STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2026
NAME OF PROVIDER OR SUPPLIER Elms, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1212 Madelyn Avenue Macomb, IL 61455	

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the Facility delayed immunotherapy oncology services for a Medicare Part A payor source causing missed scheduled appointments for one of three Residents (R1) reviewed with a Medicare Part A payor source in a sample of three.Findings include:R1's Contract Between Resident and the Facility Medicare, dated and signed on 12/3/25, documents: sets forth the quantity of rights, duties and obligations of the Resident and the Facility; this contract is made on 12/3/25 and shall be in effect on a year-to-year basis; Resident Rights include that the Resident is fully informed of his/her rights and responsibilities as a Resident and of all rules and regulations governing Resident conduct and responsibilities and such information shall be provided prior to, or at the time of admission or in case of Residents already in the Facility; a Resident is fully informed in writing prior to, or at the time of admission and during stay, of services available at the Facility, and of related charges including Facility services not covered under the Title XIX program or not covered by the Facility's per diem rate; Resident is fully informed by a Physician, of his/her health and mental condition unless medially contraindicated and is afforded the opportunity to participate in the planning of his/her total care and medical treatment; and the Resident is treated with consideration, respect and full recognition of his/her dignity and individually, including care for his/her personal needs.The Facility Resident Rights Policy, undated, documents: it is the policy of the Facility to inform the Resident, both orally and in writing, of his/her rights and rules and regulations governing conduct and responsibilities during his/her stay in the Facility; prior to, and upon admission to the Facility, the Resident will be informed of his or her rights, grievance procedures and rules/regulations governing his or her conduct and responsibilities while a Resident; the Facility will inform the Resident of his/her rights and responsibilities in a language that is both clear and understandable to the Resident; and the Facility will make every effort to assist the Resident in exercising his/her rights and to assure that the Resident is always treated with respect, kindness and dignity.The Facility Assessment, dated 1/15/26, documents: Resident Support/Care Needs specific care of practices for Cancer Treatments (no Residents identified); and includes services for Neoplasm (Cancer).The Facility Census Details Report, dated 3/12/26, documents R1 on Medicare Part B insurance.R1's Physician Order Sheet, dated 3/12/26, documents orders for Physical Therapy, Occupational Therapy and Speech Therapy.V10's Progress note, dated 3/3/26, documents: Right Hip Fracture following ground-level fall with Right Hip Arthroplasty performed on 11/26/2025; remains at a skilled rehabilitation facility (Facility) on self-pay so that (R1) can continue receiving therapy and also resume treatment for Squamous Cell Carcinoma; long history of multiple skin lesions being excised from various parts of body, including Basal Cell Carcinoma on the Nose in 2017; - Squamous Cell Carcinoma in deep and peripheral edges of the Left Scalp shave biopsy (09/20/2024); residual Squamous Cell Carcinoma in the left scalp (12/06/2024); - Squamous Cell Carcinoma of the Left Forearm (3/21/2025); Squamous Cell Carcinoma, moderately differentiated, Right Scalp (04/04/2025); Squamous Cell Carcinoma, Right Cheek (05/17/2025; on 08/01/2025 an imaging test (PET scan) showing substantial changes; there is thickening of the Left [NAME] Bowl into the Left (continued on next page)

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

Printed: 06/05/2026
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No. 0938-0391

