

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 03/25/2025
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 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** 44314</p> <p>Based on observation, interview and record review, the facility failed to follow a resident's food preference by serving oatmeal instead of grits. This failure affected 1 resident (R10) out of 7 residents reviewed for dietary services, in a total sample of 20 residents.</p> <p>Finding Include:</p> <p>R10's Face Sheet documents resident is a [AGE] year-old with diagnoses including but not limited to: Malignant neoplasm of supraglottis, moderate protein-calorie malnutrition, cerebral infarction, unspecified asthma, vitamin D deficiency.</p> <p>Minimum Data Set Section (MDS) section C (dated 02/13/2025) documents that R10 has a Brief Interview for Mental Status (BIMS) score of 15, indicating that R10's cognition is intact.</p> <p>Care plan (dated 05/28/2024) documents that R10 is at nutritional risk as disease progresses. Diagnoses are supraglottis cancer, moderate protein calorie malnutrition, lymphedema, schizo-affective disorder, nicotine dependence, dysphagia. The care plan documents that R10 has been identified to have some degree of risk to develop malnutrition with a body mass index (BMI) of 20.9.</p> <p>On 03/18/2025, surveyor was conducting a complaint investigation survey in regard to dietary services. At 9:20 AM, surveyor interviewed R10. R10 stated, They keep sending me oatmeal for breakfast. I have oatmeal and I breakout when I eat it. I keep on telling them not to send me oatmeal, but they keep sending it anyway. I told the nurses and the certified nursing assistants (C.N.A.s) that I don't want oatmeal. Yesterday, I spoke to a dietary aide that works in the kitchen and I told her that I hate oatmeal and that I breakout when I eat it. I told the aide not to send me oatmeal, and they still continue to send it. Surveyor assured R10 that surveyor would come and inspect R10's breakfast tray the following day in order to determine if the facility is following R10's dietary preference. The following morning, on March 19, surveyor went to R10's room to inspect R10's breakfast tray. At 9:13 AM, R10's breakfast tray arrived. Surveyor inspected R10's breakfast tray and noted that R10 received oatmeal, which is a type of hot cereal that R10 strongly dislikes. Surveyor inspected R10's meal ticket which was located on R10's tray. The meal ticket read, Dislikes: Oatmeal. R10 was upset when she saw that she was served oatmeal again. R10 stated, See they keep sending me oatmeal, I hate oatmeal. I am allergic to oatmeal and I breakout from it.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/19/2025, at 9:40 AM, V7 (registered dietitian) stated,R10 is on a general diet with thin liquids. As far as preferences, oatmeal is listed as a dislike. This is one of the meals that the resident does not like and does not wish to have oatmeal for breakfast. R10 had a 6-month weight loss, and interventions were put into place to prevent R10 from losing weight. R10 has nutritional drink called 2 Kal 3 times per day as a weight loss intervention.</p> <p>On 03/19/2025, at 10:19 AM, V16 (dietary aide) stated, R10 did express to me that she does not like the oatmeal. R10's ticket does state that R10 does not like oatmeal. The oatmeal was placed on her try by accident because myself and my colleague overlooked it. We corrected the problem immediately and sent R10 a bowl of grits.</p> <p>On 03/19/2025, at 10:25 AM, V17 (dietary aide) stated, I know R10 because I have spoken to R10 several times. I do know per R10's meal ticket that R10 dislikes oatmeal for breakfast. R10 received the oatmeal today by accident by grabbing the wrong hot cereal. Residents can receive either oatmeal or grits as hot cereal and the wrong type of hot cereal was grabbed during tray line. As soon as I was informed that R10 received the wrong type of cereal, the grits were immediately sent up for R10. The problem was corrected immediately.</p> <p>R10's Dietary Preference Sheet (dated 02/21/2024) documents that oatmeal is listed as food dislikes.</p> <p>R10's Physician Order (02/21/2024) states: General diet. Regular texture, thin consistency.</p> <p>Diet History, Preferences, Fortified Foods and Meal Add Ons Policy (undated) documents in part: All resident should be interviewed for a diet history with food and beverage preferences documented upon admission, per facility protocol. Their nutritional needs should be assessed regularly by the clinical team, communicated with dietary, and kitchen staff to updated menus to include preferences or fortified foods, as deemed necessary. Purpose: To individualize meal services for each resident's needs and preferences.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record reviews the facility failed to follow their policy and coordinate with the appropriate, state-designated authority to refer one resident with a severe mental disorder for a new PASRR level I screen prior to the resident's PASRR level II short-term approval ended. This failure affected one resident (R7) out of four residents reviewed for resident rights, in a total sample of 20 residents. This failure places residents with related conditions at risk to not receive care and services in the most integrated setting appropriate to their needs.</p> <p>Findings include:</p> <p>On [DATE], 10:45 AM, V20 (Social Services) states that social services are responsible to follow up with PASRR (Pre-Admission Screening and Resident Review) process. V20 reports that if a PASRR level II, requires them to update the care plan, rubrics, we just did a level II audit. V20 continues to state when it has an expiration date, it means that they need a new level I assessment. Social services are responsible to check on the expiration date. V20 states that he was not aware that R7's PASRR level II was expired. V20 states that if the PASRR level II is expired, we cannot confirm that he is appropriate for this setting.</p> <p>On [DATE], 11:32 AM, V20 states that R7 has not had any behaviors in the past weeks.</p> <p>R7's current face sheet documents that R7 is a [AGE] year-old individual with diagnoses not limited to: cognitive communication deficit, schizophrenia, schizoaffective disorder, bipolar type.</p> <p>R7's document dated [DATE], titled notice of PASRR level II outcome documents in part short-term approval without specialized services. Date short term approval ends: February 27, 2025. This determination allows you a limited number of days in a Medicaid-certified nursing facility. The short-term approval will end on the Date Short Term Approval Ends listed on the Notice of PASRR Level II Outcome that came with this letter. If you or your care provider thinks you need to stay after that date, a nursing facility staff member must submit a new Level I screen to Maximus. The new Level I screen must be submitted no later than 10 days before the Date Short Term Approval Ends.</p> <p>There is no documentation to show that R7 was screened for a new Level I screen since the PASRR level II expired.</p> <p>Facility document dated ,d+[DATE] documents in part the facility has established this policy and is addressing issues related to problems within the PAS (Pre-Admission Screening) system. It is the policy of this facility to comply with Illinois standards addressing the PAS assessment/screening process. Review the PAS documents to help assess/ascertain what type of problems, needs, and issues need to be addressed to help the resident function at his/her maximum level of well-being. As indicated, the screening material should be reviewed as a component of the assessment process and treatment suggestions/recommendations should be identified and appropriately addressed.</p>		