

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001689</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RYZE ON THE AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 SOUTH INDIANA CHICAGO, IL 60616</b>
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S 000	Initial Comments  Annual Licensure Survey  Complaint Investigation: 2480829/IL169310  Census: 195	S 000		
S9999	Final Observations  Statement of Licensure Violations I of V: 300.610a) 300.1210b) 300.1210c) 300.1210d)5)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing	S9999		

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

TITLE

(X6) DATE

**03/07/24**

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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have low air loss mattress at the correct weight settings for 2 residents (R8, R11) with pressure ulcers and the facility failed to ensure that the low air loss mattress was not layered with multiple linen layers and at the correct weight settings which affected 2 residents (R9, R10) with pressure ulcers. This failure affected 4 residents reviewed for pressure ulcer prevention measures of a total sample of 31.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>1.) On 2/20/24 at 11:30am, R8 was observed in bed, positioned on back, on a Low Air Loss (LAL) mattress. The setting of R8's LAL mattress observed at 160 pounds. This surveyor inquired with R8 about R8's weight, and R8 stated, "I (R8) weigh 119.2 pounds, at least that's what they told me."</p> <p>R8's (printed date: 2/21/2024) Monthly Weight Report documented, in part "February 120.0 Lbs. (pounds)."</p> <p>In R8's Progress Note, on 10/31/23 at 2:43 pm, V22 (Licensed Practical Nurse/LPN) documents, in part, "Resident is chair fast and totally dependent for ADLs. Assessment performed; resident has reopened on the right buttock."</p> <p>R8's physician note, on 12/9/2019, V23 (wound physician) documents, in part, "(R8) has a stage 4 pressure wound in the right hip for at least 22 days duration."</p> <p>R8's Admission Record documents, in part, diagnoses of unspecified sequelae of unspecified cerebrovascular disease, non-pressure chronic ulcer of unspecified ankle with unspecified severity, acute (reversible) ischemia of intestine, part and extent unspecified, gastrointestinal hemorrhage unspecified, hyperlipidemia unspecified, chronic pain syndrome, essential (primary) hypertension, dysthymic disorder, paraplegia unspecified, neuromuscular dysfunction of bladder unspecified.</p> <p>R8's Minimum Data Set (MDS), dated 1/25/24, documents, in part, Brief Interview for Mental Status (BIMS) score is 15, which indicates that</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>R8 is cognitively intact. R8's Skin Conditions (section M) documents, in part, that R8's Skin and Ulcer/Injury Treatments include a pressure reducing device for bed.</p> <p>R8's Patient Risk Profile, dated 1/02/24, documents a Braden score of 14 which shows R8 is at moderate risk for developing a pressure ulcer injury.</p> <p>R8's Care Plan, with initiated on 12/05/22 with last review completed on 1/05/24, documents, in part, a focus of "(R8) "Alteration in skin integrity."</p> <p>R8's Care Plan, with initiated on 08/06/19, documents, in part, a focus of "(R8) Requires assist with ADL's (activities of daily living) related to impaired mobility, weakness, paraplegia."</p> <p>2.) On 2/20/2024 at 11:37am, R9 was observed in bed, positioned on back, on a Low Air Loss (LAL) mattress. The setting of R9's LAL mattress observed at 175 pounds. This surveyor inquired with R9 about R9's weight, and R9 stated that R9 thinks R9 weighs about 147 pounds. This surveyor observed the following layers of linen under R9's body on the LAL mattress: a flat sheet and another flat sheet quadrupled folded (5 linen layers).</p> <p>R9's (printed date: 2/21/2024) Monthly Weight Report documented, in part "February 151.8 Lbs. (pounds)."</p> <p>R9's face sheet shows a diagnosis of "Pressure Ulcer of Sacral Region, Unspecified Stage" dated 7/11/2022.</p> <p>R9's Admission Record documents, in part, diagnoses of multiple sclerosis, functional</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>quadriplegia, pressure ulcer of unspecified heel unstageable, pressure ulcer of sacral region unspecified stage, pressure ulcer of unspecified site stage 3, osteomyelitis unspecified, sepsis, unspecified organism, insomnia unspecified, essential (primary) hypertension.