

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  01/05/2023
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>45196</p> <p>Based on interview and record review, the facility failed to schedule a residents care plan conference. This failure affected one resident (R1) out of 3 residents reviewed for care planning.</p> <p>On 01/04/23 at 11:02 am, V7 (Minimum Data Set, MDS, Licensed Practical Nurse, LPN) was interviewed regarding R1's care plan conferences and V7 stated that R1 had a care plan conference in July 2022 and September 2022. V7 explained that R1's last care conference was scheduled in December 2022 however, R1's care conference was canceled after V7 received a directive from V1 (Administrator) and V4 (Social Service Director) to cancel R1's December 2022 care plan conference. V7 stated V7 never rescheduled R1's care plan conference for December 2022 and that V1 was waiting on the directive from V1 to reschedule R1's December 2022 care plan conference. When V7 was asked regarding if R1's December 2022 care plan conference will be rescheduled V7 stated, They (referring to R1's family) will have to wait for R1's next care conference scheduled for March 2023. When V7 was asked what the importance of a residents having a care plan conference, V7 stated, So the resident and the residents family can receive information regarding the residents progress and care.</p> <p>On 01/04/23 at 11:24 am, V4 (Social Service Director) was interviewed regarding R1's care plan conferences and V4 stated, V1 (Administrator) gave the directive to cancel R1's care conference for December 2022. I (V4) don't remember why it (referring to R1's December 2022 care plan conference) was canceled or what the follow up was.</p> <p>On 01/04/23 at 11:37 am, V1 (Administrator) was interviewed regarding R1's care plan conferences and stated, I (V1) canceled R1's care plan conference for December 6, 2022, because an unknown visitor who stated that they was R1's grandson and was not listed on R1's face sheet came to the facility to attend the care conference. I (V1) could not get in touch with R1's Power of Attorney to verify if the unknown visitor was allowed to attend. I (V1) did not ask R1 regarding the unknown visitor. I (V1) gave the directive to cancel R1's care plan conference. I (V1) never said the care plan conference could not take place. It (referring to the care plan conference) just could not take place with the unknown visitor. It (referring to the care plan conference) would have had to be the Power of Attorney (POA), or someone listed on the face sheet to attend the care plan conference. R1's care plan conference for December should have taken place or rescheduled in December 2022 by V7. I (V1) am not sure why it (referring to the care plan conference) was not.</p> <p>R1's Brief Interview for Mental Status (BIMS) dated 12/06/22 documents in part that R1 has a BIMS score of 12 indicating that R1 has some moderate cognitive impairment.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145661	Facility ID:  145661  If continuation sheet Page 1 of 11

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  01/05/2023
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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Initial Care Plan Conference Attendance sheet for June 2022 requested and facility unable to provide. V7 stated, The MDS coordinator who has it is on vacation.</p> <p>R1's Care Plan Conference Attendance Sheet dated 09/08/22 reviewed and documents that R1 had a care plan conference on 09/08/22 with R1 and V23 (R1's Family Member 1).</p> <p>On 01/04/23 at 11:02 am, Surveyor requested R1's Care Plan Conference Attendance sheet for December 2022 from V7 and V7 stated, We (referring to the facility staff) did not have a care conference for R1 in December 2022.</p> <p>R1's Progress note dated 12/08/22 authored by V7 (Minimum Data Set, MDS Coordinator) reviewed with concerns. Progress note dated 12/08/22 and authored by V7 documents, in part that V7 was informed by V1 and V4 to not give out information pertaining to R1's care related to ongoing investigation with Adult Protective Services (APS) and that V7 had to cancel R1's care plan conference scheduled for December 08, 2022, at 1:00 PM.</p> <p>Facility's Policy dated review dated 05/21 and titled Care Plan Conference documents, in part: General: An interdisciplinary care plan conference, which includes the resident and their significant other, is necessary to coordinate residents needs and establish obtainable goals. By inviting the resident and/or significant other to the care plan conference , it ensures their right to participate in planning of care and treatment . Policy: . 3) The initial care plan is held approximately 14 days after admission and approximately 90 days thereafter . 6.) the Care Plan/MDS Coordinator is responsible for running the Care Plan Conference.</p>		

