

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/25/2025
Form Approved OMB
No. 0938-0391

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 01/19/2024
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>41356</p> <p>Based on observation, interview, and review of records the facility failed to follow their policy on feeding and assisting residents to eat. Failures include facility staff was standing and not giving attention to 3 out of 3 residents (R2, R101, R16) during mealtime. These failures affects 3 residents (R2, R101, R16) socializing experience during mealtime.</p> <p>Findings include:</p> <p>On 01/16/2024 at 12:19 PM, at the dining room, three (3) residents were located on the same table. R2 being fed with V37 (Certified Nursing Assistant), R101 fed by V10 (Certified Nursing Assistant, and R16 fed by V39 (Certified Nursing Assistant). V37, V10 and V39 were standing and focused on talking to each other while feeding the residents. R2 was coughing and refusing food. R2 was transferred to his room instructed by V24 (Registered Nurse/Unit Manager) because of discomfort and was not able to tolerate the feeding. R101 was observed to be coughing while being fed. V39 said that they are use to feeding the resident while standing, but admitted that it is a good idea to feed residents while sitting because it is on the eye level position and a since R16 needs to be monitored for aspiration.</p> <p>On 01/17/2024 at 10:46 AM, V40 (Restorative Director/ Registered Nurse) stated that R2 needs extensive assistance with feeding. R101 needs extensive assist with feeding and is a feeder with risk for aspiration. R16 needs also he is extensive assist and a feeder. V40 said that feeder means somebody needs to assist that resident during mealtime. If someone does not assist the resident will not be able to eat. V40 states that proper way to feed the resident is to make sure that they are positioned upright first and you are to sit facing the resident with the tray close to you on a table. V40 said, Yes, it must be eye level. And never stand up and feed the resident. Because you (referring to the staff feeding the resident) are supposed to interact with resident. And giving them your time while you feed them (resident).</p> <p>R2 has a BIMS (brief interview of mental status) dated of 11/9/2023 was not done because resident rarely or never understood. R101 has a BIMS score of 9 dated 10/19/2023 that means R101 has cognitive impairment. And R16 has a BIMS score of 9 dated 12/26/2023 that means R101 has cognitive impairment. R2, R101, and R16 need assistance on eating per MDS (minimum data set).</p> <p>Feeding and Assisting Residents to Eat policy not dated, reads:</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145970	Facility ID: 145970 If continuation sheet Page 1 of 32

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The purpose is to assist the resident to obtain nutrient and hydration. And to provide a socializing experience for resident. Under procedure, staff that feeds the resident will assist resident to comfortable position, 60 to 90 degrees. Rationale is for nursing personnel assisting should be position / seated at eye level with the resident to provide a relaxed and comfortable environment, and to avoid a standing over image.		

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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>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy to ensure that call light was within easy accessibility to resident at the bedside and failed to monitor defective and/or non-functioning call light. These failures affect 2 (R114 and R531) residents to call for assistance and receive care in a sample of 35.</p> <p>The findings include:</p> <p>1. R114's health record documented admitted [DATE] with diagnoses not limited to Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery, Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side, Other pulmonary embolism without acute cor pulmonale, Aphasia following cerebral infarction, Wrist drop right wrist, Hyperlipidemia, Repeated falls, Essential (primary) hypertension, Schizophrenia, Cerebrovascular disease, Subsequent non-st elevation (nSTEMI) myocardial infarction, Contracture right hand.</p> <p>On 1/16/24 at 11:03 am, R114 observed lying in bed, alert and responsive with splint on right hand. Observed call light on the floor under the bed of R114's roommate. V7 (Certified Nursing Assistant / CNA) requested in R114's room and confirmed that call light was on the floor. Observed V7 moved R114's roommate bed to pick up the call light and clipped near R114. V7 stated that call light should always be within reach so resident can call for help or assistance if needed.</p> <p>On 1/17/23 at 3:23 pm, V2 (Director of Nursing / DON) stated that the purpose of call light is to address resident's needs, to make staff aware if resident needs any assistance. Stated that call light should always be in reach for all residents. V2 said that if call light is not within reach, resident is unable to inform staff if assistance or help is needed.</p> <p>MDS (Minimum Data Set) dated 12/19/23 showed R114's cognition was intact. R114 needed set up/clean-up assistance with eating; Supervision or touching assistance with oral hygiene; Partial/moderate assistance with toileting hygiene, chair/bed transfer and toilet transfer; Substantial/maximal assistance with shower/bathe self, upper and lower body dressing, and personal hygiene. MDS showed R114 was occasionally incontinent of bladder and always continent of bowel.</p> <p>Care plan dated 6/22/23 documented in part: R114 has a communication problem related to diagnosis of Aphasia following cerebral infarction. Care plan interventions included but not limited to call light in reach.</p> <p>Facility's call light policy dated 2/2/18 documented in part:</p> <ul style="list-style-type: none"> - To respond to residents' request and needs in a timely and courteous manner. - 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>(continued on next page)</p>		

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F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>- Call bell system defects will be reported promptly to the maintenance department for servicing. Check room frequently until system is repaired.</p> <p>41356</p> <p>2. On 01/16/2024 at 11:04 AM, R531 was seen with a microphone-like equipment on the right side of the bed. On that devise a cable/cord was seen attached to the wall where call light is located. V7 (Certified Nursing Assistant) came inside the room and stated that you need to blow on it and will light up like a regular call light. R531 tried it multiple times and it did not work. V7 said that R531 need to have a call light working because R531 is total assist. V35 (Registered Nurse) was informed and went and check R531. V35 said that there is a missing mouthpiece on the tip of the call light. R531 said she was not able to use the call light last night, and that she thought it functions as a microphone.</p> <p>On 01/17/2024 at 03:48 PM, V2 (Director of Nursing) stated that R531 has blow call light, and that by blowing it will light up like regular call light. And that it was not working and was change into a call light with a pad for easier use. V2 stated that R531 needs a lot of assistance and that a call light is needed. And the call light should be monitored if functioning to make sure resident that needs help can call.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on interview and record review the facility failed to obtain a Physician's order with the code status for 1 (R24) of 6 residents reviewed for Advance Directives in a sample of 35.</p> <p>Findings Include:</p> <p>R24 was admitted to the facility on [DATE] with diagnosis not limited to Peripheral Vascular Disease, Seizures, Essential (Primary) Hypertension, Polyneuropathy, Major Depressive Disorder, Anemia, Gastritis, Gastro-Esophageal Reflux Disease, Symptomatic Epilepsy and Epileptic Syndromes with Complex Partial Seizures, Generalized Epilepsy and Epileptic Syndromes, Altered Mental Status, Extended Spectrum Beta Lactamase (ESBL) Resistance.</p> <p>Review of R24 Physician orders, Progress Notes and Care Plan has no orders or documentation for Advance Directives.</p> <p>On [DATE] at 11:39 AM, R24 was observed sitting in a wheelchair in his room in no distress.