STATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6003453			C 07/12/2024	
	PROVIDER OR SUPPLIER	STREET A 6450 NC	DDRESS, CITY, ST ORTH RIDGE BI			12/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation				
	2484707/IL174419					
	2485273/IL175206					
S9999	Final Observations		S9999			
	300.610a) 300.1830a) 300.1830b) 300.3210g) 300.3210t) 300.3240b) 300.3240c) 300.3260a) 300.3260d)					
	Section 300.610 R	esident Care Policies				
	procedures govern facility. The written be formulated by a Committee consist administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed	 ; 			
	Residents' Property	Records Pertaining to /				
BORATORY	tment of Public Health DIRECTOR'S OR PROVID cally Signed	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE 07/23/2

Health			FORM	APPROVED
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
IL6003453	B. WING			C 12/2024
STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
		LVD		
Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETE DATE
shall maintain a record of any gs, including money, valuables erty, accepted by the facility for record shall be initiated at the and shall be updated on an made part of the resident's okkeeping system shall be facility which accounts for all ng each resident's account. ident, or the individual thative, shall have access to individual resident's account. General shall develop procedures for laints concerning theft of and shall promptly investigate ection 2-103 of the Act) shall ensure that residents are nysical, verbal, sexual or i.e., neglect, exploitation, or f property. Abuse and Neglect nployee or agent who becomes neglect of a resident shall the matter to the Department dministrator. (Section) ministrator who becomes neglect of a resident shall the matter by telephone and in ent's representative and to the tion 3-610(a) of the Act)				
	IDENTIFICATION NUMBER: IL6003453 STREET AD 6450 NOF CHICAGO ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 1 shall maintain a record of any gs, including money, valuables erty, accepted by the facility for record shall be initiated at the and shall be updated on an made part of the resident's okkeeping system shall be facility which accounts for all ing each resident's account. ident, or the individual natative, shall have access to ndividual resident's account. General shall develop procedures for laints concerning theft of and shall promptly investigate ection 2-103 of the Act) shall ensure that residents are hysical, verbal, sexual or se, neglect, exploitation, or f property. Abuse and Neglect nployee or agent who becomes neglect of a resident shall the matter to the Department dministrator. (Section)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: IL6003453 B. WING STREET ADDRESS, CITY, ST 6450 NORTH RIDGE BI CHICAGO, IL 60626 ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ID PREFIX TAG age 1 S9999 shall maintain a record of any gs, including money, valuables erty, accepted by the facility for record shall be initiated at the and shall be updated on an made part of the resident's okkeeping system shall be facility which accounts for all ing each resident's account. ident, or the individual native, shall have access to ndividual resident's account. General shall develop procedures for laints concerning theft of and shall promptly investigate ection 2-103 of the Act) shall ensure that residents are nysical, verbal, sexual or ise, neglect, exploitation, or f property. Abuse and Neglect nployee or agent who becomes neglect of a resident shall the matter to the Department dministrator. (Section) ministrator who becomes neglect of a resident shall the matter by telephone and in ent's representative and to the tion 3-610(a) of the Act)	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION IL6003453 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDCE BLVD CHICAGO, IL 60626 PROVIDER'S PLAN OF CO CHICAGO, IL 60626 TEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CO CHICAGO, IL 60626 TEMENT OF DEFICIENCIES UD PROVIDER'S PLAN OF CO CHICAGO, IL 60626 TEMENT OF DEFICIENCIES UD PROVIDER'S PLAN OF CO CHICAGO, IL 60626 TEMENT OF DEFICIENCIES UD PROVIDER'S PLAN OF CO CHICAGO, IL 60626 TEMENT OF DEFICIENCES PREFIX Signal maintain a record of any Signal maintain a record of any Signal maintain a record of any Signal maintain a record of an	Health (X1) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: (X3) DATE COM IL.6003453 B. WING 07/ STREET ADDRESS, CITY, STATE, ZIP CODE 6450 NORTH RIDGE BLVD CHICAGO, IL 60626 6450 NORTH RIDGE BLVD CHICAGO, IL 60626 ATEMENT OF DEFICIENCIES YMUST BE PRCEEDED BY FULL SCI DENTIFYING INFORMATION) PREFIX PREFIX TAG PROVIDER'S PLAN OF CORRECTION CHICAGO, IL 60626 ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SCI DENTIFYING INFORMATION) PREFIX PREFIX TAG PROVIDER'S PLAN OF CORRECTION CHICAGO, IL 60626 ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SCI DENTIFYING INFORMATION) PREFIX PREFIX TAG PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION ADULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY age 1 S9999 Shall maintain a record of any gs, including money, valuables arity, accepted by the facility for record shall be updated on an made part of the resident's account. S9999 bykkeeping system shall be facility which accounts for all ing each resident's account. S9899 bykkeeping system shall be facility which accounts for all ing each resident's account. S9899 bykkeeping system shall be facility which accounts for all ing each resident's account. S9899 bykkeeping system shall be facility which accounts for all ing each resident's account. S9899 bykkeeping system shall be facility which acco

