

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 08/11/2025
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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (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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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to report allegations of physical abuse for one (R1) resident out of three residents reviewed for physical abuse. Findings include: R1 (alleged victim) is no longer in the facility. R1's Facesheet documents that R1 was admitted to the facility on [DATE] and discharged on 08/10/2025. R1 has diagnoses not limited to: acute on chronic systolic (congestive) heart failure, type 2 diabetes mellitus with hyperglycemia, opioid abuse with intoxication delirium, alcohol-induced persisting dementia, and other schizoaffective disorders. On 08/10/2025 at 10:36AM, V3 (Hospital Social Worker) states R1 was admitted to the hospital on [DATE] and R1 reported allegations of physical abuse against the facility. V3 states she reported the allegations of physical abuse to the state agency on 08/09/2025. V3 states R1 did not give any names or descriptions of the alleged abusers. On 08/10/2025 at 11:32AM, V4 (Licensed Practical Nurse/LPN) states she was the nurse assigned to care for R1 on 08/09/2025 during the 7:00AM to 3:00PM shift. V4 states R1 made allegations that someone kicked him. V4 states R1 did not specify who kicked him but R1 kept saying they kicked me. V4 states immediately after making the allegation, R1 retracted the allegation and said that no one kicked him or did anything to him. V4 states she was standing close to R1's room and could visually see inside of his room. V4 states she did not witness anyone kick or harm R1. V4 states she informed the DON of R1's behavior and that she had called 911 to have R1 sent to the hospital. V4 states she is a mandated reporter and was trained on abuse. V4 states she is aware to report abuse to (V1/Administrator) and to protect residents from abuse. V4 states she has never seen any of the staff abuse the residents in the facility. V4 states if she witnesses abuse, then she will report it immediately. On 11:52AM, V5 (Certified Nursing Assistant/CNA) states she was the CNA assigned to care for R1 on 08/09/2025 during the 7:00AM to 3:00PM shift. V5 states R1 told her that someone had kicked him in the groin but then R1 immediately retracted that allegation. V5 states she saw 911 arrive and R1 told them that someone kicked him in the groin and then R1 immediately retracted the statement again. V5 states R1 never stated who kicked him or gave any description about the allegation. V5 states she was trained on abuse and knows to report abuse to (V1/Administrator), not to ignore abuse, the different types of abuse, the importance of always reporting abuse, and protecting the residents from abuse. V5 states the last abuse in-service was held approximately last month in July 2025. On 08/10/2025 at 2:01PM, V1 (Administrator) states she is the abuse coordinator, and she was made aware by the staff nurses about R1's behavior. V1 states on 08/08/2025, she was made aware by the staff nurses that R1 had escalating behaviors and was blocking the elevators, being irate, and screaming. V1 states R1 then calmed down and was redirectable. V1 states the next day, she was made aware by the nurses that R1 had become aggressive again and made allegations of someone kicking him. V1 states she came into the facility at approximately 3:00PM on 08/09/2025 and R1 made the allegations at approximately 7:00AM on 08/09/2025. V1 states she started a soft file and began an investigation and interviewed residents and staff regarding the allegations. V1 states she usually would report the allegations to the state agency but then R1 retracted his allegations. V1 states since she has been the abuse coordinator, she has never had a resident retract abuse allegations. V1 states since R1 retracted his allegations, she did not report the allegations of abuse to the state agency. Facility Reported Incidents dated 06/21/2025 to 08/10/2025 reviewed and does not document that the facility reported an allegation of abuse for R1. Facility policy dated 10/2022 titled Abuse Policy and Prevention Program documents in part, VIII. External Reporting- 1. Initial Reporting of Allegations. When an allegation of abuse, exploitation, neglect, mistreatment or misappropriation of resident property has been made, the administrator, or designee, shall notify Department of Public Health's regional office immediately by telephone or fax. Public Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property has been reported to the administrator and is being investigated.</p>		