</p> <p>On [DATE] at 10:11 AM, V11 (Social Service Director) stated Advance Directives are uploaded in PCC (Point Click Care) and a POLST (Physician Order Life Sustaining Treatment) binder is on every floor. The resident code status needs to have an order and be care planned. The purpose of the Advance Directives is to identify the residents code status, of full code or DNR (Do Not Resuscitate), so that, everyone can know the resident's wishes. If the resident does not have a POLST form, they are considered a full code. I am not sure if the full code needs to be care planned. The full code should be documented under the social service assessment.</p> <p>On [DATE] at 10:37 AM, V11 (Social Service Director) stated every resident should have a code status order. When you pull it up their code status should identify if a full code or DNR. The nurse put in the order for the code status.</p> <p>On [DATE] at 03:53 PM, V2 (Director of Nursing) stated the nurses are responsible for putting the Advance Directive orders in. If the order is not entered and something were to happen, they would treat the resident as a full code. Every resident should have an order for the code status. We also have a DNR (Do Not Resuscitate) book at each nurse station. If there is no code status order and the resident has a POLST Form for DNR the staff would potentially code (CPR) (Cardiopulmonary Resuscitation) someone that should not be coded.</p> <p>Policy:</p> <p>(continued on next page)</p>		

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Titled Advance Directives revised [DATE] document in part: Purpose: To ensure that all residents and/or resident representatives are informed concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. Guidelines: 7. A resident who has not been declared legally incompetent or found by their attending physician to be capable of making a decision may exercise the right to participate in decision making concerning their health care and medical treatment. 9. A written physician's order is required in response to the resident's Advance Directive(s). Physician's orders shall be specific and address each Advance Directive.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on interview and record review, the facility failed to follow their policy to develop a comprehensive person-centered care plan that directs the care team, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs. This failure affects 7 (R20, R45, R61, R91, R125, R129, R136) residents reviewed for comprehensive care plan in a sample of 35.</p> <p>The findings include:</p> <p>R61's health record documented admitted [DATE] with diagnoses not limited to Type 2 diabetes mellitus with hyperglycemia, Epilepsy, Diverticulosis of intestine, Aphasia following cerebral infarction, Unspecified dementia, Anxiety, Depression, Benign prostatic hyperplasia without lower urinary tract symptoms, Personal history of other venous thrombosis and embolism, Complex regional pain syndrome, Malignant neoplasm of prostate, Essential (primary) hypertension, Hyperlipidemia, Heart failure.</p> <p>On 1/16/24 at 2:34 pm, R61's POS (Physician order sheet) included active order not limited to FULL CODE. No care plan found in R61's electronic health record (EHR).</p> <p>R136 health record documented admitted [DATE] with diagnoses not limited to Unspecified protein-calorie malnutrition, Cerebral infarction, Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side, Cardiomegaly, Type 2 diabetes mellitus without complications, Essential (primary) hypertension, Atelectasis, Anemia, Hyperlipidemia, Alzheimer's disease, Gastrostomy status, Encounter for attention to gastrostomy, Insomnia, Dysphagia oropharyngeal phase, Depression, Other specified arthritis, Heart failure, Parkinson's disease without dyskinesia, Unspecified dementia, Pleural effusion.</p> <p>At 2:53 pm, R136 POS included active order not limited to: Do Not Attempt Resuscitation/DNR/DNI (Do not intubate), order dated 12/7/23. Admit to hospice, order dated 12/8/23. No care plan for code status and hospice found in R136's Electronic Medical Record (EHR).</p> <p>On 1/17/24 at 10:12 am, V11 (SSD / Social Service Director) stated that code status needs to have an order, DNR (Do Not Resuscitate) status needs to be care planned. Stated that the purpose of Advance Directives or code status is to identify if resident is a full code or DNR so IDT (interdisciplinary team) would know the wishes of the resident if they want to be resuscitated or not. V11 Stated that advance directives or code status care plan is under SS (social service) care plan. Stated that all CP (care plans) are electronic and can be viewed by IDT.</p> <p>Reviewed R61 and R136 care plans provided by facility with no care plan found for Hospice care and Advance Directives.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/18/24 at 9:43 am, V30 (MDS/CP Coordinator, Licensed Practical Nurse/LPN) and V31 (MDS/CP Coordinator, Registered Nurse/RN) stated that care plan formulates the plan of care of the resident from the problem, has measurable goals and appropriate interventions for the residents. Stated that care plan should be patient-centered and individualized. V30 and V31 stated that purpose of care plan is to identify issues / problems and goals of the resident and appropriate interventions so staff or IDT would know how to care for the resident. Stated that care plan is included in resident's EHR (electronic health record) and can be viewed by IDT. V30 and V31 stated that if care plan is not available, the IDT or staff does not have a guide on how to care the resident. V30 stated that R136 is DNR and care plan was found in EHR dated 1/17/24.</p> <p>On 1/8/24 at 10:05 am, Facility provided R136's advance directive/code status and Hospice care plan with created date of 1/17/24.</p> <p>Facility's comprehensive care plan policy dated 11/17/17 documented in part:</p> <ul style="list-style-type: none"> - To develop a comprehensive care plan that directs the care team. - The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. <p>41356</p> <p>R129, R91, and R20 were reviewed for nutrition due to possible weight loss.</p> <p>Per resident record R129 and R20 does not have significant weight loss. And R91 has weight loss after readmission from the hospital dated 10/7/2023. After readmission R91 maintain his weights within normal limits.</p> <p>On 01/18/2024 at 11:05 AM, V36 (Registered Dietitian) stated that R129, R91, and R20 needed to be monitored and care planed due to possible nutritional concerns. But she (V36) does not do the care plan for the facility.</p> <p>Upon review of R129, R91, and R20 plan of care. Full care plan does not include nutrition for R129, R91, and R20.</p> <p>On 01/18/2024 at 12:27 PM, V38 (Minimum Data Set Coordinator) stated that there is no nutrition at all included in the care plan. And that nutrition is important and that it should been included. V38 said, to be honest we have a lot of residents that have comorbidities and need attention to weight loss that needs to be care planned.</p> <p>46342</p> <p>R45 has a diagnosis including but not limited to Type 2 Diabetes Mellitus without Complications, Unspecified Dementia. R45's Order Summary Report dated 01/16/24 documents in part, full code status ordered on 08/18/22. Per review of R45's electronic health record (EHR) R45 does not have a care plan for advance directives.</p> <p>(continued on next page)</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R125 has diagnosis including but not limited to Alzheimer's Disease, Unspecified Dementia, Schizophrenia, Anxiety, Major Depressive Disorder, Adult Failure to Thrive. R125's Order Summary Report dated 01/16/24 documents in part, full code status ordered on 06/04/21. Per review of R125's EHR R125 does not have a care plan for advance directives. Facility policy titled Advance Directives dated 11/28/12 documents in part, for the purposes of this policy and procedure Advanced Directives means a written instrument, such as a life prolonging procedure declaration, and Advanced Directive(s) shall be included in the resident's plan of care.		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on interview and record review, the facility failed to obtain a resident's blood glucose as ordered, this failure affected 1 resident (R42) in a sample of 35 residents.