

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 12/13/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 41356</p> <p>Based on interviews and record reviews, the facility failed to provide individualized and person-centered care plan related to pressure ulcer and hospice care per their policies and hospice agreement for 1 out of 3 residents (R1) reviewed for plan of care. These failures affected 1 resident (R1) who acquired pressure ulcer and receiving hospice care in the facility.</p> <p>Findings include:</p> <p>R1 is [AGE] years old, initially admitted on [DATE]. R1 medical diagnosis includes dementia, traumatic brain injury and subdural hemorrhage. R1 has impaired cognition with brief interview of mental status result of 0.</p> <p>On 12/11/2024, at 10:27 AM, V3 (Wound Coordinator/Licensed Practical Nurse) stated that R1 acquired pressure ulcer on the sacrum in the facility. It first started as DTI or deep tissue injury and currently staged as 3 or stage 3 pressure injury per wound doctor. Sacral pressure injury was first identified on 11/24/2024 as DTI. V3 reviewed full care plan of R1, and was asked the reason not to include identified pressure injury on the sacrum in the plan of care? V3 stated that it does not matter whether there is a care plan or not. She (V3) did not know that when there is a new pressure ulcer it needs to have a new care plan.</p> <p>On 12/11/2024, at 2:19 PM, V27 (Minimum Data Set Director) stated that care plan needs to be person-centered and individualized. That means a person's name and needs related to the diagnosis. New pressure ulcer/injury needs to be care planned. However, it depends upon the wound care department. V27 then stated that she will inform wound care that it needs to be care planned if there is a new pressure ulcer/injury.</p> <p>R1 is currently on hospice with admitted [DATE]. Upon review of R1's vital signs record multiple abnormal vital signs were recorded for the month of October 2024. R1's blood pressure on 10/2/2024, dropped to 85/55. On 10/3/2024, it dropped to 81/36, and on 10/18/2024, it dropped to 80/53, with a heart rate of 147 beats per minute. All progress notes of R1 were reviewed for the month of October 2024. No documentation was recorded as to nursing intervention to R1 abnormal vital signs, assessment, and comfort status.</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
-----------------------------------------------------------------------	-------	-----------

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 12/13/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/2024, at 10:13 AM, V2 (Director of Nursing) stated that CNA (Certified Nursing Assistant) and nurses take vital signs. When a CNA gets an abnormal vital sign, they need to notify the nurse on duty. V2 stated that the expectation for the nurse when a resident has an abnormal vital sign is to reassess the resident, check resident record, and notify the doctor. Nurses need to document anything that was done in the progress notes. V2 stated that since R1 is on hospice, R1 is expected to have an abnormal vital sign. Although hospice residents need to be comfortable, the physician does not need to be notified because they are not to be sent to the hospital anyway. V2 stated that the change of condition policy does not apply to hospice residents. But will ask her consultant if it is accurate and did not further elaborate. V2 reviewed R1's vital signs including heart rate of 147 beats per minute and blood pressure of 80/53. V2 stated, This needs to be addressed. Hospice has different protocols. Hospice residents are expected to have abnormal vital signs. Then said, I cannot answer the question, I will ask my consultant. Explained to V2 that questions are addressed to facility staff since they are in direct care to the resident instead of consultants. V2 said, I will ask my consultant and get back to you.</p> <p>R1's care plan for hospice dated 6/13/2024, does not reflect facility's hospice policy and hospice agreement between hospice agency and the facility on the guidelines set forth to include in the care of hospice patient/resident in the facility.</p> <p>Comprehensive Care Plan policy dated 01/2023, reads:</p> <p>The facility must develop a comprehensive person-centered care plan for each resident. The comprehensive care plan should drive the care and services provided for the resident and allow for the highest level of physical, mental, and psychosocial function based on the comprehensive MDS (Minimum Data Set) assessment.</p> <p>Hospice policy dated 01/2024, reads:</p> <p>To provide guidance on how hospice services will be administered within the facility. A written agreement with the hospice that is signed by an authorized representative of the hospice that is signed by an authorized representative of the hospice provider and an authorized representative of the LTC facility before hospice care is furnished to a resident.</p> <p>The written contract must include the following:</p> <ul style="list-style-type: none"> -The services the hospice will provide. -The hospice's responsibilities for determining the appropriate hospice plan of care. -The services the LTC facility will continue to provide based on each resident's plan of care. <p>Facility - Hospice Agreement, not dated, reads:</p> <p>Facilities Services means those personal care and room and board services provided by Facility as specified in the Plan of Care for Hospice Patient. It includes providing health monitoring of general condition.</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 12/13/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Plan of Care means a written care plan established, maintained, reviewed, and modified at intervals identified by the interdisciplinary group. It will reflect the participation of the Hospice, Facility and the Hospice Patient and family to the extent as possible. Specifically, the Plan of Care includes identification of the Hospice Services, detailed statement of the scope and frequency of such Hospice Services, the Plan of Care will identify which provider is responsible for performing the respective functions that have been agreed upon and included in the Plan of Care.</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 12/13/2024
