

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 01/12/2026
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** Based on observation, interview and record review, the facility failed to ensure three (R1, R2, R5) of eight residents' accommodation of needs were provided for with working call lights. Findings include: 1.) R5 is a [AGE] year-old female, admitted to the facility 12/29/2025 with diagnoses not limited to Displaced Bicondylar Fracture Of Right Tibia, Cognitive Communication Deficit, Lack Of Coordination, Abnormal Posture, Asthma, Chronic Obstructive Pulmonary Disease, Moderate Protein-Calorie Malnutrition, Obesity, Anxiety Disorder, Opioid Dependence, Pressure-Induced Deep Tissue Damage Of Right Heel, Fracture Of Right Lower Leg, Fracture Of Left Lower Leg, Constipation, Tobacco Use, Insomnia, Hirsutism, Depression. R5's BIMS Summary Score dated 1/05/2026 shows 15, indicating cognitively intact. R5's room census documents she was admitted to the current room on 12/29/25. R5's care plan documents in part: R5 is at risk for falls r/t (related to) Functional Deficits, date Initiated: 12/29/2025. Intervention: Promote placement of call light within reach and assess resident's ability to use, date Initiated: 12/29/2025. ADL (activities of daily living): R5 requires assist with daily care needs r/t Cognitive and functional limitation, date Initiated: 12/29/2025. Intervention: Call light within reach, date Initiated: 12/29/2025. R5 is incontinent with bowel and bladder, date Initiated: 12/29/2025. Intervention: Place call light within easy reach, date Initiated: 12/29/2025. On 1/9/2026 at 1:59pm observation by surveyor observed R5 lying in bed alert, oriented and groom wearing a gown. R5's legs were wrapped with gauze to help prevent heel breakdown. R5 stated, her call light has not worked since she was admitted (12/29/2025) to current room, and she is unable to get out of bed or do anything without the assistance of staff. R5 stated, she is totally dependent on staff for help and when R2 (roommate) is in the room she will help me, but if R2 is not in the room, I just have to wait. There are times when she is not here and panic kicks in, I become scared that I will need help, and no one will come and when someone finally comes it will be too late. I am bedridden and cannot put weight on my legs. I am getting physical therapy, and I think it is helping. Right now, I need help to go to the bathroom. R5's pressed call light and call light did not light up at panel, did not light up outside of room nor was there any audible sound. R2 and R5 were both in room and R5 stated, if I need something, I have to ask R2 to get a nurse. R2 stated, if R5 needs anything, I will either press my call light for her or walk down to the nurses' station to let them know R5 needs help. R2 and R5's bathroom call light was without a call panel or pull switch. On 1/9/2026 at 2:05pm V2 (Director of Nursing/DON) was present and stated, I see the panel is not lit, there is no outside light that comes on when R5 presses call light. R5 is dependent on staff and has to use call light. Staff are supposed to round every 2 hours between the nurses and CNAs. If her call light was not working, she should have gotten a bell. I see it with my own eyes (referring to R5' call light not working). Clinical staff do not check call light. The call light should be working. We have bells that we give the resident in cases like this. On 1/9/2026 at 2:11pm R5 stated, she needs to be changed and mine (referring to the call light) is not working. V2</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145337
		If continuation sheet Page 1 of 7

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 01/12/2026
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>and V9 (Assistant Director of Nursing) were in room and R5 was given call light to use from empty bed next to R5. R5 told V2 and V9 that her call light has not worked for over 2 weeks, since she was put in current room. On 1/9/2026 at 2:13pm as V2 was walking out of room, V2 stated, we saw it (referring to call light). On 1/9/2026 at 2:14pm V12 (Certified Nursing Assistant/CNA), came into R5's room and stated, we round every 2 hours and every hour. I did not know call light was not working. Residents are told to use call light if they have pain, need water, want to get out of bed, if they need help with anything the resident should use the call light. R5 cannot get up on her own, she is dependent on us, and we use a slider board to get her up. On 1/9/2026 at 2:33pm V10 (Maintenance