</p> <p>R9's Minimum Data Set (MDS), dated 12/15/23, documents, in part, Brief Interview for Mental Status (BIMS) score is 15, which indicates that R9 is cognitively intact. R9's Skin Conditions (section M) documents, in part, that R9's Skin and Ulcer/Injury Treatments include a pressure reducing device for bed.</p> <p>R9's Patient Risk Profile, dated 1/4/24, documents a Braden score of 13 which shows R9 is at moderate risk for developing a pressure ulcer injury.</p> <p>R9's Care Plan, with initiated on 7/14/22 with last review completed on 9/21/23, documents, in part, a focus of "(R8) Alteration in skin integrity - (R8) has pressure injury" with an intervention of "Apply special mattress when in bed."</p> <p>3.) On 2/20/2024 at 11:43am, R10 was observed in bed, positioned on back, on a Low Air Loss (LAL) mattress. The setting of R10's LAL mattress observed at 220 pounds. This surveyor observed the following layers of linen under R10's body on the LAL mattress: a flat sheet and an incontinence pad. R10 was also wearing an incontinent brief which made a total of 3 layers under R10's body.</p> <p>R10's (printed date: 2/21/2024) Monthly Weight Report documented, in part "February 263.5 Lbs. (pounds)."</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>In R10's Wound Assessment Details Report, on 5/06/23 at 3:06 pm, V22 (Licensed Practical Nurse/LPN) documents, in part, "(R10) wound sacrum, right ...pressure ulceration ...facility acquired."</p> <p>R10's Admission Record documents, in part, diagnoses of acute on chronic right heart failure, drug induced subacute dyskinesia, unspecified sequelae of other cerebrovascular disease, insomnia unspecified, non-pressure chronic ulcer of right heel and midfoot with unspecified severity, type 2 diabetes mellitus.</p> <p>R10's Minimum Data Set (MDS), dated 1/30/24, documents, in part, Brief Interview for Mental Status (BIMS) score is 15, which indicates that R10 is cognitively intact. R10's Skin Conditions (section M) documents, in part, that R10's Skin and Ulcer/Injury Treatments include a pressure reducing device for bed.</p> <p>R10's Patient Risk Profile, dated 2/02/24, documents a Braden score of 14 which shows R10 is at moderate risk for developing a pressure ulcer injury.</p> <p>R10's Care Plan, with initiated on 11/08/23, documents, in part, a focus of "(R10) Alteration in skin integrity - (R10) has pressure injury" with an intervention of "Apply special mattress when in bed."</p> <p>4.) On 2/20/2024 at 11:48am, R11 was observed in bed, positioned on back, on a Low Air Loss (LAL) mattress. The setting of R11's LAL mattress observed at 140 pounds. This surveyor inquired with R11 about R11's weight, and R11 stated "Well, probably about 160 pounds."</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R11's (printed date: 2/21/2024) Monthly Weight Report documented, in part "February 172.8 Lbs. (pounds)."</p> <p>R11's face sheet shows a diagnosis of "Pressure ulcer of sacral region, stage 4" dated 9/6/2021.</p> <p>R11's Admission Record documents, in part, diagnoses of quadriplegia unspecified, abnormal posture, type 2 diabetes mellitus with diabetic neuropathy unspecified, mild protein-calorie malnutrition, pressure ulcer of sacral region stage 4, type 2 diabetes mellitus without complications, calculus of kidney, essential (primary) hypertension.</p> <p>R11's Minimum Data Set (MDS), dated 1/06/24, documents, in part, Brief Interview for Mental Status (BIMS) score is 15, which indicates that R10 is cognitively intact. R11's Skin Conditions (section M) documents, in part, that R10's Skin and Ulcer/Injury Treatments include a pressure reducing device for bed.</p> <p>R11's Patient Risk Profile, dated 12/27/23, documents a Braden score of 12 which shows R11 is at high risk for developing a pressure ulcer injury.</p> <p>R11's Care Plan, with initiated on 9/09/21, documents, in part, a focus of "(R11) has a pressure injury to sacrum" with an intervention of "Air mattress in place."</p> <p>On 2/21/2024 at 11:00am, V16 (Wound Care Nurse) stated, "The low air loss mattress has a weight setting to use for the resident's weight which will ensure the low air loss mattress is not overinflated or underinflated." V16 stated, "If it's (low air loss mattress) overinflated the mattress,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>itself, will add pressure to the body and if it's (low air loss mattress) under inflated the bed will add pressure to the body." V16 stated, "low air loss mattresses allow 2 layers underneath a resident."