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  01/05/2023
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>43351</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure resident's call device was within reach of a resident. This failure affected 1 (R2) resident of 3 residents reviewed for call device.</p> <p>Findings include:</p> <p>On 01/03/2023 at 11:21am, R2 was on bed. R2's call light was clipped to R2's roommate (R11)'s privacy curtain on the left side, not within easy reach of R2. This surveyor inquired if R2 could raise R2's left upper extremity to reach the call light. R2 stated, No. This surveyor inquired if R2 could raise R2's right upper extremity and reach the call light. R2 stated, I (R2) can raise my (R2) right hand but I (R2) can't reach the call light from there (referring to R11's privacy curtain).</p> <p>On 01/03/2022 at 11:24am, this surveyor inquired about R2. V12 (Licensed Practice Nurse) stated, (R2)'s is weak on the left hand and strong on the right hand. This surveyor then inquired where the call device should be located for R2. V12 stated, On his (R2) strong side. This surveyor requested V12 to check for the location of R2's call device. V12 stated, On (R2)'s weak side. This surveyor then inquired if R2 could reach R2's call device which was clipped to R2's roommate (R11)'s privacy curtain. V12 stated, (R2) can't reach it.</p> <p>On 01/04/2023 at 10:50am, surveyor inquired about R2's call device placement. V2 (Director of Nursing) stated, Obviously, where he (R2) can reach it. On his (R2) right side if that is his (R2) stronger side. It should be within his (R2) reach.</p> <p>R2's Admission Record documented that R2's diagnoses include but not limited to: unspecified injury at C1, C2, and C5 level of cervical spinal cord.</p> <p>R2's (12/08/2022) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R2's mental status is cognitively intact. Section G. Functional Status. G0110 Activities of Daily Living (ADL) Assistance. B. Transfer - How resident moves between surfaces including to or from: bed, chair, wheelchair, standing position: 3/2 coding Extensive assistance/One person physical assist. I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfer on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. 2/2 coding Limited assistance / One person physical assist.</p> <p>R2's (12/01/2022) Call Light Ability Screen documented, in part 1. Resident is able to use the call light.</p> <p>The (undated) Certified Nursing Assistant Job Descriptions documented, in part The primary purpose of your job position is to provide each of your assigned residents with routine daily nursing care and services in accordance with the resident's assessment and care plan, and as may be directed by your supervisor. Personal Nursing Care Functions. Answer resident calls as promptly as feasible.</p> <p>(continued on next page)</p>		

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  01/05/2023
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The (10/2021) Call Light Answering documented, in part GENERAL: To provide the staff with guidance on responding to resident's request and needs. RESPONSIBLE PARTY: IDT. PROCEDURE: 5. When the resident is in bed . provide the call light within easy reach of the patient or resident.</p>		