Director) stated, R5's call light is not working, and this call light (R5's) has been a constant issue. I believe in the morning the CNAs check rooms and should be checking to see if call light is working. If the call light is not working, put in (work order). For some call lights, I am waiting for new materials to fix call lights. I will let management know what we have and what we are waiting for. In morning meetings management knew the call light was not working. All directors attend and all lead management and nurses. Seems to be a communication thing with everybody else. They have known the call light has not been working and someone should have given R5 some type of communication device. Surveyor requested call light monthly log. 2.) R2 is a [AGE] year-old female, readmitted to the facility 4/18/2025 with diagnoses not limited to Hereditary And Idiopathic Neuropathy, Protein-Calorie Malnutrition, Hypokalemia, Localized Swelling, Mass And Lump, Lower Limb, Bilateral , Peripheral Vascular Disease, Bipolar Disorder, Major Depressive Disorder, Leiomyoma Of Uterus, Acute Pancreatitis, Iron Deficiency Anemia, Post-Traumatic Stress Disorder, Panic Disorder [Episodic Paroxysmal Anxiety], Anxiety Disorder. R2's BIMS Summary Score dated 10/17/2025 shows 15, indicating cognitively intact. On 1/9/2026 at 1:44pm R2 and R4 sitting in resident activity room. R2 dressed, groomed, alert and oriented and ambulating with walker. R2 stated, she feels the rules change. R2 stated, staff do not answer call lights and the call light in her room does not work, specifically R5's call light. R2 stated, she has to push her call light or go and get help when R5 needs help. R2 showed surveyor R2 and R5's bathroom which does not have a working call light. R2 pressed her call light, and it worked, but when she asked R5 to press her call light, it did not work. R2's care plan documents in part:Focus ADL: R2 requires assist with daily care needs r/t Cognitive deficit Date Initiated: 10/14/2025.Goal: R2 will maintain current daily care abilities with assistance from the staff without showing a decline throughout next review. Date Initiated: 10/14/2025. Intervention: Call light within reach Date Initiated: 04/26/2025. On 1/10/2026 at 10:13am R2 stated, bathroom still does not have a call light. If I needed help in the bathroom, I would not have a call light to pull. 3.) R1 is a [AGE] year-old male, admitted to the facility 11/29/2024 with diagnoses not limited to Type 2 Diabetes Mellitus Without Complications, Essential (Primary) Hypertension, Cerebral Infarction, Unspecified, Major Depressive Disorder, Single Episode, Unspecified, Alcohol Abuse, Uncomplicated, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Other Speech and Language Deficits Following Cerebral Infarction, Restlessness and Agitation, Hyperlipidemia, Unspecified, Personal History of Traumatic Brain Injury, Unspecified Mood [Affective] Disorder. R1's BIMS Summary Score dated 12/19/2025 shows 15, indicating cognitively intact. R1's care plan documents in part:Focus: R1 is incontinent of bowel and bladder. Date Initiated: 09/22/2025.Goal: Will maintain dignity by being kept clean, dry and odor free through stay in the facility. Date Initiated: 09/22/2025.Intervention: Place call light within easy reach. Date Initiated: 06/05/2025. Focus: FALL: R1 is at high risk for falls r/t Functional deficit, Cognitive deficit Date Initiated: 09/22/2025.Goal: Will remain free of falls causing hospitalizations r/t injury thru next review. Date Initiated: 09/22/2025.Intervention:</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 01/12/2026
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>Educate resident on the importance of complying with safety measures. Using call light for assistance with ADL care. Document residents understanding of education and instances of non-compliance Date Initiated: 07/05/2025. On 1/9/2026 at 11:41am R1 sitting in dining room dressed, groomed and wearing shoes and glasses. R1 alert and oriented and able to make needs known and answer questions. R1 stated he is okay and V14 (Social Services Manager/DUET) is great and helps him sign up for SSI. R1 stated his TV is working. He is eating and gets double portions. He is gaining weight. He has gotten therapy and gets restorative care. He exercises and goes to activities. R1 stated, there are lots of activities at the facility, the ice machine works and nurses are taking care of him and making sure he takes his medicine. R1 stated, when I push the call light it does not come on. If I need something, my roommate R4 