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		COM	E SURVEY PLETED
		IL6003453	B. Millia		07/	12/2024
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
RYZE AT	THE RIDGE		RTH RIDGE BI O, IL 60626	LVD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	 a) A resident shall own financial affairs if the resident is a n the administrator of manage such reside subsections (b) thro (Section 2-102 of th d) The facility sha of priority, each resi guardian, if any, or if any, or the reside member, if any, acc financial arrangement the individual reside of the Act) These Regulations by: Based on interviews facility failed to protion be free from misapp facility failed to protion the facility failed to protion anage their financial charges the facility personal funds. This residents reviewed failure resulted in th \$10,000 check R1 r without R1's conser feeling frustrated, h staff members. Findings include: R time, and situation. 	be permitted to manage his sulless he or his guardian or hinor, his parent, authorizes the facility in writing to ent's financial affairs under bugh (o) of this Section. He Act) Ill maintain and allow, in order ident or the resident's the resident's representative, ht's immediate family sets to a written record of all ents and transactions Involving ent's funds. (Section 2-201(3) were not met as evidenced and record reviews, the ect a resident's (R1) right to propriation of property and the ect a resident's (R1) right to cial affair and inform R1 of the imposed against R1's saffected one out of four for personal funds. This he facility, misusing R1's received from family member nt. This failure resulted in R1 opeless, and unable to trust 1 oriented to person, place, R1 answered questions	5			
	appropriately. R1's Data Set assessme	R1 answered questions 4/16/2024 Quarterly Minimum ont documents in part that R1 with no signs and symptoms				