</p> <p>On 2/22/24 at 9:52am, V2 (Director of Nursing) stated, Low air loss mattresses are to prevent pressure ulcers and skin breakdown from occurring and also from getting worse." V2 stated, "There should only be one layer underneath a resident that is on a low air loss mattress. There should be no folded sheets or bed pads."</p> <p>In Center for Medicare and Medicaid Services article, dated 4/7/22 and titled "Pressure Reducing Support Surfaces - Group 2 - Policy Article," documents, in part, that styles of Group 2 "powered pressure reducing mattress (alternating pressure, low air loss, or powered flotation without low air loss) which is characterized by all of the following: an air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress, and inflated cell height of the air cells through which air is being circulated is 5 inches or greater, and height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure mattresses), and air pressure provide adequate beneficiary lift, reduce pressure and prevent bottoming out, and a surface designed to reduce friction and shear, and can be placed directly on a hospital bed frame."</p> <p>Facility policy dated 1/2024 and titled "Skin Care Prevention," documents, in part, "All residents unable to reposition themselves will be repositioned as needed, based on</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>person-centered approach (minimum of every 2 hours) ...For residents who are bed or chair bound, provide a chair cushion and pressure reducing mattress."</p> <p>Facility job description undated and titled "Wound Care Nurse," documents, in part, "Ensure that residents with decubitus ulcers receive appropriate prophylaxis treatment."</p> <p>Facility job description undated and titled "Registered Nurse/Licensed Practical Nurse," documents, in part, "Assist in maintaining a physical, social and psychological environment, which is conducive to the overall welfare of the resident."</p> <p>Facility job description undated and titled "Certified Nurse's Aide," documents, in part, "Observe and report the presence of skin breakdown or redness to the nurse."</p> <p>"C"</p> <p>Statement of Licensure Violations II of V: 300.615e) 300.615f) 300.615g) 300.615j) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>j) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based background check are pending; while the results of a request for waiver of a fingerprint-based check are pending;</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct resident criminal history background checks within 24 hours after admission for 5 new residents (R28, R29, R32, R33, R34), did not check the National Sex Offender Registry and did not arrange for a fingerprint-based background check within 5 days after receiving results of a name-based background check for 5 residents (R26, R27, R28, R29, R30). This failure has the potential to affect all the residents residing in the facility.</p> <p>Findings include:</p> <p>1.) R28's face sheet that documents an original admission date of 12/08/2023.</p> <p>R28's Criminal History Record (CHIRP) by the local state police documents a date of 12/11/2023.</p> <p>R28's Nursing Home Resident Fingerprint Consent Form that was dated 12/20/2023. R28's CHIRP documented a date of 12/11/2023.</p> <p>2.) R29's face sheet that documents an original admission date of 1/08/2024.</p> <p>R29's CHIRP by the local state police documents an initial date of 1/10/2024 which results of in process held.</p> <p>R29's Nursing Home Resident Fingerprint</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Consent Form that was dated 2/05/2024. R29's CHIRP documented a date of 1/16/2024.</p> <p>3.) R32's face sheet that documents an original admission date of 05/22/2021.</p> <p>R32's Criminal History Record (CHIRP) by the local state police documents a date of 07/15/2021.</p> <p>4.) R33's face sheet that documents an original admission date of 11/05/2018.</p> <p>R33's Criminal History Record (CHIRP) by the local state police documents a date of 02/14/2019.</p> <p>5.) R34's face sheet that documents an original admission date of 3/04/2022.</p> <p>R34's Criminal History Record (CHIRP) by the local state police documents a date of 10/19/2022.</p> <p>6.) R26's Nursing Home Resident Fingerprint Consent Form that was dated 12/20/2023. R26's CHIRP documented a date of 12/12/2023.</p> <p>7.) R27's Nursing Home Resident Fingerprint Consent Form that was dated 12/20/2023. R27's CHIRP documented a date of 12/13/2023.</p> <p>8.) R30's Nursing Home Resident Fingerprint Consent Form that was dated 1/10/2024. R30's CHIRP documented a date of 1/04/2024.</p> <p>On 2/21/2024 at 2:42pm V25(Duet Program Director) stated I think we must get the</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>RYZE ON THE AVENUE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3400 SOUTH INDIANA CHICAGO, IL 60616</b>