will get someone for me. My laundry is done, and I put my name and room number, so they know it is mine. My social worker is trying to help me find an apartment. R1 is observed able to ambulate with and without walker, tends to drag right leg. TV and TV remote working. Room without clutter. Surveyor asked R1 to push call light. Call light did not lite at wall panel and did not come on nor did light come on above room and no audible sound. R1 pushed call button again with same results. R1 stated, see call light does not work. At 12:25pm R1's call light was not answered. V4 (Licensed Practical Nurse) entered R1's room to give medication and did not acknowledge R1's call light due to call light not working. On 1/9/2026 at 12:45m V4 (LPN) stated R1 gets upset when he does not get his way. Aides are supposed to make round every 2 hours to make sure residents are okay and they do not need anything. Call lights are used by the residents to get staff's attention so they can get assistance. If call lights do not work, they may not be able to get help. The call light is supposed to sound at the nurses' desk to alert staff that residents need help. The nurses and the CNAs are supposed to make sure the call light is working and if not working we are supposed to put in a work ticket and the call light is fixed stat. V4 pushed R1's call light and light did not work. V4 took call light out of outlet and put it back in a few times and then call light started to work. V4 stated, I am not sure why it did not come on, maybe it got snagged on something. CNAs are supposed to make sure call light is working and within reach of the resident. On 1/9/2026 at 1:19pm V9 (Assistant Director of Nursing) stated, call lights are checked every day to see if working. Anyone can check them. We make frequent rounds and make sure staff check residents. Residents have call lights so they can get help. Someone is always doing rounds. On 1/9/2026 at 1:24pm V10 stated, rooms are checked every day by the housekeeper and CNA. If they see something that does not work, they are to put it in the system, and it alerts maintenance. V10 stated, every bed should have a functioning call light. Call lights are checked every month. There were issues with call lights prior to me. I am responsible now. V10 stated, call light for R1 was not reported that it was not working. On 1/10/2026 V2 stated, if equipment is broken resident will tell staff and staff will put in (work order). We have a reporting app to communicate broken equipment. We all should make sure call lights are working. Residents should tell us, but they may not know the call light is not working. Maintenance will do rounds as well. Call lights are being fixed as we speak. Maintenance will fix themselves or call a vendor is unable to fix. Facility Policy Preventive Maintenance Policy rev. 5/2025 documents in part: GENERAL: To provide the staff with guidance on preventive maintenance within the facility. Proof of inspections will be recorded in the electronic system or on paper tracker provided. RESPONSIBLE PARTY: Maintenance Department POLICY: Preventive Maintenance Plan INSPECTIONS: 7. Monthly surveillance of all resident rooms for any repairs needed and proper operation of all equipment. If a resident has personal equipment, it should be maintained according to manufacturer's guidelines. Facility Policy Call Light Response rev. 5/1/2025 documents in part: General: To provide the staff with guidance on</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 01/12/2026
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>responding to residents' requests and needs. Responsible Party: IDTProtocol: 5. Report all defective call lights to the nurse supervisor or maintenance director promptly.6. Answer the patient or resident's call as soon as possible. Maintenance Director Job Description documents in part: SUMMARY: The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner. ESSENTIAL DUTIES AND RESPONSIBILITIES: Assume the administrative authority, responsibility, and accountability of directing the Maintenance Department. Assist in establishing a preventive maintenance program. Repair facility /resident property as necessary. In the event of inability to repair coordinate with outside vendors to make repair or replace as cost effectively as possible. Also ensure that services provided by outside vendors are properly completed/supervised in accordance with contracts/work orders. Keep abreast of economic conditions/situations and recommend to the Administrator adjustments in maintenance services that assure the continued ability to provide a clean, safe and comfortable environment. Ensure that supplies, equipment, etc., are maintained to provide safe and comfortable environment. Promptly report equipment or facility damage to the Administrator. Make periodic rounds to check equipment and to assure that necessary equipment is available and working properly. QUALIFICATIONS: Must maintain the care and use of supplies, equipment, etc., and maintain the appearance of maintenance areas; must perform regular inspections of resident rooms/units for order, safety, and proper performance of equipment.