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	04/25/2025

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 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Plan the resident's discharge to meet the resident's goals and needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to regularly re-evaluate, refer, and document any referrals to the local contact agencies for discharge planning and assessment for one (R3) of three residents reviewed. Findings include: R3 is an individual whose current face sheet documents was admitted to the facility on [DATE]. Medical diagnosis include but not limited to: chronic obstructive pulmonary disease, unspecified, major depressive disorder, recurrent, unspecified, rheumatoid arthritis, unspecified, unilateral primary osteoarthritis, left knee. R3's MDS (Minimum Data Set) section C dated [DATE], documents R3 's Brief Interview for Mental Status (BIMS) as 15/15 indicating R1's cognition is intact. MDS Section GG - Functional Abilities document's R3 requires supervision or touching assistance with eating, oral hygiene, Toileting hygiene, Shower/bathe self, Upper body dressing, Lower body dressing, putting on/taking off footwear. On 04/23/2025, at 10:57 AM, R3 was observed in his room laying on his bed. R3 was well groomed, alert, and oriented to person, place, time, and situation. R3 stated he was waiting for the facility to transfer him to an assisted living facility. R3 stated he met with a social worker who left the facility (no name provided) in November 2024, who told him he refereed R3 to the [NAME] program. R3 stated since then, no one has told him when he will be discharged . V8 (Social Services Assistant) has told him he will be handling his discharge arrangements, but he has not been given any update. R3 stated if the facility does not help him find a place, he has nowhere else to discharge to. R3 stated he does not do much at the facility and just stays in his room. R3 would like to be discharged to assisted living because he is independent with his activities of daily living and uses a cane to ambulate. R3 further stated he takes his medications as scheduled. On 04/23/2025, at 1:05 PM, V7 (Nurse Practitioner) stated R3 could be discharged to the community but he is homeless. V7 does not know the discharge planning process because social services is responsible. V7 stated after social services plans the discharge and informs her there is placement for the resident, she would come evaluate the resident for discharge. (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

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	04/25/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0660 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/23/2025, at 1:25 PM, V8 (Social Services Assistant) and V3 (Social Services Director) stated residents who have been in the facility for more than 60 days qualify to be referred to the [NAME]-[NAME] program for assistance with housing and discharging into the community. V8 further stated R3 is a resident who would benefit from being referred to the [NAME]-[NAME] program because he is stable. V8 stated R3's care plan was last updated on 10/10/2024. Residents' care plans should be updated every three months to ensure transparency regarding plan of care and potential for discharge to the community. V3 stated R3's initial comprehensive assessment dated [DATE], documents R3 scored Good, and the assessment is supposed to be completed every three months because it indicates a resident's discharge potential. V3 stated residents who score good or excellent are able to be discharged to the community safely.V3 further stated care plan updates are updated every quarter to make sure the residents are being assessed for readiness to discharge in a timely manner. V3 stated she looked in Assessment Pro (referral tool for [NAME] program) and there is no record he(R3) was referred for discharge assessment. V3 stated she just started working at the facility less than week ago and does not know much about which residents are ready for discharge. V3 stated most of the social workers left the facility and she has a new team who started recently. R3's Social Services assessment titled -Social Services Comprehensive Assessment Initial Comprehensive Assessment V2, dated 10/10/2025 documents: -R3's discharge potential is good, R3 is sufficiently alert, oriented, coherent and knowledgeable allowing him to be considered for independent outside pass privileges, R3 is able to move/navigate/negotiate safely on community streets, is able to refrain from self-harm and/or socially inappropriate behavior while in the community. -R3 knows how to ask for help in an emergency or problematic situation while out in the community and has knowledge of potentially dangerous situations while in the community, has no severe debilitating physical impairment, is able to behave with respect in the community, and is medication compliant. -R3 has no aggressive behavior, has potential to be able to integrate into the peer community, minimal risk for aggression. R3's care plan dated 10/10/2024, documents: -Discharge preparations will continue to occur and implemented when local agency is able to provide services. Policy titled Discharges, dated 1/2025 documents: -To establish a plan of how to discharge a resident from the facility to home, another facility or the hospital. -Discharge potential is assessed by Social Services on admission