PRINTED: 10/14/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED							
			A. BUILDING:		,	,						
IL6004832		B. WING		C 07/31/2024								
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
RYZE WEST 5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE						
S 000	Initial Comments		S 000									
	Complaint Investigation:											
	2484957/IL174768300.690 2485383/IL175357300.690											
S 690	Section 300.690 Incidents and Accidents		S 690			8/9/24						
	This Regulation is not met as evidenced by: Licensure Violations											
	300.690b) 300.690c)											
	b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.											
	c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident.											
	These requirements by:	s were not met as evidenced										
	failed to follow their reporting falls for or residents reviewed in facility not reporti	and record review facility policy and procedures for the resident (R4) out three for falls. This failure resulted the falls for R4 within the 24 quired by the state statute to Public Health.										
	Findings Include:											
	incident report is "se	of unusual occurrences: If the erious", as defined as staples, and subdural injuries										

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 08/11/24

TITLE

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NAME OF PROVIDER OR SUPPLIER RYZE WEST STREET ADDRESS, CITY, STATE, ZIP CODE STAGE ADDRESS CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DECIDING SIPPLIER TAG SUMMARY STATEMENT OF DECIDING SIPPLIER SUMMARY STATEMENT OF DECIDING SIPPLIER REGULATORY OR LSC IDENTIFYING INFORMATION) S 690 Continued From page 1 by which there is serious harm or injury to the resident not related to a fall then it will be reported to IDPH within 2 hours and a final summary completed within 5 days. If the serious injury is related to a fall it will be reported to IDPH within 2 hours and a final summary within 7 days. R4's 5/13/2024 09:46 Nursing Note reads: Upon doing rounds writer found resident on the floor laying on his left side. Writer performed a full body assessment observed a laceration on res nose w/bleeding. Applied pressure and bleeding stopped. Writer cleaned laceration on res nose w/bleeding, Applied pressure and bleeding stopped. Writer cleaned laceration without mormal saline and applied a bandage. Res is alert x1. A full set of vitals was collected BP 126/86, Resp 18, Temp98, Pulse60, 0298%. No signs of pain or discomfort noted. Resident was transported by ambulance to hospital for full evaluation. V6 (Assistant Administrator) she stated on 7/16/24 at 10:30 am has been delegated to report all falls within 24 hours to the state regional office. V6 stated R4 fall was not reported withing the 24 hour time frame. W6 stated had attended to report R4 fall but was waiting for him to come back to the hospital. V6 did send his fall report to the state regional office even though it was late. V6 stated will make sure going forward to send any falls with injuries to the local Department of public health office within the 24 hours before the resident goes to the hospital.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER RYZE WEST STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLUL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S 690 Continued From page 1 by which there is serious harm or injury to the resident not related to a fall then it will be reported to IDPH within 24 hours and a final summary completed within 5 days. If the serious injury is related to a fall it will be reported to IDPH within 24 hours and a final summary within 7 days. R4's 5/13/2024 09:46 Nursing Note reads: Upon doing rounds writer found resident on the floor laying on his left side. Writer performed neuro exam no complications noted. Writer performed a full body assessment observed a laceration on res nose w/bleeding. Applied pressure and bleeding stopped. Writer cleaned laceration w/normal saline and applied a bandage. Res is alert x1. A full set of vitals was collected BP 126/86, Resp18, Temp98, Pulse60, 0298%. No signs of pain or discomfort noted. Resident was transported by ambulance to hospital for full evaluation. V6 (Assistant Administrator) she stated on 7716/24 at 10:30 am has been delegated to report all falls within 24 hours to the state regional office. We stated had attended to report All fall but was waiting for him to come back to the hospital. V6 did send his fall report to the state regional office even though it was late. V6 stated will make sure going forward to send any falls with injuries to the local Department of public health office within the 24 hours before the resident goes to the hospital.	THE PERIOD CONTROL			A. BUILDING:				
State Stat			IL6004832	B. WING				
CHICAGO, IL 60644	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
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Illinois Department of Public Health STATE FORM

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