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 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** 41356</p> <p>Based on interviews and record reviews, the facility failed to provide comfort measures and document that abnormal vital signs were addressed for a hospice resident. The facility failed to notify a change in the resident's physical status (abnormal vital signs) to Hospice Services per the hospice agreement and facility's hospice policy. These failures apply to 1 out of 3 residents (R1) reviewed for improper nursing care and affect 1 resident (R1) receiving hospice care in the facility.</p> <p>Findings include:</p> <p>R1 is [AGE] years old, initially admitted on [DATE]. R1 medical diagnosis includes dementia, traumatic brain injury and subdural hemorrhage. R1 has impaired cognition with brief interview of mental status result of 0. R1 was admitted to hospice on 07/17/2024.</p> <p>On 12/10/2024 at 10:16 AM, V24 (Former Certified Nursing Assistant/CNA) stated that when she worked on 10/18/2024, she took R1's vital signs and the heart rate was 147 beats per minute. R1's blood pressure was also very low. During that time R1 did not feel well and was uncomfortable. As a result, she informed V10 (Registered Nurse/RN) who told her not to take R1's vital signs anymore because it is late, and it will delay her leaving at the end of the shift. Because she (V10) will do a lot of things like notifying the doctor and documenting resident's condition. Instead V10 recorded R1's heart rate as 97 beats per minute instead of 147 beats per minute. V24 stated that every time vital signs of residents are abnormal. Nurses will instruct the CNAs not to record it and just put a normal vital sign without seeing the resident.</p> <p>Upon review of R1's vital signs record on 10/18/2024, it was documented that R1's heart rate on 10/18/2024, at 7:45 PM, was 147 beats per minute. At 9:17 PM the same day it was recorded as 97 beats per minute as V24 stated. All progress notes of R1 were reviewed for the month of October 2024. No documentation was recorded as to nursing intervention to R1 abnormal vital signs, assessment, and comfort status. Abnormal vital signs were also identified for the month of October as follows: R1's blood pressure on 10/2/2024, dropped to 85/55. On 10/3/2024, it dropped to 81/36, and on 10/18/2024 it dropped to 80/53.</p> <p>On 12/11/2024, at 1:44 PM, V10 (RN) stated that R1 is on hospice, and any abnormal vital signs needs to notify physician to explain change in condition. V10 was asked if vital signs are part of nurses and certified nursing assistants' coordination of care for the resident? V10 stated that she does her own vital signs and does not check Certified Nursing Assistants vital signs. V10 stated, I do my own vital signs, I don't check CNAs vital signs. I do my own. V10 stated that it is the responsibility of the CNA to notify the nurses if there are abnormal vital signs to any residents. Per V10, residents with abnormal vital signs like R1 need to be re-assessed, report to the physician and notify hospice. After reviewing R1's vital signs dated 10/18/2024, V10 stated that both heart rate and blood pressure results needs to be addressed. V10 checked R1's progress notes stated that when residents have abnormal vital signs nurse's needs to document in the progress notes that it was addressed.</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 12/13/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/12/2024, at 10:13 AM, V2 (Director of Nursing) stated that CNA and nurses takes vital signs. When a CNA gets an abnormal vital sign, they need to notify the nurse on duty. V2 stated that expectation to the nurse when a resident has an abnormal vital sign is to reassess the resident, check resident record, and notify the doctor. Nurses need to document anything that was done in the progress notes. V2 stated that since R1 is on hospice, R1 is expected to have an abnormal vital sign. Although hospice residents need to be comfortable, the physician does not need to be notified because they are not to be sent to the hospital anyway. V2 stated that change of condition policy does not apply to hospice residents but will ask her consultant if it is accurate and did not further elaborate. V2 reviewed R1's vital signs including heart rate of 147 beats per minute and blood pressure of 80/53. V2 stated, This needs to be address, hospice has different protocol. Hospice residents are expected to have abnormal vital signs. Then said, I cannot answer the question, I will ask my consultant. Explained to V2 that questions are addressed to facility staff since they are in direct care to the resident instead of consultants. V2 said, I will ask my consultant and get back to you.