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	External Auditory Canal consistent with Squamous Cell Carcinoma; additional irregularities in the Right Parietal Scalp; Hypermetabolic mass in the Left Kidney with concerns for Renal Cell Carcinoma; Hypermetabolic Pulmonary Nodule in the Left Upper Lobe; the lesion in the Kidney has increased to 5.1 x 4.3 x 5.0 centimeter/cm and was 3.1 x 2.7 cm in 11/2021 with the uptake value (SUV) now of six. The uptake value (SUV) in the left [NAME] Bowl is ten; and on 10/21/2025 initiation of Cycle One treatment with single agent immunotherapy (Cempilimab); on 11/26/2025 a Right Hemiarthroplasty was performed following ground-level fall, (R1) hospitalized from [DATE] until 12/1/2025 following a fall which resulted in a Right Femoral Neck Fracture and was discharged to rehabilitation facility (Facility) and has been unable to attend treatment during that time; (R1) is now residing at the (Facility) on private pay so that (R1) can return to finish the planned 8 cycles of treatment (immunotherapy).V10's Progress Note, dated 12/3/25, documents: V5 (R1's Daughter) called regarding R1 residing at a skilled nursing facility (Facility) and will be the ones to bring R1 in for treatment on 12/9/25; on 12/3/25 at 1:55 pm, V4 (Assistant Director of Nursing/ADON) called wanting to discuss R1's immunotherapy and is wanting to know if it would be able to be put pt on hold while R1 is at the Facility and to please call V4 back. On 12/4/25 at 3:33 pm, V10's office tried to call V4 back and got V4's voicemail, left a detailed voicemail asking for a call back, and explained would need okay from the provider in order to withhold treatment; on 12/3/25 at 4:00 pm, a return call from V4 was received and V10's office explained that R1 has just started treatment (immunotherapy), with R1's next one scheduled on 12/9/25, and explained will need to discuss this with V10 (Oncologist) and make sure V10 is aware that R1 had surgery a week ago and call V4 back with updates; on 12/3/25 at 4:25 pm, reviewed with V10 and push out appointments till mid-December and if R1 is able to get here to be seen, we will work on getting surgical clearance once R1 is seen at that point, called V4 back with updates and no answer, so left a detailed message.R1's local Hospital Medical Record, dated 11/29/25, documents R1 presented after a ground level fall at home and sustained a Right Femoral Neck Fracture requiring surgical intervention; history of Autoimmune Pancreatitis, Prostate Cancer and Squamous Cell Cancer of Left Ear and to continue home medication; and imaging results noted Left Upper Lobe (Lung) Pulmonary Nodule. R1's Progress Note, dated 12/1/25 at 4:45 pm, documents R1 admitted to the Facility from the local hospital on subacute skilled therapy.R1's Progress Note, dated 12/4/25 at 8:25 am, documents R1 had follow up appointments scheduled with V10 (R1's Oncologist) for immunotherapy infusion and that V10 would like to push out R1's next infusion just a few weeks due to (R1) just having surgery.R1's Progress Note, dated 12/13/25 at 4:50 pm, documents R1 has skin cancer to the left ear and external auricular canal and has multiple areas for skin issues including treatment at the cancer center (V11's office) for skin areas needing treatment and care.R1's Nursing Note, dated 1/28/26, documents a history of Prostate Cancer, Chronic Autoimmune Pancreatitis and managed by Oncology (V10).R1's Progress Note, dated 2/10/26 at 2:20 pm, documents the V9 (Social Services) received a phone call from V5 (R1's Daughter) inquiring if R1 returns to immunotherapy once at home.R1's Progress Care Plan Meeting Note, dated 2/10/26 at 1:23 pm, documents family voiced understanding that (R1) could start immunotherapy once off of skilled therapy.R1's Progress Note, dated 2/17/26 at 10:30 am, documents V5 (R1's Daughter) came into V9's (Social Service) office and asked when (R1) will come off of skilled therapy because she really wants to get everything set up for treatments. V5 was informed by V9 that there will be a meeting today and (V9) will be able to call (V5) and let her know after talking to therapy. R1's Progress Note, dated 2/17/26 at 3:16 pm, documents, Per (R1's) and (V5's) request R1 will have a last covered day of Medicare A skilled therapy on 2/20/26. (R1) will then transition to private pay for private room, and Part B. (V5) is going to call (V10) and set up (R1's) immunotherapy and let staff know when (R1's) appointments are so they can be placed in the (calendar).R1's Progress Note, dated 2/23/26 at 1:24 pm, documents (V5) called and stated that (R1) has an appointment with V10 (Oncologist) on 3/3/26 and family will transport.R1's Progress Note, dated 3/3/26 at 11:29 am, documents (R1) out of Facility to (V11's) office.R1's Progress Note, dated 3/2/26 at 4:16 pm, (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	documents laboratory results were faxed to (V11's) office for review.R1's Progress Notes, dated 3/5/26 at 10:00 am, documents communication between V9 (Social Service) and R1's family and answered questions regarding Medicare A and Medicare B therapy and family provided multiple appointments which were placed on the calendar.On 3/12/26 at 11:12 am, V5 (R1's Daughter) stated, I was told that we had to stop Dad's (R1's) immunotherapy because (R1) was receiving therapy on Medicare benefits, and once (R1) went off Medicare, we could start (R1's) immunotherapy again. I never knew, until after (R1) got admitted to the (Facility), that (R1) would not be able to go to the Oncologist. From what I understood, the only way we could take Dad (R1) for his cancer treatment was after he got off Medicare and went private pay. I never really understood it, it never made any sense to me, but (R1) was already there. Once (R1) came off Medicare, I was the one that called to set up the appointments to resume, no one offered.On 3/12/26 at 1:28 pm, R1 (alert and oriented) stated, I was told that I could not go to (V10/Oncologist) while I was on Medicare getting my therapy after my hip surgery. I just started going again because I am now on private pay. Now that I am the one paying, I guess I am the one that can pay for my immunotherapy. It never made any sense to me.On 3/12/26 at 11:18 am, V8 (V10s Oncology Nurse) stated, It looks like our progress notes document that our office received telephone calls from (V4/Assistant Director of Nursing/ADON) on 12/3/25, requesting that we put a hold on (R1's) immunotherapy due to insurance reasons. On 12/5/25, we received another phone call from (V3/Infection Preventionist) requesting to put (R1's) immunotherapy on hold until mid-December. On 12/15/25, someone from the Facility called and stated they would call when ready to reschedule (R1's) immunotherapy appointment and no caller name is documented. On 2/19/26, we received a phone call from (V5/R1's Daughter) informing us that (R1) was not on Medicare benefits anymore and wanted to schedule (R1's) immunotherapy.On 3/12/26 at 12:40 pm, V9 (Social Service) stated, When we have a new referral for an admission, our entire team reviews the medical record. I am not a nurse, but I do review things such as behaviors, transportation needed for appointments and things like that. I did not see that (R1) was supposed to receive immunotherapy at that time, I think we realized it after (R1) admitted .On 3/12/26 at 11:56 am, V6 (Admissions) stated, I did not see that (R1) was receiving any immunotherapy when I was screening (R1) for admission. Usually, our team will identify expensive medication during the screening process. I do not think that they realized (R1) had appointments for immunotherapy until the on-boarding/admission process.O 3/12/26 at 12:03 pm, V4 (Director of Nursing/DON) stated, We were not aware of (R1) being on immunotherapy for (R1's) cancer. Around (R1's) admission on [DATE], I called (V10) to see if it was okay to hold the immunotherapy for a few weeks.On 3/12/26 at 1:00 pm, V1 (Administrator) stated, (R1) did admit to our Facility with Medicare benefits. I think we realized after the fact, when (R1) was already in the building, that (R1) was receiving immunotherapy. They called to reschedule some of the appointments. We usually will catch these types of expenses prior to admission, that is what our screening process is for.