

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 11/07/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>40061</p> <p>Based on interviews and record reviews, the facility failed to protect the resident's (R3) right to be free from abuse for one of five residents reviewed for abuse. This resulted in R3 suffering psychosocial harm from verbal and emotional abuse by a staff member as evidence by verbalizing hurt feelings and feeling inferior.</p> <p>Findings include:</p> <p>R3's Admission Record and Order Summary Report document in part diagnoses of osteoarthritis, muscle weakness, lack of coordination, and history of falling.</p> <p>R3's Order Summary Report documents in part an order for no weight bearing to both legs (active since 4/22/2024)</p> <p>R3's Quarterly Minimum Data Set from 10/02/2024 documents in part that R3 is cognitively intact.</p> <p>R3's Potential for Abuse and Neglect assessment (effective 6/05/2024 12:31 PM) documents in part a history of emotional abuse.</p> <p>R3's comprehensive care plan documents in part a focus of [R3] may be at risk for potential abuse [related to] physical and/or communication challenge as evidence (initiated 3/31/2022). The goal was [R3] will be free from harm through next review (initiated 3/31/2022). One of the interventions documented in part: Discuss with resident and/or family preference for shower/bath, clothing choices and provide assistance according to preference (initiated 3/31/2022).</p> <p>Facility's initial report to the state surveying agency (Timestamp 10/08/2024 4:08 PM) documents in part that R3 alleged that V5 (former Certified Nursing Assistant/CNA) used profane language while speaking to R3 and stated what various duties V5 can't or won't perform. Date and time of incident was on 10/07/2024 at around 7:35 AM.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/06/2024 at 1:36 PM, R3 was alert and oriented to person, place, and date. R3 stated It started with patient care on me. [V5] wasn't doing what [V5] was supposed to do the way I asked [V5] to do it and that's what set it off. R3 stated was sitting in the motorized wheelchair that morning. R3 asked V5 for assistance to go to the bathroom because R3 felt like moving bowels. R3 stated [V5] snapped at me. R3 stated V5 used profanities towards R3. Surveyor asked if R3 can recall the statements. R3 stated I just don't want to think about it. It kind of hurt my feelings. It's something I don't want nobody to go through. R3 stated The words and paused and then said, it kind of shocked me in a way. R3 stated I felt beneath me. [V5] just down lowed me as a woman and as a person and a human being. It's just that I didn't like that feeling.</p> <p>Written statement signed and dated by R3 on 10/7/2024 documents in part: I [R3] was talking to CNA [V5]. I told [V5] that I have the pleasure of having [V5] as my CNA today. [V5] stated to me yes but I'm not about to be doing all that lifting and pulling today because I already done fell and hurt myself in this building. I just ain't (sic) going to be doing all that stuff. [V5] then began to use profane language saying stuff like [V5] tired of this s*** around here. On 11/07/2024 at 11:12 AM, V2 (Assistant Administrator) during date of incident/currently Administrator in training) stated interviewing R3 after the incident. V2 wrote R3's above statement and R3 signed it.</p> <p>R3's progress notes do not document in part the abuse allegation or nursing assessment post incident.</p> <p>Facility's Floor Nursing Assignment Sheet for 10/07/2024 7:00 AM to 3:00 PM documents in part that the facility assigned V10 (Nurse), V15 (CNA), and V21 (CNA) to work R3's unit.</p> <p>On 11/06/2024 at 12:02 PM, V10 (Nurse) stated working that morning but was not aware of the incident. V10 did not do R3's post incident assessment.</p> <p>On 11/06/2024 at 12:54 PM, V15 (CNA) stated that morning when V15 was doing morning rounds, V15 heard a lot of back and forth and cursing. V15 stated V5 was cursing at R3. V15 stated it was the CNA going off really bad. V15 stated redirecting R3 back to the bedroom and V5 to separate from R3. V15 stated staff always got complaints from residents and staff about V5. It was the attitude. [V5] didn't really know how to talk to other residents. Other coworkers complained about [V5] too. [V5] couldn't work with a lot of people.</p> <p>On 11/07/2024 at 10:56 AM, V21 (CNA) stated working that morning but facility assigned V21 a different floor at the last minute. V21 did not observe the incident but R3 told V21 what happened that same day. R3 said that V5 was upset and cursing because [V5] was supposed to be doing light-duty. V21 stated [R3] just said that [V5] didn't want to do nothing. [R3] definitely said that [V5] cursed at [R3]. V21 stated profanity or any foul language should not be used because it is abuse. V21 stated there is no reason to be using it towards a resident.