

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 08/14/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that medications are securely stored for one of one resident (R4) reviewed for medication storage in the sample of 20. Findings include: R4's face sheet documents resident is [AGE] year-old admitted to the facility on [DATE] with diagnoses including but not limited to: Chronic Obstructive Pulmonary Disease, Type 2 Diabetes Mellitus, Chronic Pancreatitis, Chronic Kidney Disease, Essential Hypertension, and Atherosclerotic Heart Disease. R4's MDS (Minimum Data Set of 7/16/2025) documents a BIMS (Brief Interview for Mental Status) of 14 denoting R4 is cognitively intact. On 8/7/25 at 12:15 PM, R4 was observed ambulating with rollator down the hallway. R4 was holding souffle cup with seven tablets/capsules noted (one large white oval pill, three brown/clear capsules, one round white tablet, one oval light-yellow pill noted, one orange oval). R4 said, the nurse gave me these medications over an hour ago. Surveyor asked what they were. Surveyor wanted the names of the pills. R4 couldn't tell me. R4 left the pills with the surveyor, then left. 8/7/25 at 12:30 PM, V2 (Director of Nursing) said, staff should not leave medications at the bedside. Staff should explain what the medications are for and what the names of the medications are. 8/8/25 at 11:27 AM, V3 (Registered Nurse) said, I prepared R4's medications and brought them to him. He asked what they were for. I had an emergency (a resident fell), and I ran out of R4's room to tend to the other resident. It slipped my mind that I needed to go back to R4. I never should leave medications at the bedside. I have to see the resident take the medication. Another resident could come along and take R4's medication. Medication Administration policy (Reviewed 1.2024) documents in part, 21. Remain with the resident to ensure that the resident swallows the medication.</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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