</p> <p>Change of Condition policy dated 1/10/2024, reads:</p> <p>It is the policy of the facility to alert the resident, resident's physician, and resident's responsible party of a change of condition. When deemed necessary or appropriate in the best interest of the resident.</p> <p>Hospice policy dated 01/2024, reads:</p> <p>To provide guidance on how hospice services will be administered within the facility. A written agreement with the hospice that is signed by an authorized representative of the hospice that is signed by an authorized representative of the hospice provider and an authorized representative of the LTC facility before hospice care is furnished to a resident.</p> <p>The written contract must include the following:</p> <ul style="list-style-type: none"> -The services the hospice will provide. -The hospice's responsibilities for determining the appropriate hospice plan of care. -The services the LTC facility will continue to provide based on each resident's plan of care. -A communication process, including how the communication will be documented between LTC facility and the hospice provider, to ensure that needs of the resident are addressed and met 24 hours per day. <p>A provision that the LTC facility immediately notifies the hospice about the following:</p> <ul style="list-style-type: none"> -A significant change in the resident's physical, mental, social, or emotional status. -Clinical complications that suggest a need to alter the plan of care. -A need to transfer the resident from the facility for any condition. <p>Facility - Hospice Agreement, not dated, reads:</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 12/13/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facilities Services means those personal care and room and board services provided by Facility as specified in the Plan of Care for Hospice Patient. It includes providing health monitoring of general condition.</p> <p>Plan of Care means a written care plan established, maintained, reviewed, and modified at intervals identified by the interdisciplinary group. It will reflect the participation of the Hospice, Facility and the Hospice Patient and family to the extent as possible. Specifically, the Plan of Care includes identification of the Hospice Services, detailed statement of the scope and frequency of such Hospice Services, the Plan of Care will identify which provider is responsible for performing the respective functions that have been agreed upon and included in the Plan of Care.</p> <p>Facility Services reads, facility shall perform facility services at the same level of care provided to each hospice patient before hospice care was elected.</p> <p>Coordination of Care hospice and facility shall communicate with one another regularly and as needed for each particular hospice patient. Each party is responsible for documenting such communications in its respective clinical records to ensure that the needs of hospice patients are met 24 hours per day.</p> <p>Notification of Change in Condition facility shall immediately inform hospice of any change in the condition of a hospice patient. This includes, without limitation, a significant change in a hospice patient's physical, mental, social, or emotional status, clinical complications that suggest a need to alter the plan of care, a need to transfer the hospice patient to another facility, or the death of a hospice patient.</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 12/13/2024
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 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** 41356</p> <p>Based on observation, interview, and record review, the facility failed to follow physician order for weekly skin assessment, monitoring, and documentation. The facility failed to follow plan of care intervention for daily skin check, failed to document daily monitoring of pressure ulcer prevention according to their policy. These failures apply to 1 out of 3 residents (R1) reviewed for skin. These failures affected 1 resident (R1) who acquired pressure ulcer on the sacral in the facility.</p> <p>Findings include:</p> <p>R1 is [AGE] years old, initially admitted on [DATE]. R1's medical diagnosis includes dementia, traumatic brain injury and subdural hemorrhage. R1 has impaired cognition with brief interview of mental status result of 0.</p> <p>Per admission evaluation dated 06/12/2024, R1 was admitted without pressure ulcer/injuries. Facility skin assessment dated [DATE], R1 acquired pressure ulcer/injury in the facility located on her sacrum. Per the same assessment of R1, it was staged as DTI or deep tissue injury measures (in centimeter) 6 by 7 by unknown. Per V28 (Wound Doctor) documentation dated 11/27/2024, surgical debridement was performed to remove necrotic tissue. R1's sacral pressure ulcer/injury was categorized as unstageable due to necrotic tissue. Measurement in centimeters are as follows: 3.30 by 5.60 by 0.10 (Length by Width by Depth). Facility assessment for R1's sacral pressure ulcer/injury dated 12/01/2024 and 12/08/2024 documents that it increases in size after debridement (11/27/2024) to 5.50 by 6.80 by unknown (Length by Width by Depth).