

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Ryze on the Avenue		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 South Indiana Chicago, IL 60616	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</b></p> <p>Based on observation, interviews and record review, the facility failed to respond to one dependent resident's (R12) call light within a reasonable amount of time, causing R12 to stay in an uncomfortable position for an extended period. The facility failed to ensure that call lights were within reach for three dependent residents (R20, R21, and R22) who required incontinent care from staff.</p> <p>Findings include:</p> <p>1.) R12 is [AGE] year-old with diagnosis including but not limited to: Cerebral infarction, idiopathic chronic gout, aphasia, muscle weakness, hemiplegia, and hemiparesis.</p> <p>R12's Minimum Data Set- Section GG dated 7/3/2024 documents, R12 requires maximal assistance with activities of daily living and toileting.</p> <p>On 7/15/2024 at 11:45 AM, R12 was observed slumped over in his bed. At that time, R12 pressed his call device for assistance and said, I need to be pulled up in bed and I need water. At that time, Surveyor went to the hallway to see if any staff were available, but no staff member was visible.</p> <p>On 7/15/2024 at 12:15 PM, 30 minutes after R12 had pressed his call device, V22 (Certified Nursing Assistant/CNA) entered R12's room and brought him (R12) water. At that time, V22 said, R12's CNA is on break, but I can help him really quick. I have another patient and family member waiting on me. I have to find someone to help me reposition R12. I will be back.</p> <p>2.) R20 is [AGE] year-old with diagnosis including but not limited to: Adult failure to thrive, contracture of muscle, unspecified osteoarthritis, hemiplegia, and hemiparesis.</p> <p>R20's Minimum Data Set- Section GG dated 4/26/2024 documents, R20 requires maximal assistance with activities of daily living. R20 is dependent on staff with toileting.</p> <p>On 7/17/2024 at 4:45 AM, observed V30 (Registered Nurse) in the second-floor medication room sitting with her eyes closed.</p> <p>On 7/17/2024 at 4:50 AM, observed V32 (CNA) and V38 (CNA) sitting in day room/dining room resting with their eyes closed.</p> <p>On 7/17/2024 at 5:00 AM, during unit rounds, R20 was observed lying in bed restless.</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
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor noted a strong urine odor in R20's room. R20 said, I am wet, I need to be changed. I don't know where my call light is. It is hard to get help during the night shift. I don't remember the last time that I was cleaned. Call light observed on floor on the right side of R20's bed.</p> <p>On 7/17/2024 at 5:10 AM, V31 (Licensed Practical Nurse/LPN) said, I'm not sure how R20's call device ended up on the floor. R20 should have her call light within reach at all times to make sure that all of her needs are met.</p> <p>3.) R21 is [AGE] year-old with diagnosis including but not limited to: Cerebral infarction, neurologic neglect syndrome, lymphangioma, hemiplegia and hemiparesis.</p> <p>R21's Minimum Data Set- Section GG dated 7/17/2024 documents, R21 requires maximal assistance with personal hygiene.</p> <p>On 7/17/2024 at 5:50 AM, R21 was lying in bed waiting for her brief to be changed. Surveyor observed R21's call device lying on the floor on the right side of her bed. R21 was asked if she had called for help. R21 said, I can't call for help. Where is my call light? Surveyor went to find help for R21.</p> <p>On 7/17/2024 at 5:56 AM, V32 (CNA) entered R21's room with incontinent supplies to clean her. Surveyor inquired about R21's call device. V32 (CNA) said, R21's call light is on the floor. It should be clipped on her bed so that she can reach it when she needs it.</p> <p>4.) R22 is [AGE] year-old with diagnosis including but not limited to: Chronic pain, encounter for attention to colostomy, Crohn's disease, and dementia.</p> <p>R22's Minimum Data Set- Section GG dated 7/1/2024 documents, R22 is totally dependent with toileting and activities of daily living.