DF DEFICIENCIES CORRECTION DVIDER OR SUPPLIER HE RIDGE		A. BUILDING: _ B. WING		COM	E SURVEY PLETED
HE RIDGE	STREET AD	B. WING			С
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HE RIDGE		DRESS CITY ST		07/12/2024	
	6450 NOF		TATE, ZIP CODE		
		RTH RIDGE BI	LVD		
SUMMARY STA	CHICAGO	D, IL 60626			
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	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		DATE
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ontinued From pag	ge 3	29999			
erson, place, lime,					
On 7/09/2024 at 11:	53 AM and 1:51 PM and				
gain on 7/10/2024	10:50 AM,, R1 was alert and				
equested multiple ι	updates regarding the money				
ave all the money.	Facility didn't explain billing				
•					
	1's 6/20/2024 Beh ocuments in part the erson, place, time, on 7/09/2024 at 11: gain on 7/10/2024 riented to person, nswered questions eceiving a \$10,000 amily member) est ear. R1 showed su heck was from an /31/2024. R1 state o with the money a Psychiatric Rehabil uggested to get a l ormer Business O bom and instructed heck and hand it o he (R1) did not sig eposit the check in lanagement Service equested multiple to ut was told it was " witching ownership acility did not provide anding the check of or billing statement tarted hounding the cluding V1 (Admir as under Medicaid ave all the money. rocess in January aperwork to declin acility did not inform tated repeatedly at emized bill of all the rovide it until July.	ontinued From page 3 1's 6/20/2024 Behavioral Health Progress Note ocuments in part that R1 is alert and oriented to erson, place, time, and situation. In 7/09/2024 at 11:53 AM and 1:51 PM and gain on 7/10/2024 10:50 AM,, R1 was alert and riented to person, place, time, and situation. R1 nswered questions appropriately. R1 stated eceiving a \$10,000 check from V33's (R1's amily member) estate at the beginning of the ear. R1 showed surveyor picture of the check. heck was from an estate, and it was issued on /31/2024. R1 stated [R1] did not know what to o with the money and approached V4 Psychiatric Rehabilitation Services Director) V4 uggested to get a lawyer . The next day, V34 ormer Business Office Manager) went to R1's bom and instructed R1 to sign the back of the heck and hand it over to the facility. R1 stated he (R1) did not sign a written authorization to eposit the check into the Resident Fund lanagement Service (RFMS) account. R1 equested multiple updates regarding the money ut was told it was "in process" due to the facility witching ownership. R1 felt uneasy because anding the check over to V34. R1 started asking or billing statements in May. "That's when I tarted hounding them." R1 stated that staff coluding V1 (Administrator) told R1 that since R1 as under Medicaid insurance, R1 could not ave all the money. Facility didn't explain billing rocess in January or February and never signed aperwork to decline Medicaid assistance. acility did not inform R1 about the charges that nsued for room, board, and care costs. R1 tated repeatedly asking the facility for an emized bill of all the charges but facility did not rovide it until July. R1 stated never agreed to be rivate pay because Medicaid covered all ent of Public Health	1's 6/20/2024 Behavioral Health Progress Note bocuments in part that R1 is alert and oriented to erson, place, time, and situation. In 7/09/2024 at 11:53 AM and 1:51 PM and gain on 7/10/2024 10:50 AM,, R1 was alert and riented to person, place, time, and situation. R1 nswered questions appropriately. 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R1 stated [R1] did not know what to o with the money and approached V4 Psychiatric Rehabilitation Services Director) V4 uggested to get a lawyer . The next day, V34 ormer Business Office Manager) went to R1's normer Business Office Manager) went to R1's norm and instructed R1 to sign the back of the heck and hand it over to the facility. R1 stated henget multiple updates regarding the money ut was told it was "in process" due to the facility witching ownership. R1 felt uneasy because toilling statements in May. "That's when I tarted hounding them." R1 stated that staff cluding V1 (Administrator) told R1 that since R1 as under Medicaid insurance, R1 could not axe all the money. Facility didn't explain billing process in January or February and never signed aperwork to decline Medicaid assistance. acility did not inform R1 about the charges that neurons. R1 fatted hounding the charges but facility did not provide any other costs. R1 tated for nom, board, and care costs. R1 tated built of all the charges but facility did not provide it until July. R1 stated never agreed to be frivate pay because Medicaid n	 1's 6/20/2024 Behavioral Health Progress Note ocuments in part that R1 is alert and oriented to erson, place, time, and situation. I's 6/20/2024 at 11:53 AM and 1:51 PM and gain on 7/10/2024 10:50 AM,, R1 was alert and reinted to person, place, time, and situation. R1 inswered questions appropriately. R1 stated tace wing a \$10,000 check from V33's (R1's mil) member) estate at the beginning of the ear. R1 showed surveyor picture of the check. heck was from an estate, and it was issued on 31/2024. R1 state[R1] did not know what to o with the money and approached V4 Psychiatric Rehabilitation Services Director) V4 uggested to get a lawyer. The next day, V34 ormer Business Office Manager) went to R1's orm and instructed R1 to sign the back of the heck and hand it over to the facility. R1 stated fne (R1) did not know that to aposit the check into the Resident Fund lanagement Service (RFMS) account. R1 squested multiple updates regarding the money ut was told it was "in process" due to the facility witching ownership. R1 felt uneasy because tiglity did not provide any other option besides anding the check over to V34. R1 started R31 stated fna sking rr billing statements in May. "That's when 1 tarted hounding them." R1 stated that staff cluding V1 (Administrator) told R1 that since R1 as under Medicaid insurance, R1 could not ave all the money. Facility did not and care costs. R1 tated fna clusting with to decline Medicaid assistance. acility did not inform R1 about the charges that nsued for room, board, and care costs. R1 tated fna clusting with a discusting the facility of an emized bill of all the charges but facility did not inform R1 about the charges that nsued for room, board, and care costs. R1 tated fna clusting did not inform R1 about the charges that nsued for room, board, and care costs. R1 tated fna clusting did not inform R1 about the charges that nsued for room, board, and care costs. R1 tated fna clusting did not inform R1 about the charges dut as bela for be brive pay becc