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(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
S9999	<p>Continued From page 12</p> <p>fingerprints within 8 days of receiving the background check if the resident is identified as an offender.</p> <p>On 2/22/2024 at 12:36pm V24 (Admissions Director) stated the CHIRP is ran within 24 hours of the resident admitting to the facility and may be not ran if they are admitted on Friday or on a day I am not here, it really depends. V24 stated R28 was admitted on a Friday and the reason why R28's CHIRP was not run until 12/11/2023 and she does not know what happened for R29. V24 stated that she was never told to check the National Sex offender registry.</p> <p>Identified Offender Protocol Instructional Guide with a revised date of 3/09/2018 documents, in part, within 24 hours of a resident's admission, facilities must request a Uniform Criminal Information Act (UCIA) name-based criminal history record from the Illinois State Police using the Criminal History Information Response Process (CHIRP).</p> <p>Identified Offender Protocol Instructional Guide with a revised date of 3/09/2018 documents in part, if it is determined that the resident is an identified offender, the facility has 72 hours to arrange for a licensed Livescan vendor to visit the facility and conduct a livescan for the resident.</p> <p>The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check.</p> <p>"C"</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>Statement of Licensure Violations III of V: 300.1810m)</p> <p>Section 300.1810 Resident Record Requirements m) All Cook County facilities with Colbert Class Members shall provide educational materials and information to all Colbert Class Members voluntarily or involuntarily discharging from the facility at the time of completing the discharge paperwork, informing them of their rights and services under the Colbert Consent Decree, as prescribed by the Colbert Lead Defendant Agency. All Cook County facilities shall provide written verification of educational materials and information given to the Colbert Class Members, as requested by a Colbert Defendant Agency.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide educational materials to all newly admitted Colbert Class members and to all voluntarily discharging Colbert Class members. This failure has the potential to affect all 18 Medicaid eligible residents in the facility.</p> <p>Finding include:</p> <p>The (Last updated 2/20/2024) Colbert /Williams List provided by the facility documented that there were 18 members on the list.</p> <p>On 02/21/2024 2:05pm, V21 (Social Services Director) stated we (facility) do have Colbert residents at the facility.</p> <p>On 02/21/2024 at 2:40pm, V21 (Social Services Director) stated for voluntarily discharged Colbert Class members, we (facility) give information about their rights and services under the Colbert</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Consent Decree by word of mouth. There is no educational material provided to the Colbert Class member informing them of their rights and services under the Colbert Consent Decree.</p> <p>On 02/21/2024 at 2:45pm, V21 stated I (V21) let the new admission know about the Colbert decree program orally. There is no educational material provided to newly admitted Colbert Class members.</p> <p>The (02/22/2024) email correspondence with V21 documented, in part "The facility provides oral information to all residents about the Colbert/Williams Program."</p> <p>The (02/22/2024) email correspondence with V21 documented, in part "Subject: Colbert Decree. This information is communicated to the resident verbally during initial, quarterly and on residents request for discharge resources."</p> <p>"C"</p> <p>Statement of Licensure Violations IV of V: 300.610a) 300.2210b)1)2)3)4)9)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.2210 Maintenance b) Each facility shall:</p> <ol style="list-style-type: none"> <li>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards.</li> <li>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</li> <li>3) Maintain all electrical cords and appliances in a safe and functioning condition.</li> <li>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance).