Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6003586 09/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 270 SKOKIE HIGHWAY **ELEVATE CARE NORTHBROOK** NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint: 2296967/IL150742 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1)2) 300.1630)d) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care Ь١ The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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	resident to meet the care needs of the re	ude, at a minimum, the					
	c) Each direct of and be knowledgeal respective resident of	care-giving staff shall review ble about his or her residents' care plan.					
	Medications, hypodermic, intravel be properly administ	, including oral, rectal, nous and intramuscular, shall tered.					
	All treatment administered as order	s and procedures shall be ered by the physician.					
	Section 300.1630 Ad	dministration of Medication				-	
. ,42	medication order car prescriber shall be n	ng upon the situation and a				3	
	Section 300.3220 Me	edical Care		·			
	administered as order physician orders sha director of nursing or within 24 hours after	ent and procedures shall be ered by a physician. All new all be reviewed by the facility's charge nurse designee such orders have been lity compliance with such 14(b) of the Act)		· .			
	Section 300.3240 Ab	use and Neglect					
	a) An owner, licensee agent of a facility sha	e, administrator, employee or					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
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M	resident. (Section 2	-107 of the Act)					
÷	These Regulations by:	were not met as evidenced		å.			
Þ	failed to ensure con a resident who requ therapy for the treat failure applied to on improper nursing ca emergently transfer	and record review, the facility stinuity of care and services for tired weekly electroconvulsive timent of catatonia. This is (R1) resident reviewed for are which resulted in R1 being red to local hospital and being osis of malignant catatonia y).	\approx		el en		
	reviewed 1/27/19 Neglect is defined a and services to a re	ention and reporting policy s the failure to provide goods sident that are necessary to , pain, mental anguish or	a g	***			
- W	on 6/2/22 with diagn encephalitis, catator physiological conditi protein-calorie maln	male admitted to the facility loses that include nic disorder due to known on, epilepsy, severe utrition, dysphagia, pressure n, stage 3, schizophrenia, and				3	
gi .©	admission to the factorist hospitalizations on 6 7/25 - 8/5, and was 8/25/22. At the time	hospitalizations since illity. Census includes 5/27 - 6/30/22, 7/20 - 7/21/22, most recently transferred on of the survey, R1 was still iewed as a closed record.			ā	=	
nois Dear	Facility admission partment of Public Health	acket for R1 includes					

PRINTED: 10/19/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6003586 09/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **270 SKOKIE HIGHWAY** ELEVATE CARE NORTHBROOK NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4)D PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 documentation that R1 entered the facility with a pressure ulcer wound on the sacrum and is being treated with Medi-honey. The nursing report form documents, started 5/3 - ECT/need to cont/set-up therapy. Plan - neuro ECT ... Ativan 1mg Q (every) 6 (hours) duration TBD ... Stable on ECT decrease to 3x week (5/23, 5/25, 5/27) then 2x week (5/31 & 6/2) then weekly ...slow taper ECT to minimize risk of autonomic dysfunction. Nurse Progress Note dated 8/25/2022 13:00 reads: Note Text: The resident was safely transferred from bed to stretcher by two person assist with stable vital signs BP- 117/60, T-98, PR- 113, RR- 22, O2 Saturation 95%. Lorazepam Tablet 1 MG given and was suctioned for secretions. Picked up by ambulance for Neuro Appt 8/25/22 at 1:30 PM. Nurse Progress Note dated 8/25/2022 15:47 reads: Note Text: (Ambulance Representative) called this writer and informed that the office of appointment (Neurology Dept. in hospital) held the resident for observation and said to this writer to call the office # for further details. NP notified. Family made aware. Surveyor noted the following documentation from hospital records (requested by surveyor): Diagnosis: Malignant catatonia, Anti-NMDA Receptor Encephalitis (type of brain inflammation caused by antibodies). Formulation: (R1) is a 30 y.o. single, domiciled AA male with anti-NMDAR encephalitis c/o seizures and catatonia presenting from clinic on 8/25/22 with worsened mental status. LTACH (facility) stopped lorazepam and ECT for unclear reasons. Primary restarted lorazepam 1mg Q4H. Psych

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C IL6003586 B. WING 09/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **270 SKOKIE HIGHWAY** ELEVATE CARE NORTHBROOK NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 R1 had orders to receive ECT (electroconvulsive therapy) weekly as confirmed from facility medical record since admission. Nursing progress notes document the following ECT appointment related information: 6/9/22 - R1 left for ECT appointment but it was not done because he was not NPO: this appointment was rescheduled for 6/10/22 6/10/22 - R1 left for ECT approximately 6:22am and returned at approximately 1pm 6/16/22 - R1 left for ECT approximately 6am and returned at approximately 1pm 6/23/22 - R1 left for ECT approximately 5:30am and returned at approximately 11:29am 6/30/22 - R1 was scheduled for ECT but did not attend due to hospitalization 7/7/22 - R1 left for ECT approximately 5:30am 7/14/22 - R1 left for ECT approximately 5am 7/25/22 - R1 was hospitalized thru 8/5/22 After re-admission from hospital stay, on 8/9/22 14:26 Admission Note, written by V5 (Internist). under A&P includes to continue weekly ECT. Review of physician orders include ECT on 8/26/22 with start date of 8/23/22. Interview with V2 (RN/Infection Preventionist) on

Illinois Department of Public Health

9/3/22 at 2:05pm regarding ECT appointments for R1. V2 said that R1 goes to ECT once a week in

PRINTED: 10/19/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6003586 B. WING 09/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **270 SKOKIE HIGHWAY ELEVATE CARE NORTHBROOK** NORTHBROOK, IL 60062 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 the city. He is transported via ambulance, and it can take hours with the traffic, etc. For example, he can leave here at like 7/8am or can return as late as 1/2pm. At times we have worried that he is being admitted because it's been 5 or 6 hours before he returns. He had orders for ECT upon admission but then it was paused for some time because the doctor wanted him to stop going for a while - In that time he wanted him to have a neurology consult because there was a change in his cognition. We tried to find a closer place to get the ECT because the transportation alone was rough for him because it was so far. He did go to the neurology consult and that is when they made the decision to admit him. Facility was asked to provide confirmation that physician made decision to pause R1's ECT per interview with V2 and it was not provided during the course of this survey. Facility provided documentation that R1 went out on an appointment on 8/12/22 - email confirmation from receptionist, however, lists RE: multiple sclerosis. Physician orders list order with date 8/5/22 "On 8/12/22 at 9:15am Return Multiple sclerosis with (named physician and address)" which does not match with ECT appointment. No information was provided during the course of the survey to show that resident continued to receive weekly ECT any time after re-admission on 8/5/22. (B)