</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 01/12/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a home-like environment for five (R1, R4, R6, R7) of eight residents residing in the facility reviewed for physical environment. Findings include: R1 is a [AGE] year-old male, admitted to the facility 11/29/2024 with diagnoses not limited to Type 2 Diabetes Mellitus Without Complications, Essential (Primary) Hypertension, Cerebral Infarction, Unspecified, Major Depressive Disorder, Single Episode, Unspecified, Alcohol Abuse, Uncomplicated, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Other Speech and Language Deficits Following Cerebral Infarction, Restlessness and Agitation, Hyperlipidemia, Unspecified, Personal History of Traumatic Brain Injury, Unspecified Mood [Affective] Disorder. R1's BIMS Summary Score dated 12/19/2025 shows 15, indicating cognitively intact. R4 is a [AGE] year-old male, admitted to the facility 7/09/2024 with diagnoses not limited to a Essential (Primary) Hypertension, Acute Diastolic (Congestive) Heart Failure, Syncope and Collapse, Alcohol Abuse, Uncomplicated, Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris, Anemia, Unspecified, Other Seizures, Weakness, Low Back Pain, Unspecified, Unspecified Fall, Subsequent Encounter, Ataxia, Unspecified, Alcoholic Polyneuropathy. R4's BIMS Summary Score dated 11/06/2025 shows 15, indicating cognitively intact. R6 is a [AGE] year-old male, admitted to the facility 8/12/2025 with diagnoses not limited to 57 Opioid Dependence, Uncomplicated, Ataxia Following Other Cerebrovascular Disease, Unspecified Hydronephrosis, Hematuria, Unspecified, Hyperlipidemia, Unspecified, Iron Deficiency Anemia, Unspecified, Antiphospholipid Syndrome, Unspecified Severe Protein-Calorie Malnutrition, Acute Kidney Failure, Unspecified, Other Nonspecific Abnormal Finding Of Lung Field, Vitamin D Deficiency, Unspecified, Other Obstructive and Reflux Uropathy, Cerebral Infarction, Unspecified, Hypomagnesemia, Other Disorders of Phosphorus Metabolism, Essential (Primary) Hypertension, Insomnia, Unspecified. R6's BIMS Summary Score dated 11/06/2025 shows 15, indicating cognitively intact. R7 is a -year-old male, admitted to the facility 10/4/2025 with diagnoses not limited to Hallucinations, Unspecified, Abnormal Weight Loss, Chronic Obstructive Pulmonary Disease With (Acute) Lower Respiratory Infection, Unspecified Psychosis Not Due to A Substance Or Known Physiological Condition, Type 2 Diabetes Mellitus Without Complications, Bipolar Disorder, Unspecified, Essential (Primary) Hypertension, Schizophrenia, Unspecified, Pain In Unspecified Joint, Atherosclerotic Heart Disease Of Native Coronary Artery Without Angina Pectoris, Acute Cough. R7's BIMS Summary Score dated 12/09/2025 shows 15, indicating cognitively intact. On 1/9/2026 at 11:41am tour of facility Surveyor observed privacy curtains for R1 and R4, with large stains and dried debris. R1 and R4 stated, the curtains need to be changed, and they do not like how the curtains look. R1 stated, the curtains have been like this. Observed stained ceiling tile with exposed pipes and light fixture in bathroom with missing cover. R1 stated, that has been like that, I do not know why. On 1/9/2026 at 11:59am observed R4 ambulated independently, dressed, groomed, wearing shoes and able to make needs known. R4 stated, these curtains have been dirty, and they have all those stains, and no one has changed them. Look, the light over my bed and in the bathroom are missing covers, they have been like that. On 1/9/2026 at 1:00pm V6 (Certified Nursing Assistant/CNA) stated housekeeping makes sure curtains are clean and the room is clean. On 1/9/2026 at 1:03pm V7 (Housekeeper) stated, rooms are cleaned every day. Maintenance or floor techs change curtains in the room, but I'm not sure how often. I am not sure if I should tell somebody or not that the curtains need to be changed. V7 stated, R1, R4 and R9 curtains need to be