</p> <p>On 1/16/24 at 11:55 AM, R42 was sitting on R42's wheelchair in R42's room. R42 was alert and able to verbalize needs. R42 stated that R42 receives insulin injections, but the staff has not checked R42's blood glucose since Friday. R42 stated that R42 is diabetic, and no one checked R42's blood glucose this morning either.</p> <p>At 12:01 PM, Surveyor checked R42's electronic health record (EHR) with V5 (Registered Nurse/3rd Floor Unit Manager). R42's current physician order sheet (POS) shows an order for blood glucose monitoring two times a day scheduled at 9:00 AM and 6:00 PM. R42's blood glucose results show R42's blood glucose was last taken on 12/12/23 at 4:40 PM with a result of 331 mg/dl.</p> <p>At 12:12 PM, V15 (Agency Licensed Practical Nurse) stated that V15 is assigned to R42 and did not check R42's blood glucose this morning. Surveyor and V15 checked R42's medication administration record (MAR) in R42's EHR and no blood glucose readings were found from 12/13/23 to 1/16/24.</p> <p>On 1/17/24 at 8:47 AM, V2 (Director of Nursing) stated that residents with a diagnosis of diabetes and is receiving diabetic medications should have orders for blood glucose monitoring. V2 stated that blood glucose checks should be done by the nurses per physician's order and the results should be documented in the MAR. V2 stated that if it's not documented that means it's not done. V2 stated that R42's blood glucose monitoring order was twice a day scheduled at 9:00 AM and 6:00 PM but was updated on 1/16/24 to 6:00 AM and 6:00 PM.</p> <p>R42's clinical records show an admitted [DATE] with listed diagnoses not limited to type 2 diabetes with diabetic neuropathy, peripheral vascular disease, and hyperlipidemia. R42's physician order sheet (POS) printed on 1/16/24 at 8:07 PM shows R42 has an order for blood glucose monitoring two times a day ordered on 11/22/23 and was revised on 1/16/24. R42's Blood Sugar summary printed on 1/16/24 at 8:04 PM shows no blood glucose reading results from 12/13/23 to 1/15/24. R42's December and January MARs show no documented blood glucose reading results until 1/16/24.</p> <p>The facility's policy titled; Diabetic Interventions with no date reads in part:</p> <p>It is appropriate at the time of admission to request an order for finger stick blood sugar on Diabetic residents who exhibit sign/symptoms of Hypoglycemia/Insulin reactions to determine the blood sugar level. Finger-stick blood sugar monitoring may be performed when a change in status is observed and hypo or hyperglycemia is suspected.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on observation, interview and record review, the facility failed to follow their policy to ensure that intervention was documented or initialed in the electronic treatment administration record (ETAR) for 1 (R94) resident with presence of pressure ulcer in a sample of 35.</p> <p>The findings include:</p> <p>R94's health record showed initial admitted [DATE] with diagnoses not limited to Type 2 diabetes mellitus, Major depressive disorder, Pressure ulcer of sacral region stage 4, Heart failure, Dysphagia, Hyperlipidemia, Atherosclerotic heart disease of native coronary artery without angina pectoris, Peripheral vascular disease, Hypothyroidism, Essential (primary) hypertension.</p> <p>On 1/16/24 at 11:09 am, R94 Observed lying in bed on moderate high back rest, alert and verbally responsive, stated that she has a wound on her buttocks. Observed with wound vaccum and air mattress in place.</p> <p>On 1/17/23 at 2:38 pm, V18 (Wound Care Nurse, Licensed Practical Nurse/LPN) stated that wound care team is doing treatment for the residents. Stated that after treatment is completed, ETAR (electronic treatment administration record) needs to be signed or initialed to show that treatment was done. V18 stated that if ETAR was not signed, it showed that treatment was not done and potentially could lead to worsening of wound or infection. Reviewed R94 EHR (electronic health record) with V18 and stated that R94 has Stage IV pressure ulcer on sacrum that was present on admission. Stated that current treatment is wound vac and changed 3x per week and as needed. V18 stated that latest wound measurement: 2.3 x 3.0 x 4.0 cm (centimeter) with 4cm undermining at 9-3 o'clock. Stated that R94 is being followed by wound MD (medical doctor) every week.</p> <p>On 1/18/24 At 10:20 am, R94 observed lying on the left side. Wound observation conducted with V18 (Wound Nurse), V28 (Certified Nursing Assistant / CNA) and V29 (Wound MD/Medical Doctor). Observed R94 with sacral wound, no signs, and symptoms of infection. Wound bed appeared pink to red 100%, no excoriation or maceration on surrounding area. V29 identified sacral wound as Chronic Stage IV pressure ulcer measuring 2.3 x 3 x 4cm with 2cm undermining at 8-9 o'clock. Stated that wound size is shrinking, wound is improving with no signs and symptoms of infection. V29 stated that there are several factors that contributed to R94's chronic stage IV pressure ulcer on sacrum such as impaired mobility, incontinence, noncompliance, DM (Diabetes Mellitus), CHF (Congestive Heart Failure), adult failure to thrive. V29 stated that suprapubic catheter was recommended before but R94 refused. V29 stated that if there was a missed treatment could potentially delay wound healing and risk for infection.</p> <p>At 11:02 am, V2 (Director of Nursing / DON) stated that nurses are expected to sign ETAR after providing treatment to show that it was done. Stated that standard practice in nursing, if it was not documented, it was not done. V2 stated that wound could potentially decline or delay the wound healing if treatment was missed or was not done.</p> <p>R94 POS (physician order sheet) with active order not limited to:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Sacrum- cleanse wound dakin's solution, pat dry. Apply dakin's moistened gauze to wound bed and cover with dry dressing as needed for soiling, saturation and/ or malfunctioning of wound vac as needed.</p> <p>- Sacrum- cleanse with dakin's solution, pat dry. Apply skin prep to peri-wound. Apply wound vac at -125 continuous 3x per week. change as needed for soiling and/or saturation every day shift every Tue, Thu, Sat.</p> <p>MDS (Minimum Data Set) dated 12/18/23 showed R94's cognition was intact. R94 needed set up/clean up assistance with eating; Supervision/touching assistance with oral hygiene; Substantial/maximal assistance with toileting hygiene, shower/bathe self, upper and lower body dressing, and personal hygiene; Total assistance/dependent with chair/bed and toilet transfer. MDS showed R94 was frequently incontinent of bowel and bladder. MDS showed R94 had Stage IV pressure ulcer that was present upon admission.</p> <p>Care plan dated 9/18/19 documented in part: R94 has stage 4 sacral pressure ulcer. Care plan interventions included but not limited to administer treatments as ordered and monitor for effectiveness.</p> <p>R94's Treatment Administration Record (TAR) showed no initial or signature that treatment was provided on 11/4/23, 11/27/23, 12/14/23 and 12/28/24.</p> <p>R94's Braden assessment dated [DATE] scored 14 (Moderate Risk) to develop pressure ulcer or injury.</p> <p>R94's wound assessment dated [DATE] documented in part:</p> <p>Sacrum - Stage IV pressure ulcer present on admission. Measurement: 2.3 x 3.0 x 4.0 cm with 4 cm undermining at 9 to 3 o'clock.</p> <p>V29 (Wound MD) notes dated 1/18/24 documented in part: The wound is currently classified as a category/Stage IV wound with etiology of pressure ulcer and is located on the sacrum. The wound measures 2.3cm length x 3 cm width x 4 cm depth. There is fat layer (subcutaneous tissue) exposed. There is a medium amount of serosanguinous drainage noted. There is large (67-100%) granulation within the wound bed. There is no necrotic tissue within the wound bed. The periwound skin appearance exhibited: Ecchymosis. The periwound skin appearance did not exhibit: callus, crepitus, excoriation, induration, rash, scarring, dry / scaly maceration, blanch, cyanosis, staining, mottled, pallor, rubor, erythema.</p> <p>Facility's skin condition assessment and monitoring - pressure and non-pressure policy dated 6/8/18 documented in part:</p> <p>- To establish guidelines for assessing, monitoring, and documenting the presence of skin breakdown, pressure injuries and assuring interventions are implemented.</p> <p>- Physician ordered treatments shall be initialed by the staff on the electronic treatment administration record after each administration.