</p> <p>On 7/17/2024 at 6:12 AM, V32 (CNA) entered R22's room with Surveyor to render incontinent care. At that time, R22 was observed sitting in feces and urine in her bed. R22's call light was observed lying on the floor. Surveyor inquired about R22's call device. V32 (CNA) said, I don't know where R22's call device is.</p> <p>On 7/17/2024 at 11:15 AM, V36 (Assistant Director of Nursing) said, Residents' call device should always be within reach of the resident so that the patient can call for assistance whenever they need it. Thirty minutes is too long for a call light to be answered. The call light should be answered within 5- 10 minutes. It could be an emergency situation.</p> <p>Facility document titled Resident Council Reconciliation dated 6/25/2024 documents, R24 (resident of facility) states that the CNAs don't answer call lights.</p> <p>Facility document titled Resident Council Reconciliation dated 5/23/2024 documents, R19 (resident of the facility) states that it is hard to get the attention of the 11 pm- 7 am CNAs because a lot of times they are in the dayroom sleeping and has seen the nurse in the medication room sleeping.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility policy titled Call Light Response documents, to provide the staff with guidance on responding to residents' requests and needs; ensure the call light is always within the resident's reach; answer the resident's call as soon as possible.</p> <p>Facility policy titled Certified Nurse Aide documents the following as part of the essential duties: Keep nurse call system within easy reach and answer call lights within ten minutes.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>32338</p> <p>Based on observation, interview and record review, the facility failed to provide a functional and comfortable environment for residents. This failure affected 3 residents (R9, R10 and R17) who were observed and interviewed for inadequate cooling (and has the potential to affect their roommates R16 and R18), reviewed for comfortable and homelike environment.</p> <p>Findings include:</p> <p>R9's Brief Interview for Mental Status (BIMS) dated 4/15/24 shows that R9 has a BIMS score of 13(cognitively intact).</p> <p>R10's BIMS score dated 4/29 is 12(mild cognitive impairment).</p> <p>R17's BIMS score dated 5/15/24 is 13(cognitively intact).</p> <p>On 7/15/24 at 11:20am, V6 (Maintenance Director) was asked about inadequate cooling and broken air conditioners in some rooms at the facility. V6 stated that he is not aware that any air conditioners were broken, and they are all working well.</p> <p>On 7/15/24 at 11:45 am, R9 and R10 were observed awake in the room with windows open and stated that the room was hot (outside temperature was 95 degrees). Inquired from R9 and R10 why they left the window opened and the air conditioner was not on. R10 stated that the air conditioner makes too much noise, and nothing was done when they complained, and they would rather endure the heat than have the loud noise that disturbs their sleep. R9 stated that the noise is too loud to allow anyone to sleep at night. The surveyor observed the noise of the air conditioner and notified the staff. R17's room air conditioner was observed not working and the window was opened to the 95 degrees outside temperature. R17 stated that the air conditioner is not working and nothing was done when she complained. The surveyor observed that the knob of the air conditioner did not turn on the air conditioner.</p> <p>On 7/16/24 at 11am, V6 was asked if staff on the third floor notified him(V6) of the 2 rooms with air conditioners not working. V6 stated that no staff informed him(V6) but he that would go and look at the 2 rooms mentioned by the surveyor.</p> <p>On 7/16/24 at 1:05pm, V6 stated We tightened the screws in the AC for R9 and R10 and that reduced the noise. The residents said it is much better. For the room of R16, R17, and R18, V6 stated The base of the unit was off the wall, so I put anchors and moved it closer to the wall. The screw to the knob was adjusted and now it's okay. I will go round to see that the units in other rooms are working okay.</p> <p>Facilities policy titled Preventive Maintenance Plan with latest revision date 1/2024, states in #6: All residents' rooms should be inspected for any repairs needed and proper operation of call equipment.