</p> <p>On 12/11/2024, at 10:27 AM, V3 (Wound Coordinator/Licensed Practical Nurse) stated that R1 acquired pressure ulcer on the sacrum in the facility. It first started as DTI or deep tissue injury and currently staged as 3 or stage 3 pressure injury per wound doctor. The sacral pressure injury was first identified on 11/24/2024, as DT1. V3 reviewed full care plan of R1, and was asked the reason not to include identified pressure injury on the sacrum in the plan of care? V3 stated that it does not matter whether there is a care plan or not. She (V3) did not know that when there is a new pressure ulcer it needs to have a new care plan. V3 was asked about R1's sacral wound was identified on its late stage of DTI or deep tissue injury with significant measurement? V3 stated that all nursing staff both on the floor and wound care team needs to check the skin on a daily basis. V3 was asked if there are documentation as to daily skin monitoring per R1's care plan intervention dated 06/13/2024? V3 stated that, she does not know if there are documentation by nursing staff monitoring R1's skin on a daily basis. It was not ordered by the physician although it is included on R1's care plan. V3 stated that it is done during ADL (Activity of Daily Living) care that nursing check the skin. V3 added that ADL include incontinence care, showering, and other care that involves skin check.</p> <p>On 12/12/2024, at 1:19 PM with V3, R1's sacral pressure ulcer was located more to the left side of the sacrum. The pressure ulcer/injury has the characteristic of stage 3 with some slough on small areas within the wound.</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 12/13/2024
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's physician order dated 06/17/2024, reads: Complete weekly skin check to ensure no new skin alterations are present. Every dayshift (Monday). R1's care plan on risk for alteration in skin integrity dated 06/13/2024 (preventive measure) to check skin daily. Care plan does not address current sacral pressure ulcer that was identified on 11/24/2024.</p> <p>Per Skin Management: Monitoring of Wounds and Documentation Policy dated 01/2024, it reads:</p> <p>It is important that the facility have a system in place to assure that protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility.</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 12/13/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111</p> <p>Based on observations, interviews and records review, the facility failed to provide a working call light to one (R9) of four residents reviewed in a sample of six.</p> <p>Findings include:</p> <p>R9 current face sheet documents R9 is a [AGE] year-old individual admitted to the facility on [DATE]. R9's medical diagnosis includes but not limited to hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, cerebral infarction, unspecified, personal history of traumatic brain injury. R9's Brief Interview for Mental Status (BIMS) dated 12/05/2024 documents BIMS of 11/15, indicating moderate cognitive impairment, and Activities of Daily Living (ADL) document R9 needs assistance for eating and oral hygiene, and requires partial/moderate assistance with toileting/shower/ bath self, upper/lower body dressing, and with personal hygiene. R9 uses a manual wheelchair.</p> <p>R9's nursing progress notes dated 11/29/2024 12:30 documents R9 is alert and oriented to (Person, place, time situation). Daily Skilled Nursing Note dated 12/07/2024, documents R9 needs assistance with bed mobility, toileting, eating and transferring.</p> <p>On 12/10/2024, at 11:15AM, during tour of the unit the call light station at the nursing station was observed constantly beeping and making a loud noise. Above the nursing station on the left side of the unit was a call light on the ceiling with a purple light on.</p> <p>On 12/10/2024, at approximately 11:20AM, R9 was observed sitting in his wheelchair between his bed and his roommate's bed. R9 stated he needed help getting from between the beds. R9 stated his call light has not been working all day and he notified staff this morning and no one is working on it. R9 was upset and declined to further speak with surveyor.</p> <p>12/10/2024, at 11:30AM, V14 (Registered Nurse/RN) stated the call light noise/ beep is coming from the call light station at the nursing station and showing on the ceiling was from R9's room. V14 stated R9 informed her this morning at about 8:30 AM that his call light was not working. V14 said residents are supposed to have functioning call lights so that the resident can reach staff in case of an emergency. V14 stated staff dropped the ball on R9. V14 stated she informed V16 (Maintenance Assistant) this morning and should have followed up on it make sure R9 had a functioning call light.</p> <p>On 12/10/2024, at 11:36AM, V15 (RN) said if a resident's call light is not working, the resident should be provided an alternative means of calling the nurse in case of an emergency. V15 said there was a bell by the nursing station that could have been provided to R9. V15 said she was aware R9's call light was not working but did not see or think of the bell until surveyor interviewed V15. V15 was observed reaching for a red bell and stated R9 should have been provided the bell this morning when he reported his call light was not working.</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 12/13/2024
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/10/2024, at 12:20PM, V16 (Maintenance Assistant) said he was aware R9's call light was not working since this morning and was informed by V14, but he was busy attending to more pressing plant issues. He had not had time to replace R9's call light. V16 stated there only two maintenance personnel to take care of all plant issues, but he will change R9's call light.</p> <p>Facility policy titled Call Light Respond dated 1/10/2024 documents:</p> <ul style="list-style-type: none"> -Ensure the call light is always within reach of resident's reach -Report all defective call lights to the nurse supervisor or maintenance director promptly. 		