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39779</p> <p>Based on observation, interview and record review the facility a.) failed to provide services to treat and prevent a decline of Range of Motion (ROM) for a resident with contractures to the left hand, b.) failed to assess a resident with contractures and c.) failed to implement a care plan to address the resident contractures. This deficient practice was identified for 2 (R70, R172) of 2 residents reviewed for ROM in a sample of 35.</p> <p>Findings Include:</p> <p>1. R172 was admitted to the facility on [DATE] with diagnosis not limited to Adult Failure to Thrive, Single Subsegmental Pulmonary Embolism Without Acute Cor Pulmonale, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Dominant Side, Essential (Primary) Hypertension, Paraplegia, Hyperlipidemia, Emphysema, Long Term (Current) use of Anticoagulants, Abnormalities of Gait and Mobility, Weakness and Lack of Coordination.</p> <p>R172's Progress note dated 01/17/24 19:40 document in part: Nurse Practitioner Progress Notes Text: History of Present Illness: - Impaired Mobility PMHx: (Past medical history) CVA (Cerebral vascular) with left hemiparesis, paraplegia. Musculoskeletal: Contracture left hand. Gait and station: bed bound. Hemiparesis-assist with ADL (Activities of Daily Living).</p> <p>R172's Progress note dated 01/18/24 12:12 document in part: Physiatry Progress Note Text: Service Date: 01/15/24 Chief Complaint: Impairment of ADLs and mobility 2/2 deconditioning with muscle weakness and difficulty with functional mobility. HPI (History of Present Illness) (from initial evaluation): with past CVA with left-sided weakness, who was transferred to the hospital because he was getting progressively weak, deconditioned, unable to care for himself. Comprehensive Neuro: Inspection: L hand contracture noted. Muscle strength: Left upper and left lower extremities 2/5 with notable contracture.</p> <p>R172's Care Plan document in part: Would benefit from PROM/AAROM/AROM (Passive Range of Motion/Assisted Active Range of Motion/Active Range of Motion) program due to he/she is at risk for developing contractures/has actual contractures. Date Initiated: 01/17/24. Interventions: Hand: Abduction-Adduction; Flexion-Extension of fingers; Finger-Thumb Opposition; Flexion-Extension of Thumb Date Initiated: 01/17/24. Observe for any signs of contractures during daily care. Date Initiated: 01/17/24. Use hand rolls as appropriate. Date Initiated: 01/17/24.</p> <p>R172's Restorative Nursing Program Observation dated 01/17/24 document in part: 8. PROM Care Planning Focus: Would benefit from a PROM/AAROM/AROM program due to he/she is at risk for developing contractures/has actual contractures. Desired Outcome: Will not develop any new contractures. Intervention: Use hand rolls as appropriate. Intervention: Observe for any signs of contractures during daily care. Intervention: Hand: Abduction-Adduction; Flexion-Extension of fingers; Finger-Thumb Opposition; Flexion-Extension of Thumb.</p> <p>(continued on next page)</p>		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>R172's Restorative Contracture Observation dated 01/17/24 document in part: Current Range of Motion Status: C. The resident has limitations in range of motion as noted. Left Extremities D. Left Hand Severe contracture of specified joint. Displays less than 50% of normal range. Longevity/Stability of contractures. Resident was admitted with upper and lower extremity contractures. Left hand and elbow and left knee.</p> <p>On 01/16/24 at 11:30 AM, R172 was observed lying in bed with the left hand contracted and no splint or hand roll in use. R172 stated they don't do anything for me, but I don't know any of the staff names. They just put a piece of cloth to hold in my left hand, but it did not help.</p> <p>2. R70 was admitted to the facility on [DATE] with a readmitted [DATE] with diagnosis not limited to Long Term (Current) Use of Insulin, Pain in Right Foot, Elevated [NAME] Blood Cell Count, Gangrene, Essential (Primary) Hypertension, Constipation, Hyperlipidemia, Acute Osteomyelitis, Right Ankle and Foot, Long Term (Current) use of Anticoagulants, Contracture, Left Hand, Lack of Coordination, Weakness, Peripheral Vascular Disease, Type 2 Diabetes Mellitus with Foot Ulcer, Longstanding Persistent Atrial Fibrillation, Acquired Absence of Right Great Toe, Atrial Fibrillation, Soft Tissue Disorders, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Peripheral Vascular Angioplasty Status with Implants and Grafts, other Abnormalities of Gait and Mobility and Supraventricular Tachycardia.</p> <p>R70's Restorative Contracture Observation 10/06/23 documented in part: Current Range of Motion Status: B. This resident's range of motion is currently within functional limits and is at high risk for developing contractures. Will monitor quarterly.</p> <p>R70's Restorative Contracture Observation 01/17/23 documented in part: Current Range of Motion Status: The resident has limitations in range of motion. Range of Motion (Rom) Evaluation Scale: D. Left Hand Severe contracture of specified joint. Displays less than 50% of normal range. Longevity/Stability of Contractures: Resident was admitted to facility with upper and lower extremity contractures. Splint/Orthosis: A. Resident has splint/orthosis. Yes. Resident does have a personal left resting hand splint in drawer that staff was unaware of.</p> <p>R70's Care Plan document in part: R70 would benefit from a PROM program due to she has actual contractures related to left-sided hemi s/p (status Post) CVA (Cerebral Vascular Accident). Date Initiated: 01/17/24. Interventions: Provide PROM exercises to the affected extremities as indicated. 10 reps each exercise x's 3 sets. Date Initiated: 01/17/24. Hand: Abduction-Adduction; Flexion-Extension of fingers; Finger-Thumb Opposition; Flexion-Extension of Thumb Date Initiated: 01/17/24. Use hand rolls as appropriate. Date Initiated: 01/17/24.</p> <p>On 01/16/24 11:56 AM, R70 was observed laying in bed with a contracture to the left hand. Surveyor asked R70 does she have a splint for the left hand and R70 responded yes, it is in the drawer over there. When asked by the surveyor when was the last time that she had it on R70 responded about 2 months ago.</p> <p>On 01/17/24 at 10:56 AM, V12 (Restorative Nurse) stated R172 is in the restorative program and is being seen 3-5 times a week for passive range of motion and bed mobility.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/17/24 at 11:40 AM, V12 (Restorative Nurse) stated R172 receives bed mobility 15 minutes 4-6 days a week and dressing 3-5 days a week. R172 does not have any splints or contractures. I can't recall R172 having any contractures. R172 does have limitations on the right side. Me or my assistant assess the residents for contractures. R70 is an extensive assist with bed mobility, dressing, transferring is non ambulatory but has pretty good trunk control.</p> <p>On 01/17/24 at 11:49 AM, V12 (Restorative Nurse) asked V27 (Certified Nurse Assistant) about R172's left hand. V27 responded R172 can open his left hand up a little. V12 (Restorative Nurse) instructed V27 (Certified Nurse Assistant) to bring her (V12) a left-hand splint out of the closet. V12 (Restorative Nurse) stated R172 requires a left-hand splint. I have to call the Nurse Practitioner to let her know R172 is having a little pain and trouble opening his left hand so that we can splint the left hand. The Nurse Practitioner usually puts the order in.</p> <p>On 01/17/24 at 11:51 AM, V12 (Restorative Nurse) went into the dining room to apply R172's left hand splint.</p> <p>On 01/17/24 at 11:55 AM, V12 (Restorative Nurse) entered R70's room with the surveyor and R70 was observed lying in bed with no left-hand splint in place. V12 asked R70 can I see your left hand. R70 said its sore, V12 asked for how long R70 responded since I had the stroke. The splint is in the drawer. V12 responded I see it located in the bottom drawer; you came here with it, let me get an order. R70 said it's been a while, V12 responded I never saw the splint.