</p> <p>V14's (Transportation Coordinator) written statement dated 10/08/2024 documents in part: Upon entering the 1st floor hallway I could hear a female voice loud & using profanity. As I'm walking up the hallway I heard 'That m*****f***ing b****.' 'I don't give a f***.' When I finally got to the nursing station, I saw [V5] talking to a resident that lives on the 1st floor. [V5] and I looked at each other and [V5] continued [V5's] loud, profanity conversation with the resident. [V5] told that resident 'they got me f***** up.' I went to my office to call my Administrator.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/06/2024 at 12:37 PM, V14 stated during that morning, V14 was coming from the South stairwell and walking down the hall towards the nurses' station. V14 heard a lot of loud talking and profanity being used. V5 was going off. V14 made eye contact with V5 and V5 kept going on with the conversation with R3. R3 was sitting in a wheelchair in front of the nurses' station and V5 was sitting behind the nurses' station. V5 was looking towards R3. V14 heard V5 say they got me f***** up, I don't play that s***, and I don't give a f***. V14 stated there is no reason for an employee to be using profanity. V14 reported it to V6 (former Administrator) because V5 was using foul language towards R3. V14 stated based on facility's policy, that behavior was a form of abuse - verbal abuse.</p> <p>On 11/06/2024 at 1:06 PM, V3 (Director of Nursing) stated there should be no reason and no time that profanity should be used. It is discourteous behavior.</p> <p>V5's Discharge - Employee Warning Notice (dated 10/09/2024) documents in part: On 10-7-24 the employee was observed engaging in a profanity filled conversation with a facility resident. Profanity in the presence of facility residents is a form of verbal abuse. V5, V6 (former Administrator), and V8 (Associated Union Stewardess/CNA) signed the document on 10/09/2024.</p> <p>On 11/06/2024 at 11:42 AM, V8 (Associated Union Stewardess/CNA) stated speaking with R3 after the incident. R3 said it happened. Per R3's conversation with V8, V5 was told to clean R3 up. V5 got upset and started saying stuff like I don't know why the h*** they go (sic) me here. This didn't look like my light duty. What the f*** is this? I ain't (sic) supposed to be doing this s***. V8 stated staff should not be using any profanity for any reason whether towards a resident or staff. V8 stated abuse is not tolerated at all with the Union and with the facility. V8 stated any abuse to a resident is deemed automatic termination.</p> <p>During a telephone call with V6 (former Administrator) on 11/07/2024 at 12:16 PM, V6 stated getting a phone call from V14 (Transportation Coordinator) the day of the incident. V14 informed V6 what V14 heard. V6 was not on site at the time and instructed V2 (Assistant Administrator) during date of incident/currently Administrator in training) to ask V5 to leave the facility pending the investigation. V6 spoke with R3 to confirm the written statement. V6 stated staff should not be using any profane language at any time.</p> <p>During a telephone call with V5 (former CNA) on 11/07/2024 at 12:28 PM, V5 stated facility was to provide light duty to V5's doctor's orders. V5 denied using profanity towards R3.</p> <p>V7 (Human Resources Director) provided a copy of [Company Name] Healthcare General Orientation slides. V7 stated these slides are presented to all newly hired employees. It documents in part: Abuse is defined as ANY willful infliction of injury, unreasonable confinement, intimidation, or punishment that results in physical harm, pain or mental anguish. Forms of abuse included but were not limited to emotional, neglect of residents' basic needs, and verbal. Slides document in part that emotional abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation. Slides also document in part that verbal abuse is any use of written or gestured language that includes derogatory terms to residents.</p> <p>V5's Certificate of Receipt documents in part that V5 received and had the opportunity to read the facility's company employee handbook which provides guidelines and summary information regarding facility's policies and procedures on 4/16/2024.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V5's Compliance/False Claims Act/Ethics Program and Code of Conduct - Employee Understanding Agreement documents in part to do your job right, according to your job description and the laws, respect resident rights at all times, and provide good care. It also documents in part to don't mistreat a resident in any way. V5 signed this document on 4/16/2024.</p> <p>Undated All Staff In-Service documents I will conduct myself professionally and ethically at work. I will refrain from negative conversation and ensure to give my best care to the residents and work together with my team. V7 stated facility had V5 sign this during hiring orientation.</p> <p>V5's most recent abuse in-service was on 9/25/2024. The objective of the in-service was to inform staff of the types of abuse and who to report abuse to.