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  01/05/2023
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40067</p> <p>Based on interview and record review, the facility failed to notify a family representative of a change in condition which affected one (R19) of four residents (R19, R20, R21, R22) reviewed for policy and procedure.</p> <p>Findings include:</p> <p>R19's Minimum Data Set (MDS) dated [DATE], documents, in part that R19's Brief Interview for Mental Status (BIMS) score is a 6 which indicates that R19 has severe cognitive impairment.</p> <p>R19's Admission Record documents, in part, that R19's diagnoses are dementia, nontraumatic intracranial hemorrhage, hemiplegia and hemiparesis following unspecified cerebrovascular disease and COVID-19. R19's Emergency Contact #1 is documented as (V37, R19's Family Member 1).</p> <p>On 1/4/23 at 10:38 am, when R19 was asked who is R19's emergency contact, R19 said (V37, R19's Family Member 1).</p> <p>R19's Laboratory Report documented, in part, with COVID-19 specimen collected on 12/29/22 at 10:00 am and resulted on 12/31/22 at 12:10 am, for COVID-19 (SARS COVID rt-PCR {polymerase chain reaction} DETECTION) with result of POSITIVE.</p> <p>On 1/4/23 at 9:36 am, V27 (Infection Preventionist) stated that facility's contract laboratory (lab) company directly notifies V27 by phone with each positive COVID-19 test result. V27 stated that on 12/31/22, R19's COVID-19 positive test result was communicated to V27 by phone on 12/31/22 by the lab company and that V27 then notified V1 (Administrator), V2 (Director of Nursing, DON), V3 (Assistant DON) and V6 (Unit Manager/Licensed Practical Nurse, LPN) via a phone message on 12/31/22 about R19's COVID-19 positive test result. V27 stated that on 12/31/22, V27 was not in the facility and had trouble accessing the facility's electronic medical record (EMR) system. V27 stated that V27 then personally called V6 about where to move R19 for a COVID-19 isolation room in the facility. When asked if V27 notified R19's family member of R19 testing positive for COVID-19 on 12/31/22, V27 stated No, and that V6 spoke with R19's family member.</p> <p>On 1/4/23 at 11:55 am, V6 (Unit Manager/LPN) stated that on 12/31/22, V27 informed V6 of R19's positive COVID-19 test by phone and that V27 was not in the facility. V6 stated that V6 then called V31 (Registered Nurse, RN) at the facility, and informed V31 of R19's positive test result and to move R19 to a specific private room for COVID-19 isolation. When asked if V31 notified R19's family member of R19's positive COVID-19 result on 12/31/22, V6 stated, I (V6) can't speak on if (V31) did or not. V6 stated that on 1/3/23 (4 days after R19's positive COVID-19 result), during a phone call with V37, V6 stated that V37 said that nobody from the facility notified V37 of R19's positive COVID test on 12/31/22.</p> <p>(continued on next page)</p>		

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  01/05/2023
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/4/23 at 12:57 pm, V31 (RN) stated that V31 was R19's primary nurse on 12/31/22 and that V6 called V31 on 12/31/22 to relay the COVID-19 positive test result for R19 with instructions to move R19 to a specific private room. V31 stated (R19's) family was notified as well of the positive (COVID-19) result. When asked if V31 personally called to notify R19's family member/emergency contact of R19's positive COVID-19 test result on 12/31/22, V31 stated, No, I (V31) didn't personally. I (V31) assumed that the management team would have. V31 stated that the Infection Preventionist or the DON make notifications of a resident's positive COVID-19 test results unless specifically told to do that (notify the family member). When asked about if V31 documented in R19's EMR about family member notification on 12/31/22 of R19's positive COVID-19 results, V31 stated, I (V31) do, but I (V31) don't recall at this moment. I (V31) am not sure, but it seems like there should be (documentation) for a positive test. It's a gray area. When this surveyor explained to V31 that upon R19's EMR review, there was no documentation from V31 on 12/31/22, V31 stated, Then obviously, I (V31) didn't do it if you (surveyor) don't see nothing.</p> <p>On 1/4/23 at 3:18 pm, V2 (DON) was asked who is responsible for notifying the family member/emergency contact of the resident who tested positive for COVID-19, and V2 stated, Typically it's (V27). (V27) will reach out to the family member. V2 stated that a resident testing positive for COVID-19 is considered a change in the resident's condition. V2 was asked if documentation of notification should be done by the nurse of the affected resident's family member, and V2 stated Yes. When asked the purpose of notifying a resident's family member of a positive COVID-19 test affecting the resident, V2 stated, To keep them (family member) up to date on the resident's condition. When asked which staff member notified R19's family member of R19's COVID-19 positive test result on 12/31/22, V2 stated, I (V2) assumed that (V27) talked to (R19's family).</p> <p>On 1/4/23 at 2:15 pm, V3 (ADON) stated that R19 has a diagnosis of dementia and has intermittent confusion.</p> <p>This surveyor reviewed R19's Progress Notes in the EMR which document, in part, an absence of progress note documentation on 12/31/22 for R19's family member notification as evidenced by a psychotropic note dated 12/27/22 at 1:44 am with the next health status progress note documented on 1/3/23 at 2:00 pm.</p> <p>R19's Resident/Family Education form that was authored by V27 on 1/3/23, for effective date of 12/31/22, documented, in part, that participant of education was resident/guest and family/care giver for the topic of education being resident (R19) made aware of positive COVID-19 result and temporary room change. Resident (R19) voiced no concerns. V27's documentation of family/care giver being educated on 12/31/22 about R19's positive COVID-19 result contradicts V27's statement above to this surveyor.</p> <p>R19's Care Plan, initiated on 12/30/21, documents, in part, a focus of (R19) has confirmed COVID-19 infection . confirmed testing for COVID-19 . 12/31/22 with an intervention of keep resident and resident representative informed of any condition changes.</p> <p>(continued on next page)</p>		

