Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					С	
		IL6004832	B. WING		08/29/2024	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
RYZE WES	ST		ST JACKSON B	OULEVARD		
	CHAMADYCTA		O, IL 60644	PROVIDENCE PLANTOS CORRECTION	1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 Survey: 24	86384/IL176651				
S9999	Final Observations		S9999			
	Statement of Licensur	re Violations				
	300.1210b) 300.1210d)2					
	Section 300.1210 Ge Nursing and Personal	neral Requirements for Care				
	and services to attain practicable physical, r well-being of the resid each resident's compi plan. Adequate and pi care and personal car	rovide the necessary care or maintain the highest mental, and psychological lent, in accordance with rehensive resident care roperly supervised nursing the shall be provided to each otal nursing and personal dent.				
	2) All treatments and administered as order	•				
	These Requirements evidenced by:	were NOT MET as				
	review, the facility faile appointment as ordered	, interviews and record ed to schedule a dental ed by a Nurse Practitioner ent noted with severe dental				

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

09/12/24 **Electronically Signed**

STATE FORM 6899 If continuation sheet 1 of 4 JP9S11

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		IL6004832	B. WING		08/29/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	-
		5130 WE	ST JACKSON BO	OULEVARD	
RYZE WE	ST	CHICAG	O, IL 60644		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5)	
S9999	Continued From page	e 1	S9999		
	residents reviewed for resulted in R1 experie continuation of denta	- -			
	Findings include:				
	but not limited to: Nee	tial hypertension, weakness,			
	On 8/26/2024 at 10:4 sitting in dining room	6 AM, R5 was observed on the second floor.			
	pulled. It hurts me so not hurting right now.	"I have to have my tooth metimes, but thankfully it is I had Txxx (painkiller) and it tooth pulled because it is			
	Surveyor inquired about scheduling resident's				
	Nurse) said, "If a resi scheduled, it would s communication board For R5, I noticed the patient's chart, but wa the order for R5 wasn not see it on the hom	I and in the residents orders. order for dental was in the as not scheduled. I knew that n't carried out because I did e screen. I added the order nication) screen so that the			
	· · · · · · · · · · · · · · · · · · ·	luling the resident's			

Illinois Department of Public Health

STATE FORM 5899 JP9S11 If continuation sheet 2 of 4

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: _		C	
	IL6004832	B. WING		_	, 9/2024
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
RYZE WEST		T JACKSON B , IL 60644	OULEVARD		
PREFIX (EACH DEFIC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
Practitioner on the pertaining to apprequests. This is schedule an appredict to me." On 8/29/2024 at appointments should be sched in dental treatment infection." R5's care plan depresently require that this facility seprovide highest percentibed for left to the many seprementation of the present that the second to the present that the present the present that the present the present that the present that the present that the present the present that the p	Medical Doctor or Nurse le communication board ointments or appointment the only way that I know to ointment, unless it was verbally 3:23 PM V1 said, "Doctor's own on the order to schedule uled as soon as possible. A delay int could results in pain and ated 7/17/2024 documents, R5 is the care and support/services etting provides in order to oractical functioning. ated 7/24/2024 documents, R5 I/dental hygiene. Antibiotics it molar. ata Set- Oral/ Dental Status documents, likely cavity or	S9999			

Illinois Department of Public Health

STATE FORM JP9S11 If continuation sheet 3 of 4

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ST30 WEST JACKSON BOULEVARD CHICAGO, IL 60644 (XA) II SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG ST30 WEST JACKSON BOULEVARD CHICAGO, IL 60644 SPECIAL RECULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 S9999 Continued From page 3 S9999 Continued From page 3 S9999 R5's Physician Order Sheet documents an order entered on 7/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents. (B)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) RS999 Continued From page 3 R5's Physician Order Sheet documents an order entered on 77/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents.	AND FLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:			
RYZE WEST CHICAGO, IL 60644			IL6004832	B. WING		l l	
CHICAGO, IL 60644 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 R5's Physician Order Sheet documents an order entered on 7/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents.	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 R5's Physician Order Sheet documents an order entered on 7/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents.	RYZE WE	ST			OULEVARD		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) R5's Physician Order Sheet documents an order entered on 7/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents.	(V4) ID	SLIMMARY ST.			PROVIDER'S PLAN OF CORRECTION	J (VE)	
R5's Physician Order Sheet documents an order entered on 7/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE COMPLETE	
entered on 7/24/2024 documents an order to schedule dental exam for evaluation for tooth extraction left molar which is cracked, extensive decay and pain. R5's Physician Order Sheet excludes any scheduled dental appointments for R5 as of 8/28/2024. Facility policy titled Dental Services documents, to provide for needed dental services to our residents.	S9999	Continued From page	3	S9999			
		entered on 7/24/2024 schedule dental exame extraction left molar videcay and pain. R5's Physician Order scheduled dental app 8/28/2024. Facility policy titled Doto provide for needed residents.	documents an order to n for evaluation for tooth which is cracked, extensive Sheet excludes any pointments for R5 as of the ental Services documents,				

Illinois Department of Public Health

STATE FORM 5899 JP9S11 If continuation sheet 4 of 4