changed, there is a lot of stuff and stains on them. On 1/9/2026 at 1:19pm V9 (Assistant Director of Nursing/ADON) and Surveyor</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 01/12/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>entered R1's room. V9 stated, all the curtains are dirty. Housekeeping is supposed to make sure curtains are clean. Housekeepers are in and out of room every day. Dirty curtains should get changed every day and anyone can alert housekeeping. R4's light and bathroom light should have a cover. On 1/9/2026 at 1:24pm V10 (Maintenance Director) stated, rooms are checked every day by the housekeeper and CNA. If they see something that does not work, or curtains are dirty they are to put it in the system, and it alerts maintenance. On 1/9/2026 at 1:35pm V11 (Floor Technician) and V3 (Assistant Administrator) entered R1 and R4's room with surveyor. V3 stated, curtains should not be stained. We change curtains as needed. Rooms also get a deep cleaning every month and curtains are changed then too. We will get covers for lights. Housekeeping should notify director if curtains need to be changed. Tour of R6 and R7's room. Ceiling tiles with dried debris and privacy curtains hanging off hooks. R7 stated, they have been like that and stains on ceiling have been there. V3 stated, the privacy curtains should be completely on the hooks and there should not be stains on the ceiling tiles or debris. This will be corrected. On 1/9/2026 at 3:34pm V1 (Administrator) stated Maintenance Director should oversee any room repairs or equipment repairs. Maintenance is responsible for ceiling tiles being in place and clean. Privacy curtains being clean, in good repair and hanging correctly was the housekeeping director but the housekeeping director's last day was Friday, so assistant administrator is currently responsible. We have morning meetings, and I attend most of the time. We talk about call lights not working and light covers needing to be replaced and curtains needing to be replaced. Curtains should be checked weekly or if housekeeping sees they need repair should be taken down. Deep cleans (items removed from room, dusted, walls cleaned, windows cleaned mattress inspected and cleaned and floors cleaned with top scrubber) are done monthly in all rooms. Resident Rights dated 11/18 documents in part: Your facility must be safe, clean, comfortable and homelike. Your rights to dignity and respect You have a right to make your own choices. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Facility Policy Preventive Maintenance Policy rev. 5/2025 documents in part: GENERAL: To provide the staff with guidance on preventive maintenance within the facility. Proof of inspections will be recorded in the electronic system or on paper tracker provided. RESPONSIBLE PARTY: Maintenance Department POLICY: Preventive Maintenance Plan INSPECTIONS: 7. Monthly surveillance of all resident rooms for any repairs needed and proper operation of all equipment. If a resident has personal equipment, it should be maintained according to manufacturer's guidelines. Maintenance Director Job Description documents in part: SUMMARY: The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner. ESSENTIAL DUTIES AND RESPONSIBILITIES: Assume the administrative authority, responsibility, and accountability of directing the Maintenance Department. Assist in establishing a preventive maintenance program. Repair facility /resident property as necessary. In the event of inability to repair coordinate with outside vendors to make repair or replace as cost effectively as possible. Also ensure that services provided by outside vendors are properly completed/supervised in accordance with contracts/work orders. Keep abreast of economic conditions/situations and recommend to the Administrator adjustments in maintenance services that assure the continued ability to provide a clean, safe and comfortable environment. Ensure that supplies, equipment, etc., are maintained to provide safe and comfortable environment. Promptly report equipment or facility damage to the Administrator. Make periodic rounds to check equipment and to assure that necessary equipment is available and working properly.</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 01/12/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>QUALIFICATIONS: Must maintain the care and use of supplies, equipment, etc., and maintain the appearance of maintenance areas; must perform regular inspections of resident rooms/units for order, safety, and proper performance of equipment.</p>