	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6003453	B. WING		12/05/2024	
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	12/	05/2024
RYZE AT	THE RIDGE		RTH RIDGE BI O, IL 60626	VD		
(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)	N SHOULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey:				
S9999	Final Observations		S9999			
	Statement of Licen 1 of 3	sure Violations				
	300.1060f) 300.1060g)					
	medical record that screened for risk fa B, hepatitis C, and	all document in the resident's t he or she was verbally actors associated with hepatitis (HIV), and whether or not the nized against hepatitis B.				
	to the hepatitis B vi immunization within	determined to be susceptible rus shall be offered n 10 days after admission to (Section 2-213(c) of the Act)				
	These requirement by:	s were not met as evidenced				
	failed to screen and associated with he Human Immunode R3, R4, R5, and R8 and failed to offer in after admission for to hepatitis B. Thes	and record review the facility d document for risk factors patitis B, hepatitis C, and ficiency Virus (HIV) for 5 (R1, 3) out of 5 residents reviewed, mmunization within ten days residents who are susceptible failures could potentially ents residing in the facility.				
	Findings Include: 1-R1's electronic m	nedical record (EMR) revealed				
BORATÓRY	ment of Public Health DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE 12/31/24

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
		IL6003453	B. WING		12/05/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE B O, 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 ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	67 years of age with were not limited to: Pulmonary Disease and Peptic Ulcer. R1's EMR revealed the facility screened 2-R3's electronic m R3 was admitted to is 77 years of age v but were not limited Pulmonary Disease Shortness of Breatt Dysfunction of Blad R3's EMR revealed	the facility on 09/04/18 and is h diagnoses that included but Chronic Obstructive e, Anemia, Chronic Hepatitis C no documentation indicating d R1's for Hepatitis B, and HIV edical record (EMR) revealed the facility on 08/03/2017 and with diagnoses that included to: Chronic Obstructive e, Type 2 Diabetes Mellitus, h, and Neuromuscular lder. no documentation indicating d R3's for Hepatitis B, Hepatitis	,			
	R4 was admitted to is 75 years of age w but were not limited Pulmonary Disease Arthritis, Heart Failu and Infection and Ir internal right knee p R4's EMR revealed	edical record (EMR) revealed the facility on 11/26/2024 and with diagnoses that included to: Chronic Obstructive e, Asthma, Rheumatoid ure, Iron Deficiency Anemia, nflammatory reaction due to prosthesis. no documentation indicating d R4's for Hepatitis B, Hepatitis				
	R5 was admitted to is 56 years of age v but were not limited Pulmonary Disease Chronic Viral Hepat Hydronephrosis wit Calculous Obstruct	edical record (EMR) revealed the facility on 11/19/2019 and vith diagnoses that included to: Chronic Obstructive e, Chronic Kidney Disease, tis Unspecified, h Renal and Ureteral ion, Other Seizures, Genetic pcytes, and Iron Deficiency				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION		E SURVEY PLETED
		IL6003453	B. WING		12/	05/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BI D, IL 60626	LVD		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
		d. no documentation indicating d R5's for Hepatitis B, Hepatitis				
	R8 was admitted to is 53 years of age v but were not limited Pulmonary Disease Mellitus without con Hypothyroidism with Hypertension, Obes Hyperglycinemia. R8's EMR revealed	edical record (EMR) revealed the facility on 12/23/2020 and vith diagnoses that included to: Chronic Obstructive unspecified, Type 2 Diabetes nplications, Congenital nout Goiter, Essential Primary sity, and Non-Ketotic no documentation indicating d R8's for Hepatitis B, Hepatitis				
	Preventionist) state screening and docu hepatitis B, hepatitis Immunodeficiency did not know that no residents for Hepat stated that failure to Hepatitis C, and HIV infection. V7 stated physician for order immunization within	35 AM, V7 (Infection d that V7 has not done any imentation for residents on s C, and Human Virus (HIV). V7 stated that, V7 urses or V7 should screen itis B, Hepatitis C, and HIV. V7 o screen for Hepatitis B, V can result in spread of that V7 will notify the to screen resident, and offer ten days after admission for susceptible to hepatitis B.				
nois Depar	Nursing) stated that is to prevent spread Influenza (Flu), HIV Tuberculosis (TB), stated that it is V3's will screen for Flu, 0	20 AM, V3 (Director of t infection prevention program d of infectious diseases like f, Hepatitis B, Hepatitis C, Pneumonia, and COVID. V3 expectation that the nurses Covid, TB, and Pneumonia, not have concrete plan in				

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6003453	B. WING		12/	05/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BL D, IL 60626	VD		
(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 DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
\$9999	and to offer immuni admission for reside V3 stated that the p screening residents and HIV will lead to residents in the faci has no policy on scr and Hepatitis C. The facility's policy Program-General" of Healthcare is comm appropriate infection place as determined Regulations. 2 of 3 300.615 (e) Section 300.615 - D	Hepatitis B, Hepatitis C, HIV zation within ten days after ents susceptible to hepatitis B. otential problem of not for Hepatitis B, Hepatitis C, spread of infection to lity. V3 stated that the facility reening for HIV, Hepatitis B, titled; "Infection Control dated 2/2024 reads in part: nitted to ensuring that all n and control measures are in d by State and Federal (C) Determination of Need uest for Resident Criminal	\$9999	DEFICIENC	ΣΥ)	
	e) In addition Section 2-201.5(a) of facility shall, within 2 resident, request a check pursuant to the Information Act for a admission to the fac check was initiated Hospital Licensing A be based on the res and other identifiers	to the screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth,				

AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/05/2024	
		IL6003453				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BL O, IL 60626	LVD		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 4	S9999			
	These requirements by:	s were not met as evidenced				
	failed to request an Criminal History Inf (CHIRP) within 24 h	, and record review the facility d review the results of the ormation Response Process nours of admission for 1 (R10) reviewed for Identified				
	Findings Include:					
	checks were review 1. R10 was admit 02/04/2022. R10's	cal records and background ved and revealed the following ted to the facility on Criminal History Information (CHIRP) was completed on	:			
	Director) stated ond the facility V13 gene including Illinois Sec of Corrections, Indir V13 stated the CHI of admission or with stated the purpose for the facility to ide On 12/05/24, V1 (A does not have a sp Offender Program I specific guidelines f	P PM, V13 (Admissions ce a resident gets accepted at erates background checks x Offender, Illinois Departmen vidual and Custody Locator. RP must be done on the day hin 24 hours of admission. V13 of the background checks is entify offenders at the facility. dministrator) stated the facility ecific policy on the Identified but that the facility follows for the program. V1 provided at titled Instructions for	t 3			
	Identified Offender Document titled, Ins Offender Program of 24-hours run the Cl resident coming into before the resident	t titled, Instructions for Program. structions for Identified documents in part, within in HIRP within 24 hours of the o the facility, but preferably ever comes into the facility so at the criminal history contains				

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6003453	B. WING		12/0	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE I), IL 60626	BLVD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	and then there is a	chance to reject the referral.				
		(C)				
	3 of 3					
	300.625 (c)1)2)					
	history background is an identified offer	ts of a resident's criminal check reveal that the resident nder as defined in Section the facility shall do the				
	State Police, in the	y notify the Department of form and manner required by State Police, that the resident nder.				
	fingerprint-based cr be requested on the The inquiry shall be sex, race, date of b other identifiers req State Police. The in through the files of Police and the Fede locate any criminal may exist regarding Bureau of Investiga Department of State inquiry under this su history record inform	ours, arrange for a iminal history record inquiry to e identified offender resident. based on the subject's name, irth, fingerprint images, and uired by the Department of nquiry shall be processed the Department of State eral Bureau of Investigation to history record information that g the subject. The Federal tion shall furnish to the e Police, pursuant to an ubsection (c)(2), any criminal mation contained in its files.				
	by:					
llinois Depar	Based on interview	, and record review the facility				
STATE FOR			6899	BCIC11	lf continua	tion sheet 6 of 8

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
		IL6003453	B. WING		12/	05/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
RYZE AT	THE RIDGE		RTH RIDGE BI D, IL 60626	_VD		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLETI DATE
S9999	Continued From pa	ge 6	S9999			
	failed to arrange or	order fingerprint within 72				
	hours for residents					
	background check i	revealed "HIT" results for				
		for 1 (R10) out of 10 residents				
		ed Offender Protocol and				
	failed to notify Identify Offender Program within 24 hours of fingerprint appointment for 1 (R11)					
	out of 10 residents reviewed for Identified					
	Offender Protocol.					
	The findings include:					
	The residents' clinical records and background					
	checks were reviewed and revealed the following:					
	1. R10 admitted 02/04/22, CHIRP dated					
	03/21/22 result came back with a "HIT" for a					
		R10's fingerprint completed				
	07/06/22. 2 R11 admitted 1	1/07/24, CHIRP dated				
		he back with a "HIT" for a				
		R11's fingerprint completed				
	11/08/24. R11's IOF	P IDPH facility submission				
	completed 11/12/24					
) AM, V14 (Social Service				
		CHIRP should be done to ent is an offender and to				
		ility can meet the resident's				
		f the CHIRP comes back with				
		ust request fingerprinting				
		eceiving the CHIRP results.				
		e fingerprinting is completed				
		IDPH the copy of the CHIRP				
		ngerprinting within 14 days as provided to V14 by the				
		nt. V14 stated it is important to				
		nd fingerprinting results to				
		knows where the offenders are	e			
		tify the facility if the resident				
	need special accom					

	05/2024
JAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	00/2024
RYZE AT THE RIDGE 6450 NORTH RIDGE BLVD CHICAGO, IL 60626	
(X4) IDSUMMARY STATEMENT OF DEFICIENCIESIDPROVIDER'S PLAN OF CORRECTIONPREFIX(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORRECTIVE ACTION SHOULD BETAGREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLE DATE
S9999 Continued From page 7 S9999 Facility provide document titled, Instructions for Identified Offender Program undated which documents in part, if the CHIRP comes back with a "HIT" be fingerprinted only if there is a qualifying offense that was committed and within 72 hours contact by email authorized fingerprinting company and within 14 days go to link: IDPH/Illinois gov upload CHIRP, fingerprint consent form, and fingerprint vendor receipt. (C)	