

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 05/18/2023
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40067</p> <p>Based on interview and record review, the facility failed to ensure that a resident was free from physical abuse which affected one (R1) of three residents reviewed (R1, R2, R4) reviewed for physical abuse. This deficient practice resulted in R1 experiencing new left shoulder pain and limited range of motion which required R1 to be transferred to the hospital with left shoulder musculoskeletal strain.</p> <p>Findings include:</p> <p>R1's Admission Record documents, in part, diagnoses of dementia, muscle weakness, bilateral hearing loss, dysphagia, cachexia, and severe protein calorie malnutrition.</p> <p>R1's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 11 which indicates that R1 has moderate cognitive impairment.</p> <p>On 5/16/23 at 10:34 am, when asked about the physical altercation with V4 (Former Staffing Coordinator) on 4/17/23, R1 stated, I (R1) was just there in the hallway. R1 stated, Why (V4) put (V4's) hands on me, I (R1) don't know. I (R1) wasn't doing nothing. R1 stated that V4 said, Go to your room. R1 stated that R1 was in the hallway, and then (V4) grabbed (R1's) my left arm to make me (R1) go. R1 then demonstrated on R1's arm where V4 grabbed R1 directly above R1's left wrist. R1 stated, (V4) grabbed my arm and pulled me. I (R1) pulled my arm back. When asked where this incident took place with V4, R1 stated it was by nurse's station while R1 was standing there. R1 stated that that R1 then fell in the hallway. When asked if R1 told any other staff member in the facility about this incident with V4, R1 stated, No because that nurse (V7, Licensed Practical Nurse, LPN) didn't do nothing. R1 stated that R1 saw V5 (Certified Nursing Assistant, CNA) and V7 at the nurse's station when it happened. R1 stated that it was around 9:00 to 10:00 pm that night (4/17/23). R1 stated that R1 did not have pain directly after the physical altercation with V4. R1 stated that R1 started to feel pain in R1's left shoulder the next day or two, and it (left shoulder) was hard to move. R1 stated, It was bad enough for me (R1) to know that something was wrong when I (R1) would try to move my (left) arm, pain would shoot down from my shoulder. R1 stated that R1 told V17 (Social Services Director, SSD) about R1's left shoulder pain and limited range of motion. R1 stated that R1 was then transferred to the hospital for pain and not being able to move it (left shoulder) only at a certain angle.</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
---	-------	-----------

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 05/18/2023
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>R1's ambulance transportation record, dated 4/20/23, documents, in part, (Ambulance) dispatched to (facility) for an Emergency Transport of (R1) to (hospital) for left shoulder pain . Crew initiates assessment, finds (R1) with pain in (R1's) upper left shoulder . Crew inquires about (R1's) fall, (R1) notes that 2 days ago, a staff member tried to force (R1) into bedroom . (R1) notes that as of today, (R1) cannot raise left arm above (R1's) head . inspects and palpates shoulder and notes tenderness upon asking (R1), as well as a small bruise the size of a quarter.</p> <p>In R1's hospital records, V20 (Hospital Emergency Physician) documents, in part, R1 presenting the hospital emergency department for left should pain after witnessed fall 3 days ago after a staff member at (facility) pulled (R1) causing (R1) to fall and hit left shoulder. V20 documents, in part, that R1 has limited ROM with left shoulder abduction with a differential diagnosis of musculoskeletal strain.</p> <p>R1's hospital emergency Discharge Instructions, dated 4/20/23, documents, in part, Diagnoses from today's visit: Left shoulder pain, Shoulder injury, Elder abuse.