

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 02/18/2025
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 - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on observation, interview and record review, the facility failed to ensure the resident's call light device was functioning properly for resident use. This failure affected one resident (R10) out of three residents reviewed for call lights.</p> <p>Findings include:</p> <p>On 2/11/25 at 11:54 AM, R10 was observed wheeling himself out of his room, noted with bilateral braces to lower legs; lower legs on wheelchair leg rests. R10 alert and responsive, agreed to speak to surveyor. R10 states that he is heading to therapy. R10 states that he is doing better since he began doing therapy. R10 states that when he first came in, he could hardly do anything. This surveyor questioned R10 if his call light is functioning. R10 reports that his call light has not worked and states they told him to use his roommate's call light. R10 states that his call light has never worked. R10 states that maintenance came up twice. One maintenance staff came one time and never came back. R10 states another maintenance worker came another time. He looked at it, walked out and never came back. R10 reports that his roommate's call light does work, and he uses his next-door roommate's call light.</p> <p>On 02/11/25, at 12:44 PM, R10 pressed his call light. No light turned on at R10's call light source and no call light turned on in front of R10's room. R10 states that when he first got to the facility, his call light not working affected him a lot. R10 states in the beginning I couldn't walk and couldn't go to the bathroom by myself. They would come and put a belt on me and walk me there. When I needed to use the bathroom, I would wait until someone would do their rounds and then they still needed to go get help. Sometimes it felt like forever. I'd have to try to reach my roommate's call light and use his. At times, R10's roommate has been upset about R10 using his call light.</p> <p>On 2/11/25, 1:06 PM, V8 (Certified Nursing Assistant) pressed R10's call light button and states I don't think it's working; the call light panel would have light up green. V8 continues to state. On the outside of R10's room, this would light up to white, as V8 pointed to the outdoor of R10's room's call light. When V8 walked to the nurse's station, where the call light notification is located, V8 states it shows no calls. V8 picked up the phone to attempt to call R10's call light that is in R10's room. V8 states I would say it works for us calling him, but it doesn't work for him calling us. V8 states that it is important for a resident's call light to work so they can call staff and let them know if they need anything.</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 - Few</p>	<p>On 2/11/25, at 4:49 PM, V2 (Director of Nursing) R10 states that maintenance did not come for his call light. His call light is not working. R10 states that maintenance brought a table for one of his roommates. R10 states that the CNA (Certified Nursing Assistant) brought the bell in. V2 states that R10's call light should be functioning, and he should have his own and not have to use his roommate's call light.</p> <p>R10's Face sheet documents that R10 is a [AGE] year-old female admitted to the facility on [DATE], who has diagnoses not limited to: aftercare following joint replacement surgery, muscle weakness (generalized), infection and inflammatory reaction due to unspecified internal joint prosthesis, subsequent encounter, venous insufficiency (chronic) (peripheral).</p> <p>R10's Minimum Data Set (MDS), dated [DATE], documents R10 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R10 is cognitively intact.</p> <p>R10's care plan date initiated 1/14/2025, revised 1/21/2025, documents in part R10 is at high risk for falls r/t (related to) aftercare following joint replacement surgery. R10 will remain free of falls causing hospitalization r/t injury through next review. Interventions documents in part staff to assist as needed. Promote placement of call light within reach and assess resident's ability to use.</p> <p>Facility document dated 1/10/2024 titled call light response documents in part to provide the staff with guidance on responding to residents' requests and needs. Report all defective call lights to the nurse supervisor or maintenance director promptly.</p>		