

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 03/19/2026
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)		
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. Based on observation, interview, and record review the facility failed to ensure residents knew staff names and titles due to staff not wearing identification badges. This failure has the potential to affect all residents residing in the facility. Findings include: On 3/17/2026 at 11:03 AM, R1 stated that when he wants to make a complaint about a staff member, he is unable to identify the individual because staff do not wear identification badges. R1 stated he had spoken with the (V10) (Assistant Director of Nursing), the nurse, and the nurse on staff; however, many staff use nicknames and do not wear name badges, so he is unable to identify which staff members he reported concerns to. On 3/17/2026 at 11:22 AM, V8 (Certified Nurse Assistant-(CNA) stated I (V8) don't have an identification badge because I (V8) am a new employee. Observed V8 in the hallway on unit 2 with towels in his hand. On 3/17/2026 at 11:23 AM, V3 (Certified Nurse Assistant-(CNA) was stopped in the hallway and verified with surveyor she (V3) was not wearing her identification badge. Observed V3 in the hallway on unit 2 entering in resident rooms without her identification on. On 3/17/2026 at 11:24 AM, V3 (Certified Nurse Assistant-(CNA) stated she should be wearing her identification badge, and it should not be in her pocket; the purpose of wearing an identification badge is for residents to identify who is taking care of them; staff do not speak different languages in front of residents. On 3/17/2026 at 11:29 AM, V9 (Licensed Practical Nurse) observed not wearing an identification badge on the second floor. V9 (Licensed Practical Nurse) stated it is the facility's policy that all staff are required to wear Identification (ID) Badges; the purpose of wearing ID badges is so that residents can identify who is providing care to the resident; it is the resident's right to know who is caring for them. On 3/17/2026 at 11:35 AM, V13 (Registered Nurse) stated staff are required to wear an identification badge while at work on duty; the purpose of wearing an identification badge is to recognize who is taking care of them. On 3/17/2026 at 2:31 PM, V6 (Social Services Director) was observed not wearing an identification badge during an interview in the conference room. On 3/17/2026 at 11:38 AM, V14 verified she (V14) was not wearing an identification badge on the first-floor unit. V14 (Licensed Practical Nurse) stated she (V14) should be wearing an identification badge during her shift to let residents know who is taking care of them. V14 stated the expectation is for all staff to wear identification badges while on duty. On 3/18/2026 at 2:02 PM, surveyor observed V15 (Licensed Practical Nurse) not wearing an identification badge on the first-floor unit and V15 verified she was not wearing an identification badge. V15 stated I (V15) am not wearing an identification badge; required to wear an identification badge; staff should wear an id badge for resident identification of a nurse, visitors to identify who they are in contact with; and it is a safety issue if a resident cannot identify a staff member or someone in the building not wearing and identification badge. Facility's employee handbook dated 1/2025 documents name badges are supplied by the facility and must be worn by all employees when on duty. Each employee is responsible for his/her name badge and must bear the cost of replacement if it is lost or misplaced.		

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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