

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 01/29/2026
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide one to one (1:1) feeding assistance for one resident (R1) in the sample of 3 residents reviewed for feeding assistance. Findings include: R1's admission record documents, in part, diagnoses of dysphagia, spondylosis with myelopathy cervical region, type 2 diabetes mellitus, overactive bladder, hypertension, hypotension, anemia, neurogenic bladder, generalized anxiety disorder, bradycardia, retention of urine, localized edema, muscle spasm, and fusion of spine, cervical region. R1's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview for Mental Status (BIMS) score of 15 which indicates that R1 is cognitively intact. R1's Functional Abilities for eating (The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident) is coded as Dependent--Helper does all of the effort. Resident does none of the effort to complete the activity. Facility list of 1:1 feed residents (undated) includes R1. On 1/26/2026 at 12:03 PM, R1 observed lying in bed with bilateral hand splints in place. R1 stated that R1 received full care from the staff. R1 stated that R1's arms move just a little, but R1 cannot use them to eat or drink by R1's self. R1 stated that on 1/24/2026, R1 received activities of daily living (ADL) bathing and incontinence care from V5 (Certified Nursing Assistant/CNA) around 11:00 AM. R1 stated that R1 then fell asleep and woke up at 2:00 PM. R1 stated that R1 did not see a lunch tray in the room, and R1 was feeling hungry. R1 stated that no staff member offered R1 a lunch meal on 1/24/2026, and staff did feed R1 the lunch meal on 1/24/2026. R1 stated that no staff asked R1 if R1 wanted to eat or not or woke R1 up to feed R1. R1 stated, At least let me (R1) see what is being served. I have the right to see the food if I want it or if I don't want it. On 1/26/2026 at 2:34 PM, V5 (CNA) stated that V5 was R1's primary CNA on the day shift on R1's floor on 1/24/2026. V5 confirmed that V5 provided ADL care for R1 around 11:00 AM that day because R1 stated that V19 (R1's Family Member 1) may visit in the afternoon. V5 stated, I (V5) did not bring (R2) a tray on Saturday (1/24/2026). I don't know who did. V5 stated that the meal trays are prepared by dietary in the dining room, and the trays are placed on the cart where then CNAs deliver the trays in the carts down to the residents rooms. V5 stated that there is no specific CNA assignment for passing the trays on the cart to the residents who are eating in their rooms, including R1. V5 stated that which CNA is available will deliver the trays on the cart to residents in their rooms. V5 stated that on 1/24/2026, V5 checked on R1 in afternoon on 1/24/2026, and R1 was sleeping with V5 not seeing a lunch tray in R1's room. V5 stated, No, I did not feed her lunch. (R1) is a feeder so whoever is assigned to do the feeding is responsible for feeding (R1). This surveyor viewed the Daily Assignment Sheet for day shift, 1/24/2026, and V5 said that R1 was assigned to V8 as a 1:1 feeder resident under special assignments. On 1/26/2026 at 3:00 PM, V20 (R1's Family Member 2) stated that R1 called V20 around 3 PM on 1/24/26 and told V20 that R1 was hungry and was asking V20 to bring R1 some food. V20 stated that R1 informed V20 that R1 wasn't given food for lunch;</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 4