</p> <p>On 01/17/24 at 11:58 AM, V27 (Certified Nurse Assistant) asked about the left-hand splint that she (V27) had just given R172 and V12 responded give R172 the hand roll. The purpose of the splint and hand roll is to prevent contractures or further contractures. Hand rolls can also be used for palm protection to prevent moisture and injury from the residents' nails. The surveyor asked V12 when does restorative assess the resident, V12 responded on admission and they are reassessed every 3 months unless they have a noticeable change. R172 was admitted [DATE] and if R172 left hand has been like that it means that R172 was admitted like that. When I did the assessment, it was determined that R172 has the left-hand contracture. R70 was admitted [DATE], R70's last assessment was on 12/20/23 indicating upper extremity impairment on one side but it does not say what side, upper body dressing and bed mobility.</p> <p>On 01/17/24 at 03:53 PM, V2 (Director of Nursing) stated the purpose of the splint is to decrease or prevent further contractures, (minimize and prevent). The restorative assessment is done on admission and if there were a change. The staff is responsible for assessing and reporting to restorative when they notice a change.</p> <p>On 01/18/24 at 08:49 AM, V2 (Director of Nursing) stated R70 does not have an initial restorative assessment.</p> <p>Policy:</p> <p>(continued on next page)</p>		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Titled Restorative Nursing Program revised 01/04/19 document in part: Purpose: To promote each resident's ability to maintain or regain the highest degree of independence as safely as possible> Includes, but not limited to, programs in walking/mobility, dressing and grooming, splint, or brace assistance. Guidelines: Each resident will be screened for restorative nursing upon admission, annually, quarterly, and with any significant change in function. Appropriateness for a restorative program will be determined by the interdisciplinary team as needed. Each resident involved in a restorative program will have an individualized program with individualized goals and measurable objectives documented on the plan of care. Documentation of the interventions and the resident's response will be completed with each implementation. Each resident's progress will be evaluated periodically by the licensed nurse. To determine a restorative need for a new admission: Identify residents who currently have splints/braces or previous range of motion programs or those that have an actual or potential limitations with ROM and/or pain. Develop an individualized program based on the resident's restorative needs and include the restorative program in the care plan.</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on observation, interview, and record review, the facility failed to follow their policies and procedures to ensure a resident received the correct oxygen flow rate as ordered by the physician and to ensure oxygen tubing was properly labeled when it was changed for 1 (R65) of 2 residents receiving oxygen therapy in a sample of 35 residents reviewed for respiratory care.</p> <p>Findings Include:</p> <p>On 1/16/24 at 12:38 PM, R65 was sitting in R65's geriatric chair alert and awake but unable to answer surveyor's questions. R65 was noted receiving oxygen (O2) via nasal cannula that was set to 4 liters per minute (LPM). R65's O2 tubing was also noted with no date labeled when it was last changed.</p> <p>On 1/18/24 at 9:54 AM, V2 (Director of Nursing) stated that a resident's oxygen should be administered per physician's order. V2 stated that the nurses are responsible in monitoring and making sure that the resident is receiving the correct oxygen order. V2 also stated that O2 tubing should be changed weekly and should be labeled with the date when it was last changed.</p> <p>R65's clinical records show an initial admitted [DATE] with listed diagnoses not limited to End Staged Renal Disease and Other Asthma. R65's physician orders with active orders as of 1/16/24 shows an order that reads: O2 at 3L via NC continuous ordered on 11/23/2023. R65's comprehensive care plan initiated on 11/23/23 shows R65 has oxygen therapy as ordered related to asthma with one intervention that reads, oxygen as ordered / see pos and mar for orders and changes to orders.</p> <p>The facility's policy titled; Oxygen Administration dated 10/2010 reads in part:</p> <p>Purpose</p> <p>The purpose of this procedure is to provide guidelines for safe oxygen administration</p> <p>Preparation</p> <p>1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration.</p> <p>2. Review the resident's care plan to assess for any special needs of the resident.</p> <p>The facility's policy titled; Oxygen & Respiratory Equipment-Changing/Cleaning dated 1/2019 reads in part:</p> <p>Procedure:</p> <p>4. Nasal Cannula</p> <p>a. Nasal cannulas are to be changed once a week and PRN.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. A clean plastic bag with a zip loc or draw string, etc. will be provided to store the cannula when it is not in use. It will be dated with the date the tubing was changed		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44103</p> <p>Based on observations, interviews and record reviews, the facility failed to follow their policy and procedure for medication storage and labeling to ensure medication was secured in a locked storage area for 1 (R182) resident and failed to properly date opened multi-dose inhalers and insulins for 6 residents (R144, R104, R123, R18, R76, R48) from two of four medication carts inspected for medication storage and labeling.</p> <p>Findings Include:</p> <p>On 1/16/24 at 10:17 AM, 2nd floor medication cart 2 was inspected with V33 (Licensed Practical Nurse). The following were noted:</p> <ul style="list-style-type: none"> - R144's opened Tiotropium 18MCG inhaler without the date opened written on the label. - R104's opened Symbicort inhaler without the date opened written on the label. - R123's two opened Lispro insulin pen without the date opened written on the label. - R18's opened Basaglar insulin pen without the date opened written on the label. - R76's opened Lantus insulin vial without the date opened written on the label. <p>V33 stated that all inhalers and insulins should be dated when opened.</p> <p>At 10:36 AM, 2nd floor medication cart 1 was inspected with V34 (Licensed Practical Nurse). The following was noted:</p> <ul style="list-style-type: none"> - R48's opened Budesonide-Formoterol inhaler without the date opened written on the label. <p>On 1/18/24 at 9:54 AM, interviewed V2 (Director of Nursing) and stated that insulin vials, insulin pens, and inhalers should be dated when opened. V2 stated that insulin medications should be discarded 28 days or per manufacturer's guidelines after opening.</p> <p>R144's physician order sheet (POS) with active orders as of 1/16/24 shows an order for Triotropium Bromide one inhalation inhale orally one time a day.</p> <p>R104's POS with active orders as of 1/16/24 shows an order for Budesonide/Formoterol inhalation two puff inhale orally two times a day.</p> <p>R123's POS with active orders as of 1/16/24 shows an order for Lispro injection insulin sliding scale.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R18's POS with active orders as of 1/16/24 shows an order for Basaglar kwikpen insulin injection 44 units subcutaneously one time a day.</p> <p>R76's POS with active orders as of 1/16/24 shows an order for Lantus insulin injection 22 units subcutaneously one time a day.</p> <p>R48's POS with active orders as of 1/16/24 shows an order for Budesonide/Formoterol inhalation two puffs inhale orally two times a day.</p> <p>The facility's policy titled; Medication Storage dated 7/2/19 reads in part:</p> <p>Guidelines:</p> <p>3.2 Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors.</p> <p>5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications. Facility staff should record the date opened on the medication container when the medication has shortened expiration date once opened.</p> <p>The facility's pharmaceutical guidelines for all insulin pens and vials shows that these medications should be dated when opened and should be discarded in accordance with the manufacturer's recommendations.</p> <p>The facility's pharmaceutical guidelines for budesonide/formoterol shows that this medication should be dated after opening and discard 3 months after opening or when dose counter reads zero, whichever comes first. It also shows that tiotropium bromide should be discarded 3 months after first use or when the locking mechanism is engaged.