</p> <p>On 5/16/23 at 2:59 pm, V4 (Former Staffing Coordinator) stated that V4 no longer works at the facility and had been hired as staffing coordinator with responsibilities of ensuring that the facility has sufficient nursing staffing. V4 stated that V4 is not a nurse or certified nursing assistant (CNA). V4 stated that on 4/17/23, during the evening shift, V4 was in the facility on the 4th floor at the nurse's station trying to get staff to pick up shifts to work, and R1 made sexual comments towards V5 (CNA). V4 stated that V5 (CNA) said to R1, Go to your room. You all heard (R1) right. V4 stated that V4, V5 (CNA) and V7 (Licensed Practical Nurse, LPN) were at the nurse's station at this time. V4 stated that V4 instructed R1 to go to R1's room. V4 stated, I said, (R1), go to your room. V4 stated, (R1) said (R1's) not going nowhere. V4 stated that V4 then walked from behind the nurse's station, and R1 was walking to dining room. V4 stated, I (V4) said, 'You (R1) can't go in there.' V4 explained that the dining room door was closed, and the dining room is on one side of the nurse's station. V4 stated that V4 put V4's hand on the dining room's doorknob, and I (V4) put my hands out to block the doorway. V4 said, I redirect (R1) with other hand. (R1) is pushing my hand down with R1 saying, I am not going nowhere. V4 stated that R1 was trying to move me (V4). V4 stated I (V4) pointed to direct (R1) then R1 pushed V4's pointer arm down. V4 said, Let's move. Go to your room. V4 stated, From there, we (R1 and V4) became physical, more of me (V4) placing my hand on (R1's) back or on (R1's) arm, not grabbing. (R1) was shrugging me (V4) off. When this surveyor asked V4 if it's either R1's arm or back, V4 stated, It was (R1's) arm. Back of arm. I (V4) had it (R1's arm). V4 stated that at this time, R1 and V4 were in front of the elevators in front of the nurse's station. When asked if R1 is moving voluntarily when V4 had R1's arm, V4 stated, No, I (V4) was guiding (R1). I (V4) would stop, and (R1) will then stop and start talking. V4 stated that V4 is moving R1 a little past nurse's station, headed towards (R1's) room and (R1) tried to turn back. I (V4) was right there. V4 stated, I (V4) was behind (R1). (R1) slid to floor. V4 confirmed with this surveyor that V4 hand wrote a statement and was interviewed by V3 (Former Administrator) on 4/21/23 about this incident with R1.</p> <p>Facility transcript of V4's interview, dated 4/21/23, titled (V4), (Staffing Coordinator), and signed by V4, documents, in part, After I (V4) told (R1) to go to (R1's) room, (R1) said no and wen (went) towards the dayroom. I (V4) got up closed the door and blocked the door with my body. I (V4) continue to tell (R1) go to (R1's) room and (R1) refused to so I (V4) started to redirect (R1) with my body and then from there I (V4) had my hand up and (R1) grabbed me (V4) to move me (V4) out of the way, so after that I (V4) grabbed (R1's) arm and started moving (R1) towards (R1's) room. (R1) was struggling and slid to the floor.</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 05/18/2023
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 5/17/23 at 3:03 pm, V3 (Former Administrator) stated that on 4/20/23, V3 was the administrator and abuse coordinator of the facility. V3 stated, on 4/20/23, R1's physical abuse allegation was reported to V3 by V17 (Social Services Director, SSD) after their morning meeting around 10 am. V3 stated, V3 brought R1 into V3's office, and R1 said, I (R1) was roughed up. V3 stated, V2 (Director of Nursing, DON) and V15 (Assistant DON, ADON) then come into the office with R1. V3 stated, R1 said R1 was roughed up by man worker. V3 stated, R1 complained of R1's left arm hurting and couldn't lift R1's arm higher than R1's shoulder level while V2 and V15 were assessing R1. V3 stated, V2 and V3 were viewing the video coverage of the 4th floor nurse's station camera (which is above room [ROOM NUMBER]) after identifying V4 (Former Staffing Coordinator) as the alleged abuser towards R1. V3 stated, V2 and V3 could see and hear the incident with R1 and V4 on 4/17/23 on the camera surveillance. This surveyor then asked V3 what V3 saw and heard while viewing this video coverage. V3 stated, it showed at 10:00 pm on 4/17/23 as follows: V6 was out of camera's view. V4 comes up to R1. R1 had come and leaned on the corner of the nurse's station. Then R1 backed up. V7 was sitting over here at nurse's station by room [ROOM NUMBER]. V5 was standing next to V4 behind the nurse's station on other side by 417. V4 comes over and around the nurse's station. R1 comes out from the dining room. V3 can hear V4 say, '(R1), it's time to go to bed.' R1 said, 'I (R1) told you I am not going to bed.' R1 walks around trying to go to the dining room. R1 puts R1's hands up, and V4 grabs R1's arm and pulled R1's arm. V4 was grabbing R1's left arm. R1's right arm was flaying. The dining lights were off. (V4) treated R1 like R1 don't have rights. Enough people are there (and they) didn't stop it. R1 and V4 tussled. V5 moves out the way, and they (R1 and V4) are continuing with V4 pushing and R1 pulling. At end of nurse's station, they turned in the hallway with V4 and R1. And then (R1) breaks free and slides down wall. V3 stated that V3 performed a thorough abuse investigation of R1's physical abuse allegation. When asked if V3's investigation for R1's physical abuse allegation towards V4 was substantiated, V3 stated, It was.