

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001689	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2025
NAME OF PROVIDER OR SUPPLIER RYZE ON THE AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 3400 SOUTH INDIANA CHICAGO, IL 60616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2583804/IL191364	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)3)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

05/15/25

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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 interview and record review the facility failed to assure that a resident (R1) with pressure ulcers received the necessary treatment and services to promote wound healing. This failure caused one resident's (R1) wound to decline leading to wound infection and hospitalization.</p> <p>Findings include:</p> <p>R1's medical diagnoses include but are not limited to displaced fracture of lesser trochanter of right femur, muscle weakness, cognitive communication deficit, type 2 diabetes mellitus, pressure ulcer of unspecified heel unspecified stage, pressure ulcer of sacral region stage 3, acute diastolic heart failure.</p> <p>R1's Minimum Data Set (MDS) dated 02/12/25 has a Brief Interview for Mental Status score of 9,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>which indicates R1's cognition is moderately impaired.</p> <p>R1 admission progress note dated 02/06/25 at 9:32pm documents in part, "has wound on the coccyx, right and left lateral heel."</p> <p>R1's care plan dated 02/06/25 documents in part, "R1 was admitted with skin alterations and is at risk for further breakdown related to fragile skin, friction, decreased sensory awareness, impaired mobility and a past medical history that includes hypertension ...infection will not develop at the wound site."</p> <p>Review of R1's records show no wound assessment or wound care orders until 02/14/25.</p> <p>R1's progress note dated 02/14/25 documents in part, "Writer alerted that patient has alterations to skin, assessment performed, patient noted with open areas to his sacrum, right heel and a DTI (Deep Tissue Injury) on his left heel. MD (Medical Doctor) notified, verbal treatment orders received, carried out, and tolerated well by patient."</p> <p>R1's wound culture with collection date of 02/19/25 documents in part, "culture wound - sacrum ...gram stain: few gram-negative bacilli ...few gram-positive cocci ...rare white blood cells ...rare epithelial cells ...mixed gram-negative bacilli also present ...methicillin resistant staphylococcus aureus few."</p> <p>R1's physician order dated 02/19/25 documents in part, "Bactrim DS oral tablet 800-160 mg (milligrams) ...give 1 tablet by mouth every 12 hours for wound infection for 5 days until finished."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R1's wound physician assessment dated 02/19/25 documents in part, "wound size 9 by 9 by 0.5 cm (centimeters) ...periwound radius odor ...exudate moderate purulent ...thick adherent devitalized necrotic tissue 80%...wound progress exacerbated due to infection."</p> <p>R1's progress note dated 02/23/25 at 12:10pm documents in part, " Noted to have altered mental status, lethargy, O2 (oxygen) saturation low 83% room air with nrb (non-rebreather) mask 15lnc (liter per nasal canula) stated O2 saturation 95%, BP (blood pressure) low with shortness of breath, diaphoretic. No fever at this time. V12 (Medical Doctor) called with order for hospital transfer stat. 911 paramedic called."</p> <p>R1's progress note dated 02/23/25 at 4:20pm documents in part, "Admitted at hospital with diagnosis of sepsis."</p> <p>R1's hospital records dated 02/23/25 documents in part, "acute metabolic encephalopathy likely due to sepsis from sacral wound infection ...sepsis due to sacral ulcer ...consult wound and surgery."</p> <p>On 05/05/25 at 2:24pm