

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145832	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2025
NAME OF PROVIDER OR SUPPLIER  Ryze at the Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  6450 North Ridge Blvd Chicago, IL 60626	

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>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review the facility failed to ensure the residents right to be free from physical abuse for 2 of 4 residents (R1, R2) reviewed for abuse. This resulted in R1 being grabbed by the throat by R2. Findings include:R1 is a [AGE] year old with a diagnosis including Fibromyalgia , Bipolar disorder , COPD , Alcohol Abuse , Anxiety Disorder and Borderline personality Disorder. R1 was first admitted to the facility on [DATE]. R1 has a BIMS ( Brief Interview Of Mental Status ) score of 15/15 indicating R1 is cognitively intact. R2 is a [AGE] year old with a diagnosis including COPD , Post Traumatic Stress Disorder , Bi Polar Disorder , Fibromyalgia and Venous Insufficiency. R2 was first admitted to facility on 4/30/25. R2 has a BIMS ( Brief Interview Of Mental Status ) score of 14/15, indicating R2 is cognitively intact. On 7/23/25 at 10:20AM R1 stated R2 grabbed my throat a couple days ago outside the room at the door during smoking time. R2 was my roommate at the time. I reported this to V4, Registered Nurse (RN). The facility didn't do anything about it, except they did move R2 to a different room.On 7/23/25 at 10:28 AM R2 stated R1 was not nice to be roommates with. R1 was always complaining about R2 to the nurses. I was really aggravated by R1. About 2 days ago I was out in the hallway and R1 came up to me complaining. I had enough so I grabbed her throat. I didn't squeeze or anything. R1 then started hitting my face with a closed fist. V5,Certified Nursing Assistant (CNA) came up and separated us. I was later moved to another room.On 7/23/25 at 10:36AM V4 (RN) stated a few days ago (7/21/25) V5, (CNA) and I heard a commotion at the end of the corridor across RM [ROOM NUMBER]. R1 and R2 were in an altercation. I didn't see them hitting each other. V5 and I went down there and separated them. R1 reported to me that R2 grabbed her by the throat. I assessed for injury and there were no marks or any other signs of injury. R2 was later moved to another room.On 7/23/25 at 10:40AM V5 (CNA) stated I heard an altercation at the end of the corridor during smoking time. I went down there and R1 and R2 were face to face. I had to separate them. V4 (RN) was with me. R1 stated that R2 choked R1's throat. V4 (RN) reported this incident to V1 (Administrator/Abuse Prevention Coordinator) . I am aware that this was abuse.On 7/23/25 at 1:30PM R7 stated I saw R2 choke R1 about two days ago at the end of the hallway. We were waiting to go out and smoke. I didn't see R1 hit R2 back. The nurse came and separated R1 and R2.On 7/23/25 at 1:40PM R8 stated R1 was standing waiting to smoke. R2 came up and started pushing residents with R2's wheelchair. R1 started arguing with R2. R2 then grabbed R1 by the throat.On 7/23/25 at 1:45PM R9 stated R9 saw R2 grab R1 by the throat.On 7/23/24 at 1:50PM R10 stated R1 and R2 were arguing because R2 was crowding the doorway to go smoke. R2 grabbed R1 by the neck. The staff came and stopped the two from fighting. The camera was right there and it should be on camera.Facility policy titled Abuse Policy And Prevention Program shows:This facility affirms the right of our residents to be free from abuse, neglect , exploitation , misappropriation of property ,deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation , misappropriation of property, and mistreatment of residents.</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on interview , observation and document review the facility failed to ensure the facility maintains an effective pest control program on 1 of 3 resident floors.Findings include.On 7/29/25 the facility was toured and observed for evidence of rodents and insect infestation. V5, Maintenance Director was present during tour.R11s room observed with numerous mouse droppings between wall and bedside cabinet.R12s room mouse droppings observed all along top of floor heat register.R13 and R14s room mouse droppings under floor heat register.R15s room observed with mouse droppings under the floor heat register.On 7/29/25 at 1:05PM R11 stated I see mice here a lot at night.On 7/29/25 at 1:10PM R12 stated I see mice they come from under the floor heat register mostly at night.On 7/29/25 at 1:15PM R13 stated yes mice are all over on this floor. I see them at night.On 7/29/25 at 1:16PM R14 stated there are mice here in my room at night. They come from the walls.On 7/29/25 at 1:20PM R15 stated I see mice here in my room on the floor at night. Facility policy titled Integrated Pest Management (IPM) Policy states the facility has adopted this Integrated Pest Management Plan for the buildings and grounds it manages. The plan outlines procedures to be followed to protect the health and safety of staff, residents and visitors from pest and pesticide hazards. The plan is designed to voluntarily comply with policies and regulations promulgated by the Illinois Department of Public Health and the Department of Agriculture for public buildings and health care facilities.Objectives of the IPM plan include:Elimination of significant threats caused by pests to the health and safety of residents, staff and the public.Prevention of loss or damage to structures or property by pests.Protection of environmental quality inside and outside buildings.</p>		