</p> <p>On 5/17/23 at 12:19 pm, V16 (Nurse Practitioner, NP) stated, V16 is assigned to R1, who has a diagnosis of dementia, and sees R1 monthly in the facility. V16 stated, V16 is in the facility daily from Monday through Friday and will check in with residents for updates. V16 stated, on 4/20/23, V16 received a phone call from a facility staff member about R1's complaint of left shoulder pain. V16 stated, V16 returned to the facility in the afternoon on 4/20/23 and assessed R1 in-person. V16 stated, V3 (Former Administrator) had made V16 aware of R1's physical abuse allegation towards V4. V16 stated, (R1) was not able lift arm, was limited ROM (range of motion) and was guarding shoulder. V16 stated, this was new onset pain in R1's left shoulder. V16 stated, R1 said R1 got into it with a staff member (V4). V16 stated, Pain can cause the limited range of motion. When asked what effect on a resident if someone has the resident's arm and is moving the resident by that arm, V16 stated, It could be dislocated or fracture. When asked could an affect on the resident (being moved by someone grabbing the arm) be musculoskeletal strain of the shoulder, V16 stated, Yes, it could occur from moving resident with (that) arm. Torque the shoulder. When asked if having a person with their hand on a resident's arm and moving the resident with that arm, could it cause a musculoskeletal strain of the shoulder? V16 stated, Yes especially for the elderly. (R1) had weight loss and deconditioning too. When asked does pain from a musculoskeletal strain occur right away, V16 stated, No, it would cause some people to take a few days for pain. V16 stated, the previous date that V16 assessed R1 in the facility (on 4/11/23), (R1) had no pain or ROM deficits.</p> <p>In R1's Progress Note, dated 4/20/23 at 5:15 pm, V16 (NP) documents, in part, Left shoulder xray not completed. (R1) c/o (complains of) pain with limited ROM. Send (R1) to (hospital emergency department) for evaluation and treatment.</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 05/18/2023
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>R1's Care Plan, dated 10/8/22, documents, in part, a focus of (R1) may be at risk for potential abuse r/t (related to) mental/emotional challenges as evidenced by: Dementia, with a goal of (R1) will free from harm, with interventions of: Assure (R1) that they are in a safe and secure environment with caring professionals; If (R1) is increasingly upset or agitated ruing care, ensure resident is safe. Politely excuse yourself and then report situation to supervisor and re-approach (R1) with assistance or alternative staff; and Utilize behavior approaches that attempt to keep (R1) safe and calm by reassurance, redirection, task segmentation, cueing, reminders, re-approaching, reality orientation during care.</p> <p>R1's document, dated 4/21/23 and titled Head to Toe Skin Assessment, documents, in part a body diagram with the left shoulder circled with skin abrasion hand written for R1's left shoulder, and for the comments, Old skin abrasion to (R1's) L (left) shoulder.</p> <p>Facility policy dated 11/22/2017 and titled Abuse Prevention Program - Policy, documents, in part, Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment . Purpose: the purpose of this policy and the Abuse Prevention Program is to describe the process for identification, assessment, and protection of residents from abuse, neglect, misappropriation of property, and exploitation. This will be accomplished by: . Orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse, neglect, exploitation, and misappropriation of property; establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment; identifying occurrences and patterns of potential mistreatment; immediately protecting residents involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property . The facility prohibits abuse, neglect, misappropriation of property, and exploitation of its residents, including verbal, mental, sexual or physical abuse . The facility has a no tolerance philosophy; persons found to have engaged in such conduct will be terminated. Definitions: Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means . Abuse is also the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish to a resident . 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 05/18/2023