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>and that no one woke R1 up to offer lunch or to feed R1 lunch. On 1/26/2026 at 3:10 PM, R4 stated that R4 did visit R1 on 1/24/2026 around 2-3:00 PM. R4 stated that R4 helped R1 call V20 because the staff did not give R1 a lunch tray. Facility Daily Assignment Sheet, dated 1/24/2026 for the day shift (7:00 am to 3:00 pm) for R1's floor, documents, in part, 2 nurses working (V25 Registered Nurse/RN and V26 RN) and 7 CNAs (V5, V8, V14, V15, V21, V24, and V29). V5 is assigned as R1's primary CNA, and V8 is assigned under special assignment as R1's 1:1 feed. On 1/27/2026 at 11:31 AM, V8 (CNA) stated that V8 worked on the day shift on R1's floor on 1/24/2026. V8 stated that V8 normally has the same set of residents assigned to V8, which normally includes R1, but the resident assignments depend on how many CNAs are staffed and working. V8 stated that on 1/24/2026 day shift, the floor had more CNAs working (7), so V8 was not assigned to R1 as the primary CNA. V8 stated that R1 is alert and oriented and will tell staff what she wants. V8 stated that V8 performs all care for R1, and that R1's arms and hands are contracted. V8 stated that when it's mealtime and if R1 is asleep (which can be common), V8 will rub R1's shoulder and wake R1 up then offer R1 the meal tray. V8 stated that sometimes R1 will only want some of the food, which R1 will feed to R1. V8 stated that even when R1's family brings in outside food for R1, V8 will present the tray to R1 and show it to R1. V8 stated that on 1/24/2026, V8 did not see R1. When asked if V8 provide lunch to R1 on 1/24/26, V8 stated, No, I (V8) did not feed (R1). This surveyor showed V8 the Daily Assignment Sheet (day shift 1/24/2026) with R1 assigned to V8 as special assignment for 1:1 feeding. V8 stated, That was a mistake. V8 stated that on 1/24/2026 at the beginning of the day shift, V8 told V21 (CNA) who the CNA was who made the schedule that morning to not put R1 on V8's assigned schedule as a 1:1 feeder resident when R1 wasn't assigned to V9. V8 stated that V8 told V21, You (V21) have to tell that CNA (V5 who is assigned to R1) that (V5) has to feed (R1). On 1/27/2026 at 2:05 PM, V15 (CNA) stated that V15 worked the day shift on R1's floor on 1/24/2026, and R1 is a 1:1 feed resident. V15 stated that residents who are 1:1 feeds that eat in their rooms, the tray is prepared in the dining room, then placed on a cart, and delivered to the room, usually by the CNA who will be feeding the resident. V15 stated that for the breakfast meal on 1/24/2026, V15 could see R1's tray on cart and knew that R1 needed to be fed one to one. V15 stated that V15 told V8 who was assigned as R1's primary CNA that V15 was finished performing V15's assigned 1:1 feed resident and is available to feed R1. V15 stated that V15 brought R1's breakfast tray in the room on 1/24/2026 and performed R1's 1:1 feed. V15 stated that V15 did not feed R1 the lunch tray or bring in lunch tray to R1 on 1/24/2026. On 1/27/2026 at 2:36 PM, V14 (CNA) stated that V14 worked the day shift on R1's floor on 1/24/2026, and R1 is a 1:1 feed resident. V14 stated that V14 has never performed a 1:1 feed for R1. V14 stated that V14 did not bring R1 the lunch tray nor feed R1 lunch on 1/24/2026. On 1/28/2026 at 11:09 AM, V21 (CNA) stated that V21 worked the day shift on R1's floor on 1/24/2026, and R1 is a 1:1 feed resident. V21 stated that on 1/24/2026 at the beginning of the day shift, V21 was asked by the nurse to make the CNA assignments when all staff were huddled at the nurse's station. V21 stated that V21 divides up the CNAs based on the number of CNAs working, and all 7 CNAs (V21 confirmed by viewing all 7 CNAs on the Daily Assignment Sheet) were informed of their resident assignments and 1:1 feeds. V21 stated that the special assignments on the Daily Nursing Assignment are the 1:1 feeds, and the 1:1 feed residents are divided up as evenly as possible with the CNAs working to distribute the workload during mealtimes. V21 stated that V8 was assigned on 1/24/2026 day shift to 1:1 feed for R1 and was responsible for feeding R1. V21 stated that V8 did not talk to V21 about changing the 1:1 feeding assignment. V21 stated that V21 did not bring R1 the lunch meal tray or feed R1 the lunch meal on 1/24/2026. On 1/28/2026 at 11:41 AM, V22 (Restorative Nursing Aide/RNA) stated that V22 worked on 1/24/2026 and was assigned to 2 floors in the</p> <p>(continued on next page)</p>		

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