</p> <p>49486</p> <p>On 01/16/24 at 11:40 AM, surveyor entered R182's room and observed Albuterol HFA 90 MCG INH-[NAME] (8.50 GM) on R182's bed side table. R182 stated a nurse gave it to me some days ago when the nurse observed R182 has shortness of breath. R182 could not remember the name of the nurse or the exact day, but R182 knew it was over 2 days ago. At 11:43 AM, R182 triggered the call light, and V13 (License Practical Nurse) entered the room to answer the call light. V13 picked up the inhaler (Albuterol HFA 90 MCG INH-[NAME] (8.50 GM)) V13 stated the previous nurse must have given the inhaler to R182 and left the inhaler on R182's bed side table because R182 cannot use the inhaler without assistance. V13 stated the inhaler medication should not have been left at the bed side but should have been returned into the medication cart after administering to R182.</p> <p>On 01/16/24 at 2:56 PM, V41 (Infection Preventionist/Registered Nurse) stated the inhaler medication should not be kept at the bed side because another resident can walk into R182's room and use the medication.</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 01/17/24 12:00 PM, V2 (Director of Nursing/DON) stated nurses should administer medication as ordered, nurses should observe the Five Rights of medication administration, and nurses should not leave medication at the bed side without proper assessment and doctor's order. So, after administration, the inhaler should have been returned into the medication cart for proper storage.</p> <p>R182's Minimum Data Set (MDS) dated [DATE] shows R182 is cognitively intact. R182's Physician Order Sheet (POS) with active orders as of 01/16/24 shows an order for Albuterol HFA 90 MCG INH-[NAME] (8.50 GM), 2 puff inhale orally every 4 hours as needed for Shortness of Breath. R182's clinical records had no documentation showing R182 is safe to administer R182 's own medications. A review of R182's clinical records do not show a self-administration of medication assessment was completed.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>46342</p> <p>Based on observation, interview, and record review the facility failed to follow the pureed menu spreadsheets for five residents (R16, R21, R77, R87, R101) out of 8 residents receiving pureed diets in a total sample of 35 residents.</p> <p>Findings include:</p> <p>On 01/16/23 during lunch round observations observed residents on pureed diets receiving pureed spaghetti w/meat sauce, pureed green vegetable (broccoli), applesauce, beverage. No pureed garlic bread was served.</p> <p>Items listed on the Diet Spreadsheet provided by V3 (Dietary Manager) listed the following items on fall/winter 23-24 week, 4 day 24 - Tuesday: pureed spaghetti w/meat sauce, pureed broccoli, pureed fruit crisp, pureed garlic bread, beverage.</p> <p>On 01/17/23 at 10:44 AM, during pureed meal preparation observations V19 (Dietary Cook) stated V19 follows the spreadsheets so V19 knows what food must be prepared. V19 stated V19 was the cook on duty 01/16/24. V19 reviewed the spreadsheets from 01/16/24 and stated, no, I didn't make the pureed garlic bread yesterday. I forgot.</p> <p>On 01/17/24 during tray line observations resident on pureed diets received pureed white chicken chili, pureed green beans, pureed cake, and pureed corn bread.</p> <p>Items listed on the Diet Spreadsheet provided by V3 (Dietary Manager) listed the following items on fall/winter 23-24-week 4, day 25 - Wednesday: pureed white chicken chili, tomato juice, pureed Texas Sheet Cake, pureed cornbread, beverage.</p> <p>On 01/17/24 at 2:45 AM, V3 stated the cooks follow the spreadsheets and menus so they know what to make. V3 stated if a substitution needs to be made V3 would contact the Registered Dietitian (RD) to get approval and then post a sign on the nursing units to let the residents and staff know about the substitution. V3 stated the kitchen did not serve tomato juice because the residents do not like it. V3 stated a substitution slip was not posted and the RD was not contacted. V3 stated V3 has not notified the menu company to let them know about resident dislikes of the tomato juice so that they could update and adjust the spreadsheets and menus. V3 does not know why the pureed diet did not receive pureed garlic bread or why applesauce was substituted for pureed fruit crisp 01/16/24 at lunch.</p> <p>(continued on next page)</p>		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>On 01/18/24 at 11:05 AM, V36 (Registered Dietitian) stated menus are created to ensure nutritional adequacy to make sure residents receive adequate amounts of Vitamin C, Vitamin D, enough fruits and vegetables, protein, and calories. V36 stated that other factors which go into creating a menu include variety of items to reduce redundancy, to make sure residents are not receiving the same thing every day as this could potentially have a negative effect on their meal intake. V36 stated the spreadsheets and recipes are created based off the menus and that the cook should be following them to make sure the residents are receiving diets that are nutritionally adequate. V36 stated residents may be on a pureed diet due to swallowing issues, dysphagia, preference, and/or missing teeth and that being on a pureed diet places residents at a higher nutritional risk for decreased oral intake, and potential weight loss. V36 stated residents receiving a pureed diet should receive the same food as residents on regular diets except in pureed form assuming the food item can be pureed. V36 stated the cook cannot approve any food substitution and if they are missing an item, they would need to reach out to a manager. V36 stated V36 was not called this week about any missing items or substitutions. V36 reviewed the spreadsheet for lunch on 01/16/24 and stated residents on pureed diets should have received pureed spaghetti w/meat sauce, pureed broccoli, pureed fruit crisp and pureed garlic bread. V36 stated V36 should not have received applesauce they should have received pureed fruit crisp because that is what is on the menu and they should be following the menu for nutritional adequacy and variety. Applesauce is something residents usually associate with taking their medications. V36 stated if they did not receive the pureed garlic bread this could have an effect on the overall caloric intake of their diet. V36 reviewed the spreadsheet for lunch on 01/17/24 and stated residents on pureed diets should have received pureed white chicken chili, tomato juice, pureed Texas sheet cake and pureed corn bread. V36 stated if the residents received pureed green beans this is possibly an okay substitution, but tomato juice is higher in Vit C, and more calorically dense so that could throw off the nutritional adequacy of the diet for the day.</p> <p>Reviewed Resident Council Meeting minutes from 1/31/23 to 12/29/23. There was no documentation indicating resident request to remove tomato juice from the menu.</p> <p>Facility recipes for fall/winter 23-24, day 24-lunch provided by V3 and included recipes for pureed fruit crisp and pureed garlic bread.</p> <p>Facility recipes for fall/winter 23-24, day 25-lunch provided by V3 and included recipe for tomato juice.</p> <p>Job description for [NAME] undated documents essential job functions in part includes to prepares and cook various items according to menus.</p> <p>Kitchen policy titled Set Menus dated 09/01/21 documents in part, menus will be served as written, unless a substitution is provided, and a Registered Dietitian approves the menus.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46342</p> <p>Based on observations, interviews, and record reviews, the facility failed to a.) ensure food items were properly labeled, dated, and stored, b.) kitchen staff wearing hair/beard coverings These failures have the potential to affect all 181 residents receiving food prepared in the facility's kitchen.</p> <p>Findings include:</p> <p>On [DATE] at 9:24 AM, V3 (Dietary Manager) stated all food items in the walk-in refrigerator should be labeled with a delivery date, open date and use by date. V3 pointed to a posted sign outside the walk-in refrigerator which listed expiration dates by the products.