</p> <p>Facility's 10-2022 Abuse Policy and Prevention Program documents in part on page 3: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This will be done by establishing an environment that promotes resident sensitivity, resident security, and prevention of mistreatment. This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. On page 4, Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain and/or maintain physical, mental, and psychosocial well-being. The term 'willful' in the definition of 'abuse' means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of an individuals' age, ability to comprehend, or disability. Mental Abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>40061</p> <p>Based on interviews and record reviews, the facility failed to report an allegation of abuse for R3 within two hours to the state surveying agency for one out of one resident reviewed for abuse reporting.</p> <p>Findings include:</p> <p>On 11/06/2024 at 1:36 PM, R3 was alert and oriented to person, place, and date. R3 stated It started with patient care on me. [V5 Certified Nursing Assistant/CNA] wasn't doing what [V5] was supposed to do the way I asked [V5] to do it and that's what set it off. R3 stated was sitting in the motorized wheelchair that morning. R3 asked V5 for assistant to go to the bathroom because R3 felt like moving bowels. R3 stated [V5] snapped at me. R3 stated V5 used profanities towards R3. Surveyor asked if R3 can recall the statements. R3 stated I just don't want to think about it. It kind of hurt my feelings. It's something I don't want nobody to go through. R3 stated The words and paused and then said, it kind of shocked me in a way. R3 stated I felt beneath me. [V5] just down lowed me as a woman and as a person and a human being. It's just that I didn't like that feeling.</p> <p>V14's (Transportation Coordinator) written statement dated 10/08/2024 documents in part: Upon entering the 1st floor hallway I could hear a female voice loud & using profanity. As I'm walking up the hallway I heard 'That m*****f***ing b****'. 'I don't give a f***'. When I finally got to the nursing station, I saw [V5] talking to a resident that lives on the 1st floor. [V5] and I looked at each other and [V5] continued [V5's] loud, profanity conversation with the resident. [V5] told that resident 'they got me f***** up.' I went to my office to call my Administrator.</p> <p>On 11/06/2024 at 12:37 PM, V14 stated during that morning, V14 was coming from the South stairwell and walking down the hall towards the nurses' station. V14 heard a lot of loud talking and profanity being used. V5 was going off. V14 made eye contact with V5 and V5 kept going on with the conversation with R3. R3 was sitting in a wheelchair in front of the nurses' station and V5 was sitting behind the nurses' station. V5 was looking towards R3. V14 heard V5 say they got me f***** up, I don't play that s***, and I don't give a f***. V14 stated there is no reason for an employee to be using profanity. V14 reported it to V6 (former Administrator) because V5 was using foul language towards R3.</p> <p>During a joint interview with V1 (Regional Director of Operations) and V2 (Assistant Administrator) at time of incident/currently Administrator in training) on 11/07/2024 at 11:12 AM, V1 stated all allegations of abuse should be reported immediately.</p> <p>During a telephone call with V6 (former Administrator) on 11/07/2024 at 12:16 PM, V6 stated getting a phone call from V14 (Transportation Coordinator) the day of the incident. V14 informed V6 what V14 heard. V6 was not on site at the time and instructed V2 (Assistant Administrator) during date of incident/currently Administrator in training) to ask V5 to leave the facility pending the investigation. V6 spoke with R3 later that day to confirm the written statement. V6 stated allegations of abuse should be reported to the state surveying agency immediately or within two hours of reporting.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's initial report to the state surveying agency documents in part that R3 alleged that V5 (former Certified Nursing Assistant) used profane language while speaking to R3 and stated what various duties V5 can't or won't perform. Date and time of incident was on 10/07/2024 at around 7:35 AM. Facility's final report to the state surveying agency also documented a date and time of incident of 10/07/2024 at around 7:35 AM. The transmission details of the facility's initial report to the state surveying agency documents a timestamp of 10/08/2024 4:08 PM (greater than two hours from the time of the incident).</p> <p>Facility's 10-2022 Abuse Policy and Prevention Program documents in part on page 9: Any allegation of abuse or any incident that results in serious bodily injury will be reported to the (state surveying agency) immediately, but not more than two hours after the allegation of abuse.</p>		