	Department of Public NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				IPLETED
						С
		IL6003453	B. WING		07/	12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BI	LVD		
			O, IL 60626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	an account stateme inaccurate. Surveyo Resident Statemen Resident Fund Mar account. The stater a SSA insurance ch debit for care cost a and an initial depos the day balance of SSA meant Social S stated [R1] doesn't any other income a were credits of \$30 the only income R1 facility took it. R1 st 2/28/2024. R1 state regarding Medicaid "Medicaid website s	stated facility did not provide ent until July and it was or reviewed R1's copy of R1's t Landscape from R1's nagement Service (RFMS) nent starts on 3/29/2024 with neck credit of \$3040.19, a auto withdrawal of \$2980.19, it of \$869.58 leaving an end of \$929.58. R1 stated staff said Security Administration. R1 get Social Security Income or nd doesn't know why there 40.19 and \$869.58. R1 stated had was the check and the tated check was deposited on ed doing own research online asset allowance. R1 stated says assets that I'm allowed is does not know why facility	f			
	asking about perso started running out. Concern/Complime regarding the conce company owned the contacted the pervi- office. Corporate of written under 'Reso It documents in par that amount of mon paid for room and b [R1's] account. \$29 [R1] has \$160 left fin attached R1's Resid from R1's RFMS ac the concern form. S	21 PM, V4 stated R1 started nal funds in May when it . V4 completed R1's ent form dated 5/9/2024 ern. V4 stated another e facility in February so V4 ous company's corporate fice informed V4 of what's lution of Concern' on the form. t: "Medicaid will not pay with hey in [R1's] account. \$6960 board. \$3040 was put into 80.19 was paid for [R1's] care rom \$10,000." Facility dent Statement Landscape ccount (printed 5/29/2024) to Surveyor reviewed it with V4. hat SSA stood for and did not				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6003453	B. WING			C 12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE B), IL 60626	LVD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	know what charges withdrawal.	were under the care cost auto				
	at 1:51 PM, R1 stat that R1 no longer h invoices and receip R1 stated asking at R1 stated facility did did not provide R1's R1 stated the provide incomplete as it on didn't reflect the fact into the account in h of no personal fund also cannot give ga [R1] in the facility. F to have a nice Moth couldn't afford it dud On 7/09/2024 at 3:0 statement with V16 V16 stated SSA me Administration. V16 was inputted as Soc	was not sure why the amount cial Security money or where				
	did not know what t was of \$2980.19 cc	leposit came from. V16 also he care cost auto withdrawal overed. interview with V17 (R1's				
	Family Member/Por at 3:35 PM, V17 sta year when R1 requ	wer of Attorney) on 7/09/2024 ated at one point earlier in the ested funds, facility informed ave any more money. When				
	R1 inquired about v provided different a around 5/9/2024 an	where the money went, facility nswers. V17 came to facility ad asked V4 where R1's tated facility provided different				
	answers from the m	rity taking it, and Medicaid				