</li> <li>9) Maintain all plumbing fixtures and piping in good repair and properly functioning.</li> </ol> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide a homelike environment to 15 (R1, R5, R6, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, and R25) residents reviewed for home-like environment and has the potential to affect all residents on the second and third floors.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>On 02/20/2024 at 11:14am, on the hallway of 3rd floor, there was water staining noted on the ceiling tiles.</p> <p>On 02/20/2024 at 11:20am, V9 (Maintenance - Corporate) stated there are water stains on ceiling tiles. The water stain could be a condensation from the pipe's sweat. When we (facility) turn the heat, the cold water in the pipe causes water condensation and this condensation cause water stain on the ceiling tiles.</p> <p>On 02/20/2024 at 11:24am, V9 checked the vent in second floor by the nurse's station and stated it is dust for sure. V9 wiped the vent with V9's finger and collected accumulation of dust on V9's finger.</p> <p>On 02/20/2024 at 11:32am, R1's room has water staining on ceiling tiles. V9 stated it is a home like environment issue. The water staining is an eye sore. This is their home. The ceiling tiles should have been changed once staff see it. We (facility) have been so swamped lately. We (facility) are very busy.</p> <p>On 02/21/2024 at 10:06am, there was a small exhaust vent inside R5 restroom, no air flow could be felt.</p> <p>On 02/21/2024 at 10:10am, there were water stain on the ceilings on the hallway of the second floor.</p> <p>On 02/21/2024 at 10:19am, inside R1's restroom, there was a small exhaust vent inside R1's restroom. V15 (Painter- Corporate) took a piece of paper towel and place it on the vent cover and stated the vent is not working; if the exhaust is</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>working, there would be a sucking motion that would suck the paper towel.</p> <p>On 02/21/2024 at 10:22am, V15 checked R15's and R16's restroom's exhaust vent and stated it is not working.</p> <p>On 02/21/2024 at 10:25am, V15 checked R13's and R14's restroom's exhaust vent and stated it is not working.</p> <p>On 02/21/2024 at 10:28am, V15 checked R17's, R18's and R19's restroom's exhaust vent and stated it is not working. R18 stated I (R18) use the restroom to do number 2 (bowel movement).</p> <p>On 02/21/2024 at 10:31am, V15 checked R20's and R21's restroom's exhaust vent and stated it is not working.</p> <p>On 02/21/2024 at 10:33am, V15 checked R22's and R23's restroom's exhaust vent and stated it is not working. R23 stated I (R23) use the restroom to do number 2 (bowel movement).</p> <p>On 02/22/2024 at 2:02pm, R1 stated that is just unsanitary and I (R1) know it is a federal violation for not having an exhaust vent in the restroom. I (R1) must open the windows so the smell will go out there (pointing outside of the room).</p> <p>R25 has a diagnosis of but not limited to Metabolic Encephalopathy, Type 2 Diabetes Mellitus, Asthma, Cerebrovascular Disease, And Hypertension. R25 has a Brief Interview of Mental Status score of 02.</p> <p>On 2/20/2024 at 12:07pm surveyor observed R25's room without a window covering.</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**RYZE ON THE AVENUE** **3400 SOUTH INDIANA**  
**CHICAGO, IL 60616**

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S9999	<p>Continued From page 18</p> <p>On 2/21/2024 at 1:09pm surveyor observed R25's room without a window covering. Surveyor attempted to ask R25 if it bothered her not to have a window covering but R25 just repeated what I asked.</p> <p>On 2/21/2024 at 2:41pm V10 (Maintenance Assistant) stated yes, all rooms should have window coverings and the purpose of window coverings are to keep people from outside of the building from seeing into the resident's room.</p> <p>On 2/22/2024 at 9:42am V2 (Director of Nursing/DON) stated window coverings and privacy curtains are required for all residents. The purpose of having privacy curtains to maintain privacy when ADL care is being provided and window coverings to provide protection from people seeing into the residents from the outside.</p> <p>On 02/21/2024 at 11:31am, V10 (Maintenance Assistant) stated we (facility) have 16 motor suction located at the rooftop of the building. If the exhaust vents are not working, whoever are using the toilet (rest) rooms, to move their bowels, are affected by the smell. Coming out of the restroom, I (V10) think the other residents inside the room will smell it too.