AM was administered at 12:06PM. Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered at 12:06PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 9AM was administered on 12:13PM. R12's POS, MAR and Medication audit report dated 3/14/26 reviewed and shows in part: Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 1PM was administered on 4:19PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 1PM was administered on 4:19PM. R12's POS, MAR and Medication audit report dated 3/15/26 reviewed and shows in part: Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered on 11:11AM. Ordered time at 6PM was administered at 8:04PM. Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 1PM was administered at 3:41PM. Ordered time at 5PM was administered at 8:04PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 4PM was administered at 8:04PM. R12's POS, MAR and Medication audit report dated 3/21/26 reviewed and shows in part: Albuterol Sulfate Oral Tablet 4 MG (Albuterol Sulfate) Give 1 tablet by mouth three times a day for Shortness of Breath ordered time at 9AM was administered on 2:46PM. Ordered time at 1PM was administered at 2:46PM. Ordered time at 5PM was administered at 7:06PM. Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 11AM was administered on 2:46PM. Ordered time at 4PM was administered on 7:05PM. Advair HFA (continued on next page)</p>		

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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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered on 2:46PM.R12's POS, MAR and Medication audit report dated 3/22/26 reviewed and shows in part:Gabapentin Tablet 600 MG Give 1 tablet by mouth three times a day for neuropathy ordered time at 11AM was administered at 2:46PM. Ordered time at 4PM was administered at 9:54PM.Advair HFA Inhalation Aerosol 230-21 MCG/ACT (Fluticasone-Salmeterol) 2 puff inhale orally two times a day for tracheal stenosis ordered time at 9AM was administered on 2:46PM. Ordered time at 6PM was administered at 9:54PMOn 3/26/26 at 9:51 AM V46 (Licensed Practical Nurse/LPN) stated she arrived in the building today at 9:30 AM. She stated she overslept because she worked a double shift yesterday. V46 stated none of the medications on her set have been passed out yet, she is starting to do that right now. V46 stated she is taking care of approximately 24 residents. V46 stated the window for passing out medications is 1 hour before and 1 hour after the order time. V46 stated for the 9:00 AM medications that means they need to be passed between 8:00 AM - 10:00 AM. V46 stated she is not going to be able to get all the medications passed out before 10:00 AM.On 3/26/26 at 10:56 AM Medication administration conducted with V46 (LPN). Observed V46 prepared the following medications: Aspirin 81mg 1 tablet, Hydroxychlor 200MG 1 tablet, Metformin 500mg 1 tablet, Potassium Chloride 20MEQ 1 tablet, Prednisone 20mg 1 tab, trimethoprim/sulfamethoxazole (Bactrim DS) 160mg/800mg 1 tablet. Symbicort inhaler - 2 puffs given to R13.On 3/26/26 at 11:05 AM V46 stated there are 6 pills in the medication cup. Observed V46 administered medications to R13 and were taken orally. V46 stated Empagliflozin (Jardiance) and Gabapentin were not available so it was not given to R13.On 3/26/26 at 11:07 AM Observed R13 sitting up on wheelchair by her bedside with oxygen inhalation via nasal cannula, alert and oriented x 3, verbally responsive. She stated she did not receive her pain patch on her left shoulder this morning. Observed no pain patch on R13's left shoulder. R13 with complaint of pain on her left shoulder, she rates her pain as 8 out of 10.R13's MAR (Medication Administration Record) and POS (Physician Order Sheet) shows order not limited to: Lidocaine External Patch 5 % (Lidocaine) Apply to pain site topically one time a day at 6AM.Bactrim DS Oral Tablet 800-160 MG (Sulfamethoxazole Trimethoprim) Give 1 tablet by mouth two times a day for UTI for 3 Days. Scheduled for 9AM and 6PM.Hydroxychloroquine Sulfate Oral Tablet 200 MG Give 200 mg by mouth two times a day. Scheduled for 9AM and 6PM.Metformin HCl Oral Tablet 500 MG (Metformin HCl) Give 500 mg by mouth two times a day. Scheduled for 9AM and 6PM.Symbicort Inhalation Aerosol 160-4.5 MCG/ACT (Budesonide Formoterol Fumarate Dihydrate) 2 puff inhale orally two times a day. Scheduled for 9AM and 6PM.Gabapentin Oral Capsule (Gabapentin) Give 1 capsule by mouth three times a day for pain. Scheduled for 9AM, 1PM and 5PM.R13's face sheet or admission record shows admission date on 5/10/22 with diagnoses not limited to Chronic obstructive pulmonary disease, Sleep apnea, Hypertensive heart disease with heart failure, Heart failure, Type 2 diabetes mellitus, Rheumatoid arthritis. MDS (Minimum Data Set) dated 1/17/26 shows R13's cognition is intact.On 3/26/26 At 11:25 AM V46 (LPN) stated there are 13 residents more to give medications scheduled at 9AM.On 3/26/26 At 11:47AM V55 (Nurse Practitioner) stated she is expecting nurses to follow ordered time for medication administration. She said if pain medication is not given an hour before and after the ordered time, residents could be uncomfortable, their mobility could be affected due to pain and could lead to hospitalization. She said she has seen R12, and his Gabapentin is ordered for tingling or numbness or for pain related to his diagnosis of PVD. She said if medication is not given an hour before and an after that it is late administration and not following doctor's order. She said if hypertensive or diabetic medication is scheduled multiples times per day, and it was not given on scheduled time, nurse could potentially administer medications back-to-back and could potentially have a higher risk of hypotension/hypoglycemia. On 3/26/26 at 12:58PM V2 (Director of Nursing) stated nurses are expected to follow 5 rights in giving meds. (right route, time, med, dose, patient). She said Nurses should follow ordered time, medication can be given 1 hour before and 1 hour after the ordered time and should be documented after giving medication in MAR (Medication Administration (continued on next page)</p>		

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 03/29/2026
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.			
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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record). V2 stated if medication was given more than an hour the ordered / scheduled time, it is considered late and not following doctor's order. She said if Pain medication is not given as ordered, Pain is not addressed properly. Pain med could not be as effective when it was given as ordered and pain could worsen. V2 stated if medication for hypertension or diabetes is not given as ordered, there could be a risk that resident's blood pressure or blood sugar will not be controlled. She said it is very important to give Antibiotic timely or as ordered as it could risk or higher the chance of resistance and antibiotic could not be effective. Facility's administration procedures for all medications policy dated 10/25/14 shows in part: to administer medications in a safe and effective manner. Review 5 rights 3 times. Check MAR for order.</p>		