Illinois D	Department of Public	Health			FORM	APPROVED
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		IL6003453	B. WING			C 12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		6450 NOF	RTH RIDGE B	LVD		
RIZEAI	THE RIDGE	CHICAGO), IL 60626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	charges or how mu	I facility did not explain the ch was taken. Facility did not bill or statement of R1's visit.				
	stated another com February. V1 was A incident. V1 knew F Surveyor reviewed RFMS account with Landscape from RF 5/21/2024 goes from does not document R1's account. R1's Landscape from RF 7/10/2024 goes from does not document R1's account. R1's go over Medicaid's 5/21/2024, R1 had after facility investig that the previous co private pay in Febru reason why R1 was Medicaid changed to being able to have a V1 stated "[V1] sho \$6960 back. They I [R1]." V1 then provi previous company. facility charged R1 2/1/2024. Facility us for it on 2/26/2024. remaining \$3040 to 2/28/2024. Surveyo statement and aske R1 for as a care co on 3/29/2024 as R1	36 AM, V1 (Administrator) pany owned the facility in administrator at the time of the A1 received the check. R1's statements from the V1. R1's Resident Statement FMS account printed m 2/01/2024 to 3/01/2024. It in part a deposit of \$10,000 to Resident Statement FMS account printed m 3/29/2024 to 7/01/2024. It in part a deposit of \$10,000 to account balance also did not asset limit of \$17,500. On a balance of \$4.66. V1 stated pated R1's account, V1 found ompany incorrectly billed R1 as uary. V1 stated there was no a put on private pay as their policy from the resident \$2000 in assets up to \$17,500. uld be getting a check for eft \$3040 in the account for ided R1's Statement from It documents in part that room and board of \$6,960 on sed R1's \$10,000 check to pay Facility deposited the R1's RFMS account on r referred to R1's RFMS ed V1 what the facility charged st auto withdrawal of \$2980.19 had Medicaid coverage in now and stated, "I can tell you				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	COM	E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BI D, IL 60626	LVD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 7	S9999			
	realized that." "I und follow-up interview previous company	nd they [previous company] derstand it was wrong." During at 10:11 AM, V1 stated also incorrectly billed for the leed to refund it back to R1.				
	R1's check, billing s concerns. Survey te documentation that benefits in February Resident at that tim against R1's persor	ress notes. None pertaining to status, or personal fund eam requested to see any R1 declined Medicaid y or agreed to be a Private Pay le and agreed to the charges nal funds. Facility did not ocumentation at the urvey.				
		ne interview with V34 on AM. No answer and no return				
	at 10:50 AM, R1 sta Office Manager) wa check. R1 stated "[' very sternly saying check. [V34] said I I need to know abo [V34] I got it and ba trust you. [V34] said finances. [V34] told took off." R1 stated encounter and calle was expecting that and my money. Tha last for the year. It w down here and we	erview with R1 on 7/10/2024 ated V34 (Former Business as the one that requested the V34] comes here the next day you have to give me the know you have the check and ut everyone's assets. I told asically asked [V34] if I can d [V34] deals with everyone's me to sign it and then [V34] feeling "uneasy" about the ed V17 afterwards. R1 stated "I money to be my personal trust at money was big for me to was so my family can come can spend some time				
	together. I was sup for Mother's Day. \$ \$10 just to get a me	posed to have a nice dinner 30 doesn't do much. It takes eal from [fast food chain] a t, and it crushed me." "It was a				

Illinois D	epartment of Public	Health			FORM	APPROVED
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		IL6003453	B. WING			C 12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE B), IL 60626	BLVD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COP	RRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	phone calls becaus from all this. I thoug people. It made me	I couldn't do anything or make e I was getting headaches yht I can trust [V4] and these feel hopeless and like I can't se of it. It was eating me up				
	documents in part: resolution regarding exhibited mild para behavior." Plan is to	avioral Health Progress Note "Client continues to request g her [\$10,000] check. Client noia, delusions, and impulsive continue with cognitive help identify and cope with ts and feelings.				
	provided to all resid documents in part: manage his or her f to deposit personal Facility will not requ personal funds with be responsible for h managing, or accou funds absent the Re Upon authorization, Resident's persona further described in Policy Notification a Pay Resident' is a F does not receive pa from the Veteran's a Parties agree and u will be considered a and until the Reside covered beneficiary	copy of their Admission Packet lents (date 9/12/2023). It "The Resident has the right to financial affairs and need not funds with the Facility. The ire Resident to deposit the Facility nor will the Facility holding, safeguarding, unting for Resident's personal esident's written authorization. the Facility will hold the I funds in a Trust Account as the 'Resident Trust Fund and Agreement." "A 'Private Resident for whom the Facility ayment from the Medicaid or Administration ('VA')." "The understand that the Resident a Private Pay Resident unless ent has been deemed a ' by Medicaid or the VA." "If				
	payment shall be in VA regulations." Un	edicaid or VA recipient, accordance with Medicaid or der Attachment F: Statement it documents in part: "The				

Illinois F	Department of Public	Health			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IL6003453	B. WING			C 12/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	THE RIDGE	6450 NOF	RTH RIDGE B	LVD		
NIZE AI		CHICAGO), IL 60626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
llinois Depa	exploitation or to re right to have the res representative, con public agency finan resident's care be r unusual circumstan sudden illness, dise extraordinary reside administrative matter minimum of 30-day or charge or the ave the section Resider Notification and Aut part: "Residents of manager their own their own spending the right to have the trust account to saf spending money." I "According to Medic receiving Medicaid \$2000 in this accou excess of \$2000 wi used toward the co- update this part of t section titled Your E Information Under I Admission Packet a current Medicaid re Provider Notice issu Assistance Program "This notice informs Program providers (also known as ass increased. In additin resumed now that t (PHE) has ended. T	chorization, it documents in this facility have the right to financial affairs and handle money. Residents also have a facility keep their money in a eguard and manage personal t further documents in part: caid regulations, Residents may not have more than nt. Any Resident funds in II be taken by Medicaid and st of care." Facility failed to heir policy along with the Benefit Rights and Eligibility Medicaid 2021 of the as they do not coincide with				