</p> <p>On 02/22/2024 at 9:46am, V2 (Director of Nursing) stated I (V2) don't know if those vents (referring to the exhaust vents inside the residents' restrooms) are actually working. These should be working. The purpose of the vents is to exhaust the unpleasant smell inside the restroom; for the benefit of the residents; not just the residents using the restroom but also all the residents in the room.</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>On 02/22/2024 at 10:46am, V9 stated the motor for the exhaust is out. I (V9) am going to place a request to have it repaired or replaced. I (V9) don't know if this motor services the whole residents' floor. There is no way of knowing which rooms are affected.</p> <p>The (2/22/24) Service Request created by V9 documented, in part "we have a roof top motor out that controls several washroom exhausts."</p> <p>The (02/22/2024) email correspondence with V2 documented, in part "Subject: Home like environment. The above-mentioned policy (home like environment) that you are requesting for, is in our Resident's right booklet on page 3."</p> <p>The (undated) Maintenance Director Job Description documented, in part "The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner. Essential Duties and responsibilities. Repair facility/resident property as necessary."</p> <p>The (undated) Residents' Rights for people in Long-Term Care Facilities documented, in part "Your right to safety. Your facility must be safe, clean, comfortable and homelike."</p> <p>"C"</p> <p>Statement of Licensure Violations V of V: 300.610a) 300.2100</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to have a working thermometer located on the outside or inside of the walk-in refrigerator to provide a temperature reading. This has the potential to affect all 193 residents in the facility who receive an oral diet.</p> <p>Findings include:</p> <p>On 02/20/2024 at 9:41am surveyor completed inspection of the walk-in refrigerator with V5(Director of Nutritional Services), the dial on the circle thermometer on the outside of the walk-in refrigerator was not registering a temperature. V5(Director of Nutritional Services) stated a company just came to fix the thermometers for the walk-in refrigerator</p>	S9999		
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S9999	<p>Continued From page 21</p> <p>yesterday. Surveyor observed the thermometer located inside the walk- in refrigerator, which was a digital thermometer, located hanging from a steel-colored pole in the ceiling of the walk-in refrigerator. The surveyor nor V5 was able to visually see a reading on the thermometer located in the ceiling of the walk-in refrigerator. V5 requested V6 (Dietary Aide) come in and take down the thermometer from the ceiling for V5 and the surveyor to read the thermometer. Upon observation the thermometer on the inside of the walk-in refrigerator the screen for the thermometer was blank; no temperature was displayed on the thermometer. V5 stated the battery must be out and that is why the thermometer is not working.</p> <p>On 02/21/2024 at 2:26pm V5(Director of Nutritional Services) stated the purpose for checking the temperatures in the walk-in refrigerator is to make sure all foods are being held at the correct temperature to prevent food borne illness, such as salmonella poisoning. V5 stated 30 to 40 degrees Fahrenheit is the acceptable temperature for the walk-in refrigerator. V5 sated the cooks are responsible for checking the temperature in the refrigerator in the morning and in the evening. V5 stated if the temperature in the refrigerator is not within the correct range, all the foods will be damaged.</p> <p>On 2/21/2024 at 2:28pm V5(Director of Nutritional Services) stated the thermometer on the outside of the walk-in refrigerator is still not working and a new thermometer has been placed in the inside of the walk-in refrigerator. V5 obtained a reading from the new thermometer on the inside of the walk-in refrigerator; the reading read 40 degrees Fahrenheit.</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>On 2/22/2024 reviewed the undated Cook's job description which documents underneath Essential Duties 14. Adhere to all Federal/State regulations/guidelines and facility and department safety policies and procedures.</p> <p>On 2/22/2024 reviewed of facility's policy titled Quick Resource Tool: QRT Cold Storage, issued 9-1-2021 documents in part, Guidelines: 4. An accurate thermometer will be kept in each refrigerator and freezer.</p> <p>"C"</p>	S9999		