

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145661	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/20/2024
NAME OF PROVIDER OR SUPPLIER  Ryze West		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</b></p> <p>Based on observation, interviews, and review of records the facility failed to follow policy in giving/providing a shower/bath to 1 (R1) out of 4 residents reviewed for resident shower or bathing schedule. This failure has the potential to affect 1 resident (R1) in maintaining hygiene through bathing at least once a week.</p> <p>Findings include:</p> <p>R1 is [AGE] years old, initially admitted on [DATE] with medical diagnosis that includes paraplegia and bilateral (right and left) foot drop.</p> <p>On 9/17/2024 at 12:50 PM, R1 was seen in her room laying on her bed. R1 was alert and able to maintain conversation within topic very well. In front of R1 was a moving table with her cell phone and TV remote control. During conversation the cell phone rings that was answered by R1. After R1's phone conversation, R1 stated that it was her daughter on the phone (V7). R1 confirmed that the phone and TV remote control was her own. R1 stated that she had a scheduled surgery but was not able to go. R1 stated that she did not have any formal appointment as to who her power of attorney will be. But V8 (Family of R1/Sister) or V7 (Family of R1/Daughter) can represent her. R1 was asked if V7 is allowed to visit her in the facility. R1 said that V7 brings her food but is not allowed to visit her in the facility. R1 said that it was due to a fight between her (R1) and V7, that V7 hits her (R1) around four (4) years ago. R1 stated that Department of Elderly does not allow V7 to visit her in the facility. R1 stated that V8 was able to visit her in the facility. R1 was asked if she has any concern. R1 replied that staff does not take her to shower for a long time. And that she did not have any shower since May. R1 stated that even before she has shingles, she was not showered for at least more than a month. R1 comb her hair using her fingers and her hair was sticking and hard to detached. R1 said, This feels so sticky and uncomfortable.</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
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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>On 9/17/24 at 1:30 PM at the nurse station, V5 (Restorative Nurse/Licensed Practical Nurse) presented a shower schedule sheet. V5 was asked for the binder of shower that was done by staff. V2 (Regional Nursing Consultant/Former Director of Nursing) took the binder and gave it to writer. There was no record of R1 in the binder containing shower sheets. V2 stated that shower forms are not complete because it is being collected by V6 (Wound Nurse/Licensed Practical Nurse) and bring it to her office on a daily basis. V6 who was at the nurse station went to her office check on all shower sheet that was filed. Upon checking, R1 does not have any record of taking a shower on 9/10/2024 (Tuesday) and 9/13/2024 (Friday) per shower schedule sheet provided by V5. V6 stated, That is the only record I have, I think R1 came from the 3rd Floor. Per R1's census R1 was transferred from 3rd floor to second floor on 9/9/2024. V6 stated, that staff may be doing a bed bath because R1 has shingles. But staff needs to fill out shower form when performing a bed bath. And since R1 was transferred to 2nd Floor from 3rd Floor without record for being showered by staff. 9/9/2024 to present (9/17/2024) is more than a week without shower sheet to support. V6 also reviewed all shower sheets from the previous floor (3rd Floor) of R1 but there was none on the file.</p> <p>On 9/17/2024 at 2:25 PM, V3 (Licensed Practical Nurse) stated that R1 is bedbound due to paraplegia and need to be assisted of her ADLs (Activity of Daily Living). R1 MDS (Minimum Data Set) assessment dated [DATE] documents that bilateral (both) lower extremities of R1 are impaired. And R1 is dependent to staff for shower/bathing.</p> <p>On 9/18/2024 at 1:52 PM, V1 (Administrator) stated that shower of the residents are done by CNA (Certified Nursing Assistant). And the CNAs should fill up the shower form. All the shower forms are being collected by the Wound Nurse (V6) because it serves as a weekly skin assessment. V1 stated that all residents needs to be bath or shower at least once a month. V1 was informed that R1 stated that the last shower she had was on the month of May. And R1's hair does not flow and sticking when she uses her fingers to comb her hair. V1 stated that staff were instructed to include cleaning R1's hair during bed bath because R1 gets a bed bath due to shingles.</p> <p>Bathing policy dated 1/10/2024, reads:</p> <p>All residents are offered a bath or shower at least one time per week. More frequent bathing or showering is given as needed. Under guidelines, if a resident requires a bed bath, a complete bed bath is given one time per week, and a partial bed bath the other days.</p>		