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  01/05/2023
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy dated June 2021 and titled, Change in Resident's Condition, documents, in part, General: It is the policy of the facility, except in a medical emergency, to alert the resident, resident's physician/NP (nurse practitioner) and resident's responsible part of a change in condition. Responsible Party: RN, LPN, Social Services. Policy: 1. Nursing will notify the resident's physician or nurse practitioner when: . b. There is a significant change in the resident's physical, mental or emotional status . e. It is deemed necessary or appropriate in the best interest of the resident. 2. Appropriate assessment and documentation will be completed based on the resident's change in condition or indication. 3. Once the physician/NP has been notified and a plan developed, the nursing or social service staff will alert the resident and family of the issue and any physician orders. 4. The communication with the resident and their responsible party as well as the physician/NP will be documented in the resident's medical record and other appropriate documents.</p>		

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  01/05/2023
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 - 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>45780</p> <p>Based on interview and record review, the facility failed to ensure that two residents (R5 and R6) were free from resident-to-resident physical abuse. This failure affected R5 who sustained a laceration to the left eyebrow that required stitches.</p> <p>Findings include:</p> <p>On 01/03/23 at 11:20 am, V1 (Administrator), who is the abuse coordinator, provided the surveyor with the initial and final incident reports that were sent to the state agency for the alleged incident that occurred on 11/27/2022 between R5 and R6. The final report faxed to the state agency on December 2, 2022, documents, in part, (R5) was warming up his (R5) food when (R6) walked up behind him (R5). When (R5) turned around, (R6) struck him (R5) with his cane. (R5) then took (R6's) cane and hit (R6) with it.</p> <p>On 01/03/23 at 12:35 PM, due to a history of traumatic brain injury, bilateral hearing loss and selective mutism, the surveyor had to interview R6 by writing the questions on a piece of paper to which R6 was able to reply yes or no by shaking his (R6) head. At times, R6 would answer with simple sentences but as the dialogue progressed, it became incomprehensible. When the surveyor inquired if R6 hit R5 with his (R6) cane, R6 shook his head Yes and stated, He (R5) put his (R5) hands on me (R6) first. When asked why, R6 replied, I (R6) don't know. The surveyor inquired if R6 was hurt. R6 replied, Not at all.</p> <p>On 01/03/23 at 1:03 PM, the surveyor used the facility's language interpreting service to interview R5 who is mostly Spanish speaking. When asked about the alleged altercation with R6, R5 kept responding, I don't remember. The surveyor inquired if R5 had gone to the hospital recently. R5 stated, I (R5) went to the hospital once, but it was nothing. It was like a month ago. I (R5) hit my eyebrow. When the surveyor inquired if R5 was hit by another resident, R5 stated, I (R5) don't remember if someone hit me.</p> <p>On 01/03/23 at 12:11 pm, V12 (LPN/Licensed Practical Nurse) stated, I (V12) was at my medication cart at the nurses' station and heard a lot of commotion, so I (V12) ran over to where the microwave is at. I (V12) saw (R5) had (R6's) cane and was hitting (R6) with it. He (R5) told me that he (R5) was at the microwave trying to warm food up. (R6) came to him (R5) and put his (R6) finger in his (R5) face and hit him (R5) with the cane. I asked (R6) if he (R6) hit (R5) first, he (R6) said yes. So, he (R6) initiated the fight. V12 added that R5 was bleeding from above one of his (R5) eyes (V12 could not remember which eye but stated that it's documented).</p> <p>On 01/04/23 at 9:34 AM, V26 CNA stated that she (V26) didn't see when the altercation started because she (V26) was in a resident's room. V26 added, When I got to it, (R6) was on the floor and (R5) was hitting him (R6) with (R6's) cane. I grabbed (R5) and walked him (R5) to the nurse because his (R5) head was bleeding.</p> <p>On 01/04/23 at 10:31 AM, V1 (Administrator) stated, (R5) was sent out to the hospital to ensure that there was no internal injury since he (R5) received a blow to the head.</p> <p>(continued on next page)</p>		



