

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE WAUKEGAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2222 AUDREY NIXON BOULEVARD WAUKEGAN, IL 60085</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Facility Reported Incident of January 5, 2024 IL168916	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.1210 b) 300.3240 a)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

01/31/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE WAUKEGAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2222 AUDREY NIXON BOULEVARD WAUKEGAN, IL 60085</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident was treated in a dignified manner for 1 of 3 residents (R1) reviewed for dignity in the sample of 3. This failure resulted in R1 being ignored, left naked, and crying after the insertion of a permacath.</p> <p>The findings include:</p> <p>R1's Physician Order Sheet shows R1 has diagnosis of chronic kidney disease and dependent on dialysis. The same POS shows R1 has a Permacath Insertion ( access line insertion) for dialysis access.</p> <p>The Facility Reported Incident as Final, dated 1/10/24, (with incident date of 1/5/24) documents, "(R1), 75 y/o alert and oriented x 3 -on 1/5/24 it was reported to the facility Administrator that resident (R1) was left in an undignified manner after care was provided and talked to inappropriately by a nurse. Nurse identified within the investigation was an (outside Vascular) Nurse conducting a permacath ( access line insertion) insertion. Facility contacted the (outside Vascular Company) regarding the concern... (V4, Licensed Practical Nurse/LPN), (R1's) nurse on 1/5/24 said she was informed by (R1) that the (outside Vascular) nurse (V7) conducting the procedure told (R1) she was difficult to deal with.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE WAUKEGAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2222 AUDREY NIXON BOULEVARD WAUKEGAN, IL 60085</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>After the procedure, (R1) was bloody, naked, and the Vascular Company left needles on the floor. Per (R1) when she asked questions the (outside Vascular) nurse (V7) ignored her."</p> <p>R1's progress notes, dated 1/5/24 by V2 (Director of Nursing), shows, "(R1) was upset after permacath insertion. (R1) was in tears when this writer went into her room. Per resident she did not like how the "female nurse" treated her during the procedure, she (R1) was asking questions and was purposely ignored. Per (R1), she asked to be turned but was ignored by the female nurse and she was left with no sheets to cover her."</p> <p>On 1/22/24 at 9:42 AM, V3 (Assistant Director of Nursing) said R1's dialysis access was clogged. R1 had an order for an in house permacath insertion by an outside Vascular Company on 1/5/24.</p> <p>On 1/22/24 at 10:25AM, R1 was alert and pleasant and receiving treatment in dialysis. When asked about the incident on 1/5/24, R1 stated, "They did me wrong!" A follow up interview was done at 12:30 PM, R1 was now in bed alert and stated, " The female nurse ignored me, won't answer my questions and won't cover me up."</p> <p>On 1/22/24 at 10:10 AM, V6 (Nurse Supervisor) said on 1/5/24, she saw R1's call light on. She went and checked R1. "The 2 Vascular staff (male and female) were in the process of inserting the permacath. (R1) was asking to be turned, and she was being ignored. (R1) was also naked; (R1's) breast was exposed, (curtains were pulled), there was an incision in (R1's) chest for the permacath, and the staff were now trying to insert the permacath in (R1's) femoral artery</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE WAUKEGAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2222 AUDREY NIXON BOULEVARD WAUKEGAN, IL 60085</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>(leg)."</p> <p>On 1/22/24 at 10 AM, V5 (Certified Nursing Assistant-CNA) said she was R1's CNA on 1/5/24. V5 said she was in the room taking care of another resident (R1's roommate) when R1 was having the dialysis procedure. V5 said she could hear R1 crying, but the curtains were pulled. V5 said later, she saw the staff (Vascular staff male and female) at the elevator leaving the floor, so she went and checked R1. R1 was crying, R1 had no covers, and blood spots were on R1's linens. V5 said she asked R1 what happened; R1 told her "They just left me like this, (naked) and left without saying anything." V5 said she went and told R1's nurse (V4, Licensed Practical Nurse/LPN).</p> <p>On 1/22/24 at 12:18 PM, V4 (License Practical Nurse- LPN) said on 1/5/24, she was told R1 was crying after the dialysis procedure. R1 told her the female nurse was rude and was ignoring R1, and wouldn't answer any of her questions. V4 said residents should be treated with respect and take time to answer their questions.</p> <p>On 1/22/24 at 12:05 PM, V8 (CEO of the Vascular Access Company) said, "We are a Vascular Access Company that goes to the facility for insertion procedure for dialysis access. On 1/5/24, we were at the facility to insert (R1's) dialysis access (permacath)." V8 said he was with her female Vascular Nurse assistant (V7). V8 said they were focused on inserting a dialysis access to R1, and were not aware that was how R1 perceived them. V8 said they will "have to be careful next time."</p> <p>On 1/22/24 at 1:45 PM, both V1 (Administrator) and V2 (Director of Nursing/DON) said residents</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006647</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/22/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEVATE CARE WAUKEGAN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2222 AUDREY NIXON BOULEVARD WAUKEGAN, IL 60085</b>
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4  should be treated with respect and dignity.  The facility policy entitled Dignity, dated 4/23/18, shows, "The facility shall promote care for resident in a manner and in an environment that maintain or enhances each resident's dignity and respect and in full recognition of his or her individuality."  (B)	S9999		