	Ppartment of Public OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	COM	E SURVEY PLETED C 12/2024
						12/2024
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, ST RTH RIDGE BI			
RYZE AT "	THE RIDGE), IL 60626			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
	allow the customer resources/assets w The new resource li \$2000 for an individ \$17,500 for both ind medical cases eligit Blind, and Disabled (Notice taken from f Healthcare and Far Facility's "Resident and Procedure" dat "Residents will be p deposits to their true facility's copy of the authorization for the who are Medicaid re whenever the baland account for the func- value of other none facility is aware of, n SSI [Social Security one person. The no resident may lose M in excess of the above will be provided reg appropriate." Facility provided sur Resident Trust Func- Authorization form. V2 (Director of Nurs- admission giving far personal funds. How Medicaid's previous Notice issued 5/19/7 Program Providers	ge 10 or medical benefits and will to retain more of their ithout eligibility being affected. imit amount is changing from lual and \$3000 for a couple to dividuals and couples for ole under the Aid to the Aged, (AABD) medical program." the Illinois Department of nily Services website). Personal Trust Funds Policy ed 5/2023 documents in part: rovided with receipts of any st accounts and will sign the receipt indicating their e any withdrawals." "Residents ecipients shall be notified to of their personal funds d balance combined with the xempt resources, which the reaches \$200.00 less than the receipt indicating their e accounts and vill sign the reaches \$200.00 less than the reaches \$200.	S9999	DEFICIENC		

Illinois Department of Public Health STATE FORM

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YEX311

If continuation sheet 11 of 13

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED C
		IL6003453	B. WING			12/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BI D, IL 60626	LVD		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE
S9999	Continued From pa	ge 11	S9999			
	cases eligible unde and Disabled (AAB taken from the Illing and Family Service have R1 sign an up Facility's "Abuse Po dated 10/2022 docu affirms the right of o abuse, neglect, exp property, deprivatio staff or mistreatmen prohibits abuse, ne misappropriation of residents." "Misapp means the delibera	and couples for medical r the Aid to the Aged, Blind, D) medical program." (Notice bis Department of Healthcare s website). Facility failed to dated form for personal funds. Dlicy and Prevention Program" uments in part: "This facility bur residents to be free from ploitation, misappropriation of n of goods and services by nt. This facility therefore glect, exploitation, property, and mistreatment of ropriation of Resident Property te misplacement, exploitation, ary, or permanent use of a				
	resident's consent. Facility provided su Long-Term Care Or Residents' Rights fo	rveyor a copy of Illinois mbudsman Program's or People in Long-Term Care Rev. 11/18). It documents it				
	choices." "You mus exploited by anyone verbally, mentally o to manage your ow	ght to make your own t not be abused, neglected, or e - financially, physically, r sexually." "You have the right n money. The facility must not em manage your money or be				
	your Social Security ask the facility to m spend your money give you a current,	representative payee." "If you anage your money it may only with your permission. It must itemized written statement at ree months, and it must put				
	your money in a ba for you if: Medicaid facility and have ov	nk account that earns interest helps pay for your care at the er \$50." "You may see your any time." "If you are paying for				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IDENTIFICATION NOWIDER.	A. BUILDING:				
		IL6003453	B. WING			C 12/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
RYZE AT	THE RIDGE		RTH RIDGE BI O, IL 60626	LVD			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF			
PRÉFIX TAG		SC IDENTIFYING INFORMATION	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
S9999	Continued From page 12		S9999				
	be given a contract provided by the fac The contract must part of the regular r facility may not mal Medicaid pays for. written list of what i	care at your facility, you must that states what services are ility and how much they cost. say what expenses are not rate." "If you get Medicaid, the ke you pay for anything that The facility must give you're a tems and services Medicaid oms and services for which you (B)					