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  01/05/2023
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/04/23 at 1:07 PM, the surveyor inquired what type of injury, in your professional opinion, is possible if a resident is hit in the head with a cane? V32 (R5's Primary Physician) replied, Well it could be no injury, it could be a minor abrasion, a superficial hematoma, underlying subdural bleed, brain contusion, possible death. All of that is possible.</p> <p>R5's 11/27/22 Emergency Department Discharge Summary documented, in part, Discharge Diagnoses: Laceration of face.</p> <p>R5's Nursing Progress Note authored by V12 on 11/27/22 at 3:54 PM documents, in part, Patient (R5) arrived back to the facility. Patient (R5) has dissolvable stitches to his (R5) left lower eyebrow.</p> <p>R5's face sheet documents diagnoses including but not limited to personality disorder, convulsions, alcohol abuse, schizophrenia, osteoporosis, and anxiety disorder.</p> <p>R5's 12/08/22 BIMS (Brief Interview for Mental Status) determined a score of 13, indicating that R5's cognition is intact.</p> <p>R6's face sheet documents diagnoses including but not limited to traumatic brain injury, cerebral infarction, hemiplegia and hemiparesis affecting left non-dominant side, bilateral hearing loss, selective mutism, major depressive disorder, psychosis, schizoaffective disorder and anxiety disorder.</p> <p>R6's 11/01/22 BIMS determined a score of 9, indicating that R6's cognition is moderately impaired.</p> <p>R6's 12/24/2019 care plan documents, in part, The resident has the potential to demonstrate physically aggressive behaviors.</p> <p>The facility Abuse Prevention Program-Policy dated 11/22/17 documents, in part, Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment .Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p>		

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  01/05/2023
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>43351</p> <p>Based on interview and record review, the facility failed to ensure Healthcare Worker Background Checks were done in a timely manner and were documented in an effort to prevent abuse. This failure has the potential to affect all 160 residents residing in the facility.</p> <p>Findings include:</p> <p>The (01/03/2023) Facility census was 160residents.</p> <p>On 01/04/2023 at 9:26am, this surveyor and V29 (Director of Human Resources) initiated review of the staff Health Care Worker Background check.</p> <p>On 01/04/2023 at 9:29am, V29 stated that V13 (Certified Nursing Assistant) was hired on 11/03/2018 and that Healthcare Worker Background check was initiated on 06/21/2019. Review of V13 Health Care Worker Registry and the facility (As of 01/03/2023) Anniversary List by Organization affirmed V29 statement.</p> <p>On 01/04/2022 at 9:30am, surveyor inquired about the importance of the Healthcare Worker Background Check. V29 (Director of Human Resources) stated, We (facility) are supposed to run the background check before staff come in, before they start working. The importance of doing the background check is to make sure there is no abuse allegation towards staff or resident; or that staff are eligible to work in a nursing home. Crimes committed will make staff not eligible to work in a nursing home. Some crimes, you get a waiver and some cannot. Most part, I (V29) do the background check prior to hiring, I (V29) did check V13 (Certified Nursing Assistant), but probably not printed it, since she (V13) worked here before. The date on the left top corner of the form was the date I (V29) ran the background check.</p> <p>On 01/04/2022 at 9:43am, surveyor inquired about V15 (Licensed Practice Nurse) Healthcare Worker Background Check. V29 stated, I (V29) just ran her (V15) background check today. She (V15) started 11/01/2021, I (V29) know I (V29) ran it around that time. I (V29) don't know what happened to her (V15) file. I (V29) know that if it is not documented, it never happened. Review of V15 Health Care Worker Registry and the facility (As of 01/03/2023) Anniversary List by Organization documented that V15's last hire date was on 11/05/2021 and not on 11/01/2021 as stated by V29.</p> <p>On 01/04/2023 at 9:49am, V29 stated that V18 (Licensed Practice Nurse) was hired on 06/02/2004 and the Healthcare Worker Background check was dated 3/27/2006. Review of V18 Health Care Worker Registry and the facility (As of 01/03/2023) Anniversary List by Organization affirmed V29 statement.</p> <p>On 01/04/2023 at 9:50am, surveyor inquired about V18 (Licensed Practice Nurse) Healthcare Worker Background Check. V29 stated, That was well before I (V29) came in, I (V29) have no clue why it's late. I (V29) started as HR Director on 7/31/2018.</p> <p>(continued on next page)</p>		

