

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 11/17/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to prevent two residents from physical abusing one another. This failure affects two of two residents (R1 and R2) in a total sample of six. Findings include: R1 is a [AGE] year-old female. R1's diagnoses are but not limited to diabetes, chronic obstructive pulmonary disorder, high cholesterol, schizoaffective disorder, unspecified psychosis, bipolar disorder, anxiety disorder, and heart failure. R1's BIMS (Brief Interview for Mental Status) dated 10/13/2025, notes R1 is alert. R6 is a [AGE] year-old female. R6's diagnoses are but not limited to chronic obstructive pulmonary disorder, dementia, psychotic disturbance, mood disturbance with anxiety, and cognitive communication deficit. R6's BIMS dated 9/1/2025, notes R6 is alert. On 11/16/2025, at 11:30 AM, V1 (Administrator) stated, R1 had a verbal disagreement with her roommate. On 11/16/2025, at 12:30 PM, R1 stated, The last incident was with my former roommate who was calling me a b****. The social worker walked out. The lady hit me in my head and my face. I could not respond due to a new medication. I said I needed to see the doctor due to the medication. She was hitting me with her fists in my head where I have metal. V2 (Social Services Assistant), and V5 (Restorative Aide) were there. I got sent out and R6 stayed here at the facility. R6 was the one who hit me. On 11/16/2025, at 1:17 PM, R6 stated, R1 hit me, and I hit her back. No staff intervened. I forgot what I was doing when this occurred. She hit me and I hit her back. I do not know where I hit her. She hit me in the chest area. There was no staff present. She did not hurt me, and this happened in the room. This was the first and only time this happened. On 11/16/2025, at 1:31 PM, V2 stated, They (R1 and R6) were having a verbal disagreement. I intervened once. I separated them. Some how they got back together and had another verbal disagreement. As a result, I sent R1 out. R1 started it all. I did not see anyone get hit. No one told me if they were hit. I do not recall any other witnesses that were present to this incident. On 11/16/2025, at 2:09 PM, V5 stated, When I walked up, they (R1 and R6) were having a verbal disagreement. I made sure the nurse got there as soon as possible. The nurse told them to stop arguing. I saw R1 go to the hospital. I did not see any hitting. R1 has behaviors of arguing with other residents. I have not seen R6 get into any trouble. I cannot remember any other witnesses. On 11/16/2025, at 2:22 PM, V6 stated, R2 and R6 got into it and the nurse told her they need to get along. I never saw them a physical altercation. On 11/16/2025, at 2:48 PM, V7 (LPN) stated, I did not witness the altercation. The aide told me that they were having a verbal altercation, if I am not mistaken. I do not recall a physical altercation. R1 kept cussing and calling R6 out of her name. Staff could not get R1 to calm down and that is why R1 was sent out. Facility Abuse Policy, undated notes physical abuse is the infliction of injury on a resident that occurs other than by accidental means. Physical abuse includes hitting, slapping, pinching or kicking. Abuse is the willful infliction of injury.</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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