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>40067</p> <p>Based on interview and record review, the facility failed to provide a certified nursing assistant (CNA) on the night shift (11:00 pm to 7:00 am) to provide resident care. This failure has the potential to affect the residents on the 2nd and 3rd floors in the facility.</p> <p>Findings include:</p> <p>Facility Daily Staffing Schedule dated 5/5/23, documents, in part, that on the 11:00 pm to 7:00 am, only one CNA (V21) is noted working on the 4th floor with V21's initials next to V21's name. No CNA is noted as working on the 2nd and 3rd floors from 11:00 pm to 7:00 am on 5/5/23.</p> <p>Facility Census Report dated 5/5/23, documents, in part, that 61 residents resided on the 2nd floor and 58 residents resided on the 3rd floor with a total of 119 residents with no CNA working.</p> <p>Facility Daily Staffing Schedule dated 5/12/23, documents, in part, that on the 11:00 pm to 7:00 am, only one CNA (V22) is noted working on the 4th floor with V22's initials next to V22's name. No CNA is noted as working on the 2nd and 3rd floors from 11:00 pm to 7:00 am on 5/12/23. Under the 11:00 pm to 7:00 am shift column on the 5/12/23 Daily Staffing Schedule, in handwriting, a statement is documented as one CNA worked in the building.</p> <p>Facility Census Report dated 5/12/23, documents, in part, that 60 residents resided on the 2nd floor and 56 residents resided on the 3rd floor with a total of 116 residents with no CNA working.</p> <p>On 5/17/23 at 4:55 pm, V1 (Administrator) and V3 (Former Administrator) stated that their nurses and CNAs staff punch in and out when working on the floors in the facility.</p> <p>On 5/18/23 at 10:10 am, this surveyor requested from V1 (Administrator) the timecards (punch in and punch out) for all nursing staff working in the facility on 5/5/23 and 5/12/23 night shifts from 11:00 pm to 7:00 am.</p> <p>Facility timecards reviewed for the 11:00 pm to 7:00 am shift on 5/5/23 which documented, in part, that only one CNA worked with V21 punching in at 11:08 pm on 5/5/23 and punching out at 6:54 am on 5/6/23. Four LPNs (Licensed Practical Nurses) noted punching in and out for the 5/5/23 11:00 pm to 7:00 am shift for the 2nd, 3rd, and 4th floors.</p> <p>Facility timecards reviewed for the 11:00 pm to 7:00 am shift on 5/12/23 which documented, in part, that only one CNA worked with V22 punching in at 3:11 pm on 5/5/23 and punching out at 7:08 am on 5/6/23. Four LPNs (Licensed Practical Nurses) noted punching in and out for the 5/12/23 11:00 pm to 7:00 am shift for the 2nd, 3rd, and 4th floors.</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 05/18/2023
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/17/23 2:11 pm, V2 (Director of Nursing, DON) stated that V2 and V15 (Assistant Director of Nursing, ADON) have been working together since April 2023 to ensure that there is enough nursing staff scheduled and working in the facility. V2 stated, I (V2) do play role to ensure we have enough staff. V2 stated that for the 11:00 pm to 7:00 am shift, the facility staffs for 5 nurses for the 2nd, 3rd and 4th floors, and We can't always meet that. V2 stated that for CNA staff for the 11:00 pm to 7:00 am shift, V2 stated that V2 staffs 2 CNA's per floor (2nd, 3rd and 4th floors). V2 stated, It's a challenge. This surveyor showed V2 the 5/5/23 and 5/12/23 daily nursing schedules with only 1 CNA working in facility on the 11:00 pm to 7:00 am shift. When asked how safe and adequate care can be provided to all residents in the facility with one CNA working the shift, V2 stated, I (V2) don't have an answer for that. V2 stated that V2 was not aware of these dates with only one CNA working in the entire facility. V2 stated that V14 (Evening Supervisor, Registered Nurse, RN) had the staffing phone for those dates. V2 stated that the facility uses no agency staff to supplement when staff call from work.