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's job description titled Maintenance Director documents in part: Purpose of your job position: The primary purpose of your job position is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</b></p> <p>Based on observation, interviews, and record review the facility failed to ensure that four residents (R20, R21, R22 and R23) received timely incontinent care. This failure has affected four of nine residents reviewed for incontinent care.</p> <p>Findings include:</p> <p>1.) R20 is [AGE] year-old with diagnosis including but not limited to: Adult failure to thrive, contracture of muscle, unspecified osteoarthritis, hemiplegia, and hemiparesis.</p> <p>R20's Minimum Data Set- Section GG dated 4/26/2024 documents, R20 requires maximal assistance with activities of daily living. R20 is dependent on staff with toileting.</p> <p>On 7/17/2024 at 5:00 AM, R20 was observed lying in bed restless. Surveyor noted a strong urine odor in R20's room. R20 said, I am wet, I need to be changed.</p> <p>On 7/17/2024 at 5:15 AM, V35 (Certified Nursing Assistant/CNA) entered R20's room to change her brief. V35 removed R20's blanket. R20's brief, bed pad and sheet saturated with urine. R20's bed pad was noted with a brown stain in the shape of a ring. Surveyor asked if R20's sheet was wet. V35 (CNA) said, Yes, her (R20's) sheet is wet. I (V35) checked her when I got here at 11:00 PM last night and she told me that she didn't need to be changed. I checked on her again at 2 AM, but she was asleep. I don't believe she was wet at that time.</p> <p>2.) R21 is [AGE] year-old with diagnosis including but not limited to: Cerebral infarction, neurologic neglect syndrome, lymphangioma, hemiplegia and hemiparesis.</p> <p>R21's Minimum Data Set- Section GG dated 7/17/2024 documents, R21 requires maximal assistance with personal hygiene and toileting.</p> <p>On 7/17/2024 at 5:50 AM, R21 was lying in bed waiting for her brief to be changed.</p> <p>On 7/17/2024 at 5:56 AM V32 (CNA) entered the room with incontinent supplies for R21. V32 (CNA) pulled back R21's blanket. R21's brief, bed pad, and sheet saturated with urine. Surveyor also noted a strong urine odor and a brown ring around the bed pad.</p> <p>3.) R22 is [AGE] year-old with diagnosis including but not limited to: Chronic pain, encounter for attention to colostomy, Crohn's disease, and dementia.</p> <p>R22's Minimum Data Set- Section GG dated 7/1/2024 documents, R22 is totally dependent with personal hygiene and toileting.</p> <p>On 7/17/2024 at 6:12 AM, V32 (CNA) entered R22's room to render incontinent care. R22's sheet was saturated with urine and feces. Surveyor inquired about when R22 was last changed.</p> <p>V32 said, I'm not sure when R22 was last changed, but I know that I changed her.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4.) R23 is [AGE] year-old with diagnosis including but not limited to: Polyosteoarthritis, dementia, pressure ulcer to left buttock, age-related osteoporosis, and traumatic subdural hemorrhage.</p> <p>R23's Minimum Data Set- Section GG dated 7/19/2024 documents, R23 requires maximal assistance with personal hygiene and toileting.</p> <p>On 7/17/2024 at 6:40 AM, V33 (CNA) was in her bedroom receiving incontinent care from R23. Surveyor noted R23's sheet and brief saturated with urine. Surveyor inquired about when R23 was last changed. V33 said, I'm not sure exactly when R23 was last changed. I have a lot of residents. Surveyor asked what a brown stain on a bed sheet could indicate.</p> <p>On 7/17/2024 at 10:10 AM, V27 (Nurse Supervisor) said, To me a brown ring would indicate that there was a lapse in time since a resident was last changed.</p> <p>On 7/17/2024 at 11:15 AM, V36 (Assistant Director of Nursing) said, For dependent residents, my expectations are that the residents are rounded on every two hours and as needed. Rounding every two hours ensures that they are getting incontinent care on a regular interval and is important to maintain the dignity of the patient. Timely incontinent care prevents skin breakdown. In the event that there is already skin breakdown, timely incontinent care will prevent further skin damage. Surveyor asked what a brown stain on a bed sheet could indicate.