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  01/05/2023
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/04/2023 at 9:57am, V29 stated that V31 was hired on 09/20/2013 and the Healthcare Worker Background Check was dated 05/19/2016. Review of V31 Health Care Worker Registry documented that it was initiated on 09/10/2019 and not on 05/19/2016; and the facility (As of 01/03/2023) Anniversary List by Organization affirmed V29 statement about V31's last hire date.</p> <p>On 01/04/2023 at 9:58am, surveyor inquired about V31 (Registered Nurse) Healthcare Worker Background Check. V29 stated, I (V29) was not here when she (V31) was hired. I (V29) don't know what happened to her (V31) background check.</p> <p>The (As of 01/03/2023) Anniversary List by Organization documented that V13's last hire date was on 11/03/2018, V15's last hire date was on 11/05/2021, V18's last hire date was on 06/02/2004, and V31's last hire date was on 09/20/2013.</p> <p>On 01/04/2023 at 10:51am , surveyor inquired about Healthcare Worker Background check. V2 (Director of Nursing) stated, We ran the background check prior to starting to work, to see if there is previous issue like anything criminal, to avoid or prevent any type of abuse.</p> <p>On 01/04/2023 at 11:30am, surveyor inquired about Health Care Worker Background Check. V1 (Administrator) stated, This needs to be done within 10days of hire. That's the regulation. We should be following the regulation.</p> <p>The (undated) Director of Human Resources Job Description documented, in part Purpose of your Job Position. The primary purpose of your job position is to direct human resources department in accordance with current applicable federal, state, and local standards, guidelines, and regulations . Administrative Functions. To ensure that appropriate documentation concerning the employee's right to work in this country is verified in accordance with current laws, regulations, and guidelines concerning such matters, and that appropriate documentation of such review is filed in the employee's personnel record within the specified time frame.</p> <p>The (undated) Pre-hire Screening Helpful Information Background Checks documented, in part Purpose: (Facility) is required to conduct various background check including fingerprinting and reference checks. These item are examined during State inspection therefore it is a crucial part of the file and must be in order. All these checks must be done and completed prior to a prospective candidate beginning work. The HR (Human Resources) Manager/BOM (Business Office Manager is responsible for ensuring the timely and accurate request of all background checks, fingerprint portal registry check and professional reference checks. Procedure: BACKGROUND CHECKS. A series of background checks must be initiated for all candidates after a conditional employment offer has been made and before their first official day.</p> <p>The (undated) Abuse Prevention Program - Policy documented, in part Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. His include but is not limited to corporal punishment, involuntary seclusion, and any physical or chemical restraint not required to treat the resident's medical symptoms. PURPOSE: The purpose of this policy and the Abuse Prevention Program is to describe the process for identification, assessment, and protection of residents form abuse, neglect, misappropriation of property, and exploitation. This will be accomplished by: conducting pre-employment screening of employee .</p>		