</p> <p>On 5/17/23 at 3:53 pm, V15 (ADON) that V15 was filling in to assist with the staffing coordinator duties in the facility since April 2023 and that the new scheduling coordinator (V18) just started in the facility this week (of 5/15/23). V15 stated that for the 11:00 pm to 7:00 am shift, we are slotted for 5 nurses. V15 stated that for the 11:00 pm to 7:00 am shift, V15 staffed 2 CNA's on each floor (2nd, 3rd and 4th floors). V15 stated that the supervisor (V14, Evening Supervisor) would be responsible for handling call offs before the night shift and is to notify V15 of staffing call offs. This surveyor showed V15 the 5/5/23 and 5/12/23 daily nursing schedules with 1 CNA working in facility from 11:00 pm to 7:00 am. When asked can safe and appropriate care be provided to all residents in facility with one CNA, V15 stated, No ma'am. I (V15) have never known anything about this. This could affect patient care really bad. We have to do patient care. (V14) didn't call me (V15).</p> <p>On 5/18/23 at 8:08 am, V14 (Evening Supervisor, RN) stated that as the evening supervisor, V14 is responsible for the staffing of nurses and CNAs in the facility for the 11:00 pm to 7:00 am shifts as V14 works as the supervisor on Monday through Fridays from 7:00 pm to 7:00 am. V14 stated that V14 was alternating with the V15 with the staffing phone and would handle call offs from staff for the night shift. V14 stated that V14 text V2 and V15 with the staff from 11:00 pm to 7:00 am that would call off and will then adjust the schedule or find a replacement. V14 stated, For a long time, we had 1 nurse across the floors, and it was doable. It was until just recently as the acuity and census is up, we are putting 2 nurses on the 2nd floor with the biggest need for 11:00 pm to 7:00 am shift, and 2 nurses on the 4th floor if available, so 2-1-2 (2 nurse on 2nd floor, 1 nurse on 3rd floor, 2 nurses on 4th floor). When asked about the staffing numbers for CNAs on the 11:00 pm to 7:00 am shift, V14 stated, I (V14) try to get 2 CNAs across all floors. Sometimes on the 3rd floor with more independent residents, I (V14) will put 1 CNA if I can't find a 2nd CNA. V14 stated that for the 11:00 pm to 7:00 am shift, I (V14) have 5 CNAs scheduled with the worst-case scenario being 4 CNAs. I staff with 2 CNAs on the 2nd floor which is the heaviest and then 2 CNAs on the 4th floor with dementia, incontinent residents. When asked if there has been a date when 1 CNA is working for 11:00 pm to 7:00 am shift for the entire facility (all 3 floors), V14 stated, That's not good. It's happened. When asked about the daily nursing schedules with 5/5/23 and 5/12/23 with one CNA listed working in the entire facility, V14 stated that V14 couldn't remember which specific dates when there was only one CNA working 11:00 pm to 7:00 am, but they were rough days.</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 05/18/2023
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility document titled (Facility) Assessment Tool and undated, documents, in part, Requirement: (Facility) will conduct, document, and annually review the facility-wide assessment, which included both their resident population and the resources the facility needs to care for their residents. Purpose: The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decision about your direct care staff needs . ensuring that each resident is provided care that allows for the resident to maintain or attain their highest practicable physical, mental and psychosocial well-being . Staffing plan 3.2: Staff: Direct care staff. Plan: 12 CNA's: floor 11 (pm) - 7 (am).</p> <p>Facility policy dated March 2022 and titled Staffing, documents, in part, General: To have appropriate numbers of staff available to meet the needs of the residents. Responsible Party: Administrator, DON, Nursing Supervisors. Guideline: 1. Staffing is based on the Regulatory Body (State and Federal) formula for determining numbers and levels of staff. 2. Staffing is then increased based on the needs of the resident population . 4. Staffing is supplemented as needed by outside agencies . 6. It is the staff members responsibility to be at work when they are scheduled.</p>		