</p> <p>On [DATE] at 9:32 AM, during initial kitchen tour observed opened one gallon of Thousand Island Dressing in the walk-in refrigerator labeled with delivery date [DATE] and opened date [DATE]. V3 unscrewed the bottle of Thousand Island Dressing which showed that the seal of the dressing had been broken and the product had been used. At 9:34 AM, V3 stated you cannot tell the use-by-date, it must have rubbed off. V3 stated the use-by-date for this item would be 30 days from the opened date. V3 stated, I'm going to have to toss it because it's over 30 days from the opened date, it has expired. V3 stated V3 would not serve that product to the resident because there is a potential for salmonella poisoning.</p> <p>On [DATE] at 9:46 AM, observed in prep area the following spices:</p> <p>1.) Opened 12 ounces (by weight) large plastic container of ground basil with manufacturer label printed best by date [DATE]. Ground basil was labeled with opened date [DATE] and use by date [DATE].</p> <p>2.) Opened 10 ounces (by weight) large plastic container of poultry seasoning labeled with open date [DATE] and use by date [DATE].</p> <p>3.) Opened 2 ounces (by weight) large plastic container of whole bay leaves labeled with opened date [DATE] and use by date [DATE].</p> <p>On [DATE] at 9:48 AM, surveyor asked V3 how long opened spices were good for and V3 referred to posted signage and stated opened spices should be thrown out after 1 year. V3 stated these spices were expired and should not be used.</p> <p>On [DATE] at 9:55 AM, observed V4 (Dietary Aide) working in the dish machine area handling cleaned items wearing a hair net covering his head but with no type of covering over his beard. V3 told V4 that V4 should be wearing a beard protector and took V4 to V3's office. Observed V3 pull a beard protector out of a large container of other beard protectors. V3 provided V4 with a beard protector which V4 put on.</p> <p>On [DATE] at 9:57 AM, V4 stated V4 usually wears a beard covering but forgot to put it on today.</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>On [DATE] at 9:58 AM, V3 stated the kitchen has a supply of beard coverings and V4 should have put a beard covering on when V4 came back from V4's break. V3 stated all employees with facial hair need to wear a beard covering, in addition to their hairnets so that their hair does not fall into the food being served to the residents.</p> <p>Kitchen policy titled, Safe Storage of Food dated [DATE] documents in part all foods will be stored wrapped or in covered containers, labeled and dated.</p> <p>Kitchen signage titled Expiration Dates undated documents in part foods that expire 30 days after opening salad dressing, and foods that expire one year after opening opened spices.</p> <p>Kitchen policy titled Cleaning and Sanitizing and Proper Hair Restraints dated [DATE] documents in part that employees must wear a hair restraint.</p> <p>Kitchen policy titled QRT Staff Attire dated [DATE] documents in part all staff members will have their hair confined to a hair net or cap.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46342</p> <p>Based on observation, interview and record review the facility failed to follow facility policy for personal refrigerators by not labeling food items with a date and discarding expired food items from resident's personal refrigerators for 1 (R45) resident reviewed in the sample of 7 for safe personal food storage.</p> <p>Findings include:</p> <p>On [DATE] at 11:36 AM, observed a personal refrigerator in R45's room. Inside the refrigerator there were a lot of food items not labeled with dates or use by dates. Items included a biscuit, roll and piece of fried chicken in a plastic bag, a piece of cherry cake in a plastic pie box, large piece of cake partially covered in aluminum foil, soup in a reusable plastic container, a takeout container with crackers and strong smell of fish inside surrounded by liquid, and a large piece of apple pie with three black fuzzy circles covering it. None of the items were labeled or dated.</p> <p>On [DATE] at 11:40 AM, R45 stated that her family brings her in food and puts it into the refrigerator. R45 does not remember the last time family put food inside the refrigerator. R45 stated R45 sees someone come in to check the temperature of the refrigerator but stated they do not go through the items. R45 stated that no one told R45 that the items in the refrigerator should be dated.</p> <p>On [DATE] at 11:44 AM, V5 (Registered Nurse) stated items in resident's personal refrigerators should be thrown out after seven days. Surveyor showed V5 all of the items in R45's personal refrigerator including the apple pie with black fuzzy spots on it and V5 stated V5 was not going to say what that substance on the apple pie was but that the apple pie was old and V5 would not give it to a resident to eat. V5 stated all of the items in R45's refrigerator needed to be thrown out because none of the items were dated so the staff has no way of knowing how long the items have been inside the refrigerator. V5 stated the staff needs to coordinate with R45's family who is bringing in the food, so they know to date the items they are bringing in.</p> <p>On [DATE] at 11:50 AM, V5 stated R45 does not have the cognition to know what foods have expired or are too old to eat.</p> <p>Facility policy titled; Refrigerators in Resident Rooms dated 2020 documents in part:</p> <p>a.) all food in the refrigerator will be labeled with the common names and use by date.</p> <p>b.) all food will be monitored when daily temperature check is performed. Any food item past its use by date will be discarded by staff or resident.</p> <p>c.) the resident and/or the resident's responsible part will be educated on food safety.</p> <p>d.) leftover food will be discarded after three days.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Dispose of garbage and refuse properly.</p> <p>46342</p> <p>Based on observation, interview and record review, the facility failed to ensure dumpster was covered to prevent the harborage and feeding of pests, insects, and rodents. This deficient sanitation practice has the potential to affect all 185 residents who reside in the facility.</p> <p>Findings include:</p> <p>On 01/16/24 at 11:00 AM, a member of the survey team observed dumpsters with opened lids.</p> <p>On 01/17/24 at 11:17 AM, with V3 (Dietary Manager) and V21 (Housekeeper) observed two large dumpsters outside the building. One dumpster was overflowing with trash bags and the lids were not fully closed because they were propped open with the trash bags. The second dumpster had 2 of the 3 lids wide opened. Debris could be seen on the ground outside the dumpster including disposable plastic gloves. V3 stated the kitchen and the housekeeping staff both use the dumpsters. V21 stated the dumpster lids are supposed to be closed to keep debris inside and keep pests from getting inside the dumpster. V21 usually stated the dumpster lids are closed and that there is usually not that much trash in the dumpsters that you cannot close the lids.</p> <p>On 01/18/24 at 10:03 AM, V25 (Housekeeping Manager/District Manager) stated there are dumpsters outside the building which is where the facility stores their trash. V25 stated the housekeeping staff responsible for trash removal is the Floor Tech and that person should be closing the lids to the dumpsters after bringing out the trash. V25 stated the lids should be kept closed to keep rodents out and said, there are a lot of rodents in the area and we want to keep them away from the facility.</p> <p>Kitchen policy titled, Dispose of Garbage and Refuse undated documents in part, all garbage and refuse will be collected and disposed of in a safe and efficient manner, the Dining Services Director coordinates with the Director of Maintenance to ensure that the area surrounding the exterior dumpster area is maintained in a manner free of rubbish or other debris, and appropriate lids are provided for all containers.</p> <p>Housekeeping's Floor Care Check List undated documents in part to sweep around the dumpster area and patrol ground/parking lot for debris.</p> <p>Job Description for Floorcare Technician dated 11/2019 documents in part, the floorcare technician is responsible for collecting trash and for the proper disposal of trash in an outside barrel container.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41356</p> <p>Based on observation, interviews, and review of records the facility failed to ensure all policies related to infection control were reviewed in a timely manner. And failed to follow policy on handling clean linen to avoid contamination. These failures have the potential to affect all 185 residents using linens and ensuring that facility policies and procedures are updated to address present infection related concerns.