STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145337	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ryze on the Avenue	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Based on observations and interviews, the facility failed to ensure that missing ceiling tiles were replaced in a hallway and residents' room. This failure has affected R3, R21, R22 and has the potential to affect 36 residents that reside in the first floor.Findings include:R3's diagnosis includes but not limited to: Unspecified dementia, cognitive communication deficit, major depressive disorder and essential hypertension.R21's diagnosis includes but not limited to: Unspecified dementia, adult failure to thrive, Lack of coordination, seizures and chronic viral hepatitis C.R22's diagnosis includes but not limited to: Dementia, Major depressive disorder, unspecified psychosis, essential hypertension, restless and agitation.On 9/23/25 at 11:08 am, V31 (R3's daughter) stated the following, His (R3's) room has missing ceiling tiles and it leaks.On 9/23/25 on 12:35 pm, Surveyor toured R3's room and noticed missing ceiling tile near R3's bed with debris on R3's floor, window seal and heater. At that time, V12 (Floor Technician) stated the following, This is part of the ceiling that's falling. They (administration) have been replacing ceiling tiles. There was a leakage here (R3's room) that has been repaired.On 9/24/25 at 10:15 am, Surveyor toured the facility with V20 (Maintenance Director) and noted the first-floor South hallway with missing ceiling tiles. At that time, Surveyor and V20 went to R3's room to assess the missing tiles near R3's bed.On 9/24/25 at 10:20 am, V20 stated the following, this is an old building, and we have had pipe issues. We have cast iron pipes with cracks in them so there has been leaks. The ac (air conditioning) unit above R3's room was leaking and came down through R3's ceiling. We have been working on the leakage since July. It has been one room after another. The leakage got under control around the 1st or 2nd week in September. It was a big job. We are replacing the ceiling tiles but need to ensure that the leakage has stopped first.On 9/29/25 at 11:50 am, V2 (Director of Nursing) stated the following, The missing ceiling tiles could make the residents feel unsafe and uncomfortable. Our maintenance department is working on replacing all tiles now.Facility Census dated 9/23/25 documents R3, R21 and R22 as roommates. Facility policy titled Safe and Homelike Environment documents, In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment; Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.

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