STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145661	A. Building B. Wing	06/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ryze West	5130 West Jackson Boulevard Chicago, IL 60644

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666 Based on interview and record review the facility failed to a.) follow their policy and monitor vital signs during a medical emergency and b.) perform needed interventions for a resident who experienced a change in condition for one (R2) resident out of three residents reviewed improper nursing care. Findings include: On 6/9/24 at 11:22 AM V8 (Licensed Practical Nurse/LPN) states that she was doing rounds with the unit manager, and they noticed R2 was shaking, in his bed. V8 states that she performed vital signs on him, and they were high, V8 states that R2 normally has low blood pressure. V8 states that the doctor was called and V8 states that the doctor gave orders to send R2 to the hospital. V8 states that the paramedics informed her that they were transferring R2 to a closer hospital because R2 ' s blood pressure kept spiking and R2 was seizing. V8 states that R2 was not having any seizure when the private ambulance picked him up. V8 states that R2 was antsy and trying to remove his belt and picking at his shirt. V8 states that when she initially saw R2 having a seizure, V8 states that she saw his eyes rolling, and his hands were clinched downward. V8 states that R2 only had one seizure that morning. V8 states that the seizure lasted maybe two minutes, maybe like a minute with his eyes rolling, and two minutes with the jerking. V8 states that she stayed with him the whole time. V8 states R2 ' s seizure occurred maybe around 9:00AM. V8 states that the doctor did not order for R2 to be sent out via 911 because V8 states that the seizure stopped. V8 states that the private ambulance informed her that if R2 had another seizure then to call 911. On 06/09/24 at 1:01 PM V8 states that a set of vital signs are blood pressure, respiration, pulse, temperature, and O2 sat (oxygen saturation). V8 states that a full set of vital signs should be taken after a seizure. V8 states the normal range for O2 sat is between 90%-100%. V8 states that R2 ' s O2 sat reading of 90% could have been caused from him having a seizure that day. V8 states that she does know that when the ambulance arrived, V8 states that R2 was saturating at 88%, and V8 states that the paramedics placed R2 on oxygen. V8 states that R2 was not on oxygen prior to the paramedics arriving to the resident. V8 states that low oxygen saturation can affect the oxygen that is going to R2 ' s brain. (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 06/09/24 at 1:33pm V7 (doctor) states that he remembers they called him about R2, and he was sent out. V7 states that he thinks it was ok for resident to be sent to the hospital via private ambulance instead of 911 because the nurse informed him that he was stable. V7 states that he does not remember if he was notified of R2 ' s O2 sat reading of 90%. V7 states that the preferred normal oxygen saturation range is to be in the high 90s unless the resident has COPD (chronic obstructive pulmonary disease), V7 states it is preferred above 90%. V7 states that if 90% is not the resident ' s baseline then V7 states he can start him on oxygen therapy with this number. Surveyor informed V7 of R2 ' s usual O2 sat readings and V7 states that is lower than his normal and V7 states that is a drop. V7 states that the pulse oxygen saturation number gives them a guide, and V7 states that if the resident is short of breath, pale, and even with a normal pulse oxygen number, V7 states that he would still place resident on oxygen therapy. V7 states that if the resident is asymptomatic then they would look at the number. R2's Face sheet documents that R2 is a [AGE] year-old male admitted to the facility on [DATE] who has diagnoses not limited to: dementia, epilepsy, personal history of traumatic brain injury. R2's nursing progress note dated 06/06/2024 09:46 AM documents in part: The writer observed a resident in bed displaying seizure activity. The writer remained with the resident until seizure was complete. Resident assessed and v/s as followed. B/P 118/65, RR18, P88, T97.8. No documentation of R2 ' s oxygen saturation post seizure activity. R2's electronic health record dated 06/06/2024 11:45 AM indicates R2's O2 saturation is 90 % (Room Air). R2's electronic health record dated 06/06/2024 11:45 AM indicates R2's blood pressure is 109/42 mmHg (millimeter of mercury). R2's electronic health record dated 06/06/2024 11:45 AM indicates R2's pulse is 61 bpm (beats per minute). R2's electronic health record dated 06/06/2024 11:45 AM indicates R2's temperature is 96.8 F (Fahrenheit). R2's electronic health record dated 06/06/2024 11:45 AM indicates R2's respiration is 14 Breaths/min. R'2 nursing progress note dated 06/06/2024 11:54 AM documents in part: Resident transported to the hospital via private ambulance. Facility document, dated 1/2024, titled Medical Emergency Management documents in part, General: Emergency guidelines refer to actions given to residents with urgent and critical needs .take vital signs and provide reassurance to the resident. Vital signs should be taken every 10-15 minutes based on resident need until the resident is stable or transferred . A convulsive seizure is involuntary contractions of muscles resulting from abnormal cerebral stimulation . After the seizure reorient the resident. e. Take vital signs and record. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility document, dated 1/10/2024, titled Change in Resident Condition documents in part, Policy: nursing will notify the resident's physician or nurse practitioner when: There is a significant change in the resident's physical, mental or emotional status.