</p> <p>Findings include:</p> <p>On 1/16/2024 Infection Control policies and procedures were reviewed. The following policies and/or procedures are out of date:</p> <ul style="list-style-type: none"> - Infection Prevention and Control Program effective date 11/28/2012 with revision date of 11/28/2017. Reviewed and approved date left blank. - Antibiotic / Antimicrobial Stewardship Program effective date 11/28/2017 without revision date. Reviewed and approved date is without a date. - Influenza and Pneumococcal Immunizations effective date 11/28/2012 with revision date 4/21/2022. Reviewed and approved date is without a date. - Outbreak Investigation and Reporting - Infection Control effective date 11/28/2012 with revision date of 2/15/2018. Reviewed and approved date is without a date. - Infection Control - Determining PPE (Personal Protective Equipment) needs effective date 10/30/2017 without revision date. Reviewed and approved date is without a date. - Linen Handling Principles - Nursing effective date 11/28/2012 with revision date of 1/11/2018. Reviewed and approved date is without a date. <p>On 01/17/2024 at 01:08 PM, V41 (Infection Control Preventionist / Registered Nurse) stated that it is the corporate who makes sure that policies are updated. And a copy is provided to the facility. V41 said, I will let them know to bring their policy up to date.</p> <p>On 01/17/2024 at 01:51 PM, at the laundry room V42 (Laundry Assistant/Agency) At the dryer area where there was a large plastic linen bin. V42 took what she called bath blanket and folded it while standing. The blanket was long that the other end was touching the floor about one-fourth to one-third of the blanket. V42's attention was called but kept on folding while the blanket was still touching the floor. V42 stated, This linen is long that is why it touched the floor. This is called a bath blanket. I know it should not touch the floor. V42 then placed the folded bath blanket on top of other blankets that were cleaned.</p> <p>On 01/18/2024 at 10:00 AM, V45 (Housekeeping Director/agency) stated there is a stainless-steel table for staff to fold clean linens. And that no linen should ever touch on the floor.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Facility policy for linen handling principles dated 1/11/2018, reads: To ensure proper handling of soiled and clean linen and personal laundry to prevent the spread of microorganisms. Clean linen shall be stored in such a manner to prevent contamination. Facility policy on Sanitizing Linen Carts with no date, reads: Under handling clean linen in the laundry, linen that comes out of the dryers must be folded as soon as possible to avoid wrinkling and creasing. Once linen is folded, it must be stacked on shelves. Do not allow linens to drag on floor when folding.		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>41356</p> <p>Based on record review and interview the facility failed to follow policy on documenting influenza and pneumococcal vaccination on residents record for 5 out of 10 residents (R531, R233, R24, R182, and R181) reviewed for vaccination / immunization.</p> <p>Findings include:</p> <p>On 1/16/2024 five (5) residents were at randomly selected for Pneumococcal and Influenza vaccination / immunization review. Under immunization on their electronic health record, five (5) residents selected has the following recorded immunization:</p> <ul style="list-style-type: none"> - R531 does not have any immunization recorded. - R233 influenza was recorded as completed. No other immunization was recorded. - R24 influenza was recorded as refused. No other immunization was recorded. - R182 influenza was recorded as refused. No other immunization was recorded. - R181 influenza was recorded as refused. No other immunization was recorded. <p>On 01/17/2024 at 01:08 PM, V41 (Infection Control Preventionist / Registered Nurse) stated that all immunizations including influenza and pneumococcal vaccinations should be recorded in the immunization tab in resident's electronic health record. Five (5) residents were reviewed together with V41, R531, R233, R24, R182, and R181. After review, V41 stated that it does not show complete immunization with the five (5) residents. And that she (V41) cannot say if they got their vaccination but will check their medical records and update their information. V41 stated, For now if you asked for documentation, I cannot give it. But I will check and update their information.</p> <p>After request for a copy of all five (5) residents R531, R233, R24, R182, and R181. R531 immunization record was updated to influenza refused.</p> <p>Influenza and Pneumococcal Immunizations policy dated 4/22/2022, reads:</p> <p>To minimize the risk of resident acquiring, transmitting, or experience complications from influenza and pneumococcal pneumonia.</p> <p>Under influenza immunizations, on admission, each resident's representative will be provided education regarding the benefits and potential side effects of immunization.</p> <p>Both influenza and pneumococcal mandates that resident's medical record includes documentation that indicates, at a minimum, the following:</p> <ul style="list-style-type: none"> - That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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 01/19/2024
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)		
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul style="list-style-type: none">- That the resident either received or did not receive the influenza immunization due to medical contraindication or refusal.- That resident either received or did not receive the pneumococcal immunization due to medical contraindications or refusal.		

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 01/19/2024
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>41356</p> <p>Based on review of records and interviews the facility failed to show documentation of 5 out of 10 residents (R531, R233, R24, R182, and R181) Covid-19 vaccination status. Failed to provide staff documentation that Covid-19 was screened and offered and failed to provide Covid-19 vaccination policy for both residents and staff. This also affects 5 residents (R531, R233, R24, R182, and R181) determination of Covid-19 vaccination and to avail the benefit of Covid-19 vaccine.</p> <p>Findings include:</p> <p>On 1/16/2024 five (5) residents were at randomly selected for Covid-19 vaccination / immunization review. Under immunization on their electronic health record, five (5) residents selected has the following recorded immunization:</p> <ul style="list-style-type: none"> - R531 does not have Covid-19 record. - R233 does not have Covid-19 record. - R24 does not have Covid-19 record. - R182 does not have Covid-19 record. - R181 does not have Covid-19 record. <p>On 01/17/2024 at 01:08 PM, V41 (Infection Control Preventionist / Registered Nurse) stated that all immunizations including Covid-19 vaccinations should be recorded in the immunization tab in resident's electronic health record. Five (5) residents were reviewed together with V41, R531, R233, R24, R182, and R181. After review, V41 stated that all five (5) residents do not show Covid-19 immunizations. And that she (V41) cannot say if they got their vaccination but will check their medical records and update their information. V41 stated, For now if you asked for documentation, I cannot give it. But I will check and update their information. V41 was asked to present Covid-19 vaccination policy for residents and staff because it was not found in the binder. V41 stated, I do not have Covid-19 vaccination policy for staff and residents if you ask me right now, I cannot give it to you. V41 was asked if facility has record of documentation of screening, education, offering of Covid-19 vaccination to staff. Or staff Covid-19 vaccination status. V41 said, We do in-service with our staff regarding Covid-19 vaccination, but I do not have a screener or paper work to show you that Covid-19 has been offered to staff. I understand the importance of knowing their (staff) vaccination status because they are in contact with the resident. Or they take care of residents. Per V41, facility had a Covid-19 outbreak last November 2023.</p>		