</p> <p>V36 said, A brown ring on a resident's sheet would indicate that a resident had been wet or soiled for a long period, more than two hours.</p> <p>Facility policy titled Certified Nurse Aide documents the following as part of the essential duties: Keep incontinent residents clean, dry and odor free; check every two hours to maintain.</p> <p>Facility policy titled Incontinence Care documents, Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47303</b></p> <p>Based on observation, interview, and record review the facility failed to ensure that one dependent resident with a 1:1 feeding order was fed. This failure has affected one (R4) of four residents reviewed for nutrition.</p> <p>Findings include:</p> <p>R4 is a [AGE] year-old with diagnosis including but not limited to: Need for assistance with personal care, weakness, fasciculation, type 2 diabetes mellitus and unspecified convulsions.</p> <p>R4's Physician Order sheet documents, 6/3/2024, 1:1 assistance while eating or drinking.</p> <p>On 7/15/2024 at 1:40 PM, R4 was sitting in bed and inquired about (R4's) lunch. R4 said, Someone started feeding me, but she left. I didn't finish my food. I am still hungry. Surveyor went into the hallway to find V23 (Certified Nursing Assistant/CNA) who was assigned to R4.</p> <p>On 7/15/2024 at 1:42 PM, V23 (CNA) said, Someone must have taken his (R4's) lunch tray. I wasn't done feeding R4. I left his room to go and assist with another patient, but I was planning to come back. I left his tray on his table so that I could finish feeding R4. I will try to find his tray.</p> <p>On 7/15/2024 at 1:45 PM V23 (CNA) removed R4's lunch tray from a cart sitting near the 2nd floor nurses' station. V23 removed the cover from R4's meal and Surveyor observed 90% of R4's meal still on the tray. V23 said, These are the trays that are done and are going down to the kitchen. I don't know who put R4's tray here.</p> <p>On 7/17/2024 at 11:15 AM, V36 (Assistant Director of Nursing) said, The expectation with our feeders, is that the resident is fed their entire meal or until the resident is full. The purpose of ensuring that they are adequately fed, maintain weight, and keep overall health and skin integrity.</p> <p>Facility policy titled Feeding assistance documents, to attempt to provide adequate nutrition to a resident who is unable to feed themselves by hand feeding the resident.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47303</p> <p>Based on observation, interviews and record review, the facility failed to ensure adequate staffing to meet the needs of four residents (R4, R12, R20 and R21). This failure has the potential to affect all 210 residents that reside at the facility.</p> <p>Findings include:</p> <p>1.) R12 is [AGE] year-old with diagnosis including but not limited to: Cerebral infarction, idiopathic chronic gout, aphasia, muscle weakness, hemiplegia, and hemiparesis.</p> <p>On 7/15/2024 at 11:45 AM, R12 was observed slumped over in his bed. At that time, R12 pressed his call device for assistance and said, I need to be pulled up in bed and I need water.</p> <p>Surveyor went to the hallway to see if any staff were available, but no staff member was visible.</p> <p>On 7/15/2024 at 12:15 PM, V22 (Certified Nursing Assistant/CNA) entered R12's room and brought him (R12) water. V22 said, R12's CNA is on break, but I can help him really quick. I have another patient and family member waiting on me. I have to find someone to help me reposition R12, but I will be back as soon as I can.</p> <p>2.) R4 is a [AGE] year-old with diagnosis including but not limited to: Need for assistance with personal care, weakness, fasciculation, type 2 diabetes mellitus and unspecified convulsions.</p> <p>On 7/15/2024 at 1:40 PM, observed R4 sitting in bed and inquired about his (R4's) lunch. R4 said, Someone started feeding me, but she left. I didn't finish my food. I am still hungry. That happens a lot. The CNA sometimes feed me and another person at the same time. She will feed me a little and then leave to go and feed someone else. They need help here because they are short-staffed. Surveyor went into the hallway to find V23 (CNA) who was assigned to R4.</p> <p>On 7/15/2024 at 1:42 PM, V23 (CNA) said, I wasn't done feeding R4. I left his room to go and assist with another patient that was going out to the hospital, but I was planning to come back. I left his tray on his table so that I could finish feeding R4. Someone must have taken his lunch tray. I will find his tray.</p> <p>3.) R20 is [AGE] year-old with diagnosis including but not limited to: Adult failure to thrive, contracture of muscle, unspecified osteoarthritis, hemiplegia, and hemiparesis.</p> <p>On 7/17/2024 at 5:00 AM, R20 was observed lying in bed restless. Surveyor noted a strong urine odor in R20's room. R20 said, I am wet. I need to be changed. I don't know where my call light is. It is hard to get help during the night shift. I don't remember the last time that I was cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/17/2024 at 5:15 AM, V35 (CNA) said, I checked R20 when I got here at 11:00 PM last night and she told me that she didn't need to be changed. We do rounds every two hours. But it is sometimes difficult with the amount of residents that I have. There are only two of us (CNAs) on the second floor the overnight shift.</p> <p>4.) R21 is [AGE] year-old with diagnosis including but not limited to: Cerebral infarction, neurologic neglect syndrome, lymphangioma, hemiplegia and hemiparesis.</p> <p>R21's Minimum Data Set- Section GG dated 7/17/2024 documents, R21 requires maximal assistance with personal hygiene and toileting.</p> <p>On 7/17/2024 at 5:50 AM, R21 was lying in bed waiting for her brief to be changed.</p> <p>On 7/17/2024 at 5:56 AM V32 (CNA) entered the room with incontinent supplies for R21. V32 pulled back R21's blanket. R21's brief, bed pad, and sheet saturated with urine. Surveyor also noted a strong urine odor and a brown ring around the bed pad.</p> <p>On 7/17/2024 at 6:25 AM, V34 (CNA) said, There are only two CNAs on this floor for the third shift. We rarely get three or four CNAs. There are no night shift laundry aids, and sometimes there is no linen. It's been short here for a while. We just do the best that we can.</p> <p>On 7/17/2024 at 6:54 AM, V29 (Licensed Practical Nurse) said, Sometimes we have three or four CNAs on the second floor for the overnight shift. Two CNAs are not sufficient for this floor because we have a lot of residents that need total care on the floor, almost all of them. We help the CNAs also, but it is still difficult.</p> <p>On 7/17/2024 at 6:54 AM V30 (Registered Nurse) said, We have only two CNAs on the overnight shift and they both have been on their feet all night. I called overnight nursing supervisor at the beginning of the shift to request a third CNA, but I was told that there were none available.</p> <p>On 7/17/2024 10:10 AM, V27 (Nurse Supervisor) said, For staffing, we schedule three CNAs overnight for the fourth, third and second floors with two nurses. The 1st floor has one nurse and one aide because the census and the acuity are lower on the 1st floor. Last night we had two call-offs and one no-call-no show, which is why we only had 2 CNAs on the second and fourth floors last night. Surveyor asked if two CNAs were sufficient for the overnight shift. V27 (Nurse Supervisor) said, I don't think that two CNAs on the overnight shift are sufficient for the second, third or fourth floors. We do have a lot of call offs. It is mainly on the weekends for about three weeks now. We don't use agency for the CNAs at this time.</p> <p>Facility Census dated 7/16/24 documents 210 residents residing in the facility.</p> <p>Facility document titled Resident Council Reconciliation dated 5/23/2024 documents, R25 (resident of facility) states more staff is needed on the weekends and holidays.</p> <p>R25's BIMS (Brief Interview of Mental Status) score is 15, which indicates cognitively intact.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2024
NAME OF PROVIDER OR SUPPLIER  Ryze on the Avenue		STREET ADDRESS, CITY, STATE, ZIP CODE  3400 South Indiana Chicago, IL 60616	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy titled Staffing documents, to have appropriate numbers of staff available to meet the needs of the residents; staffing is then increased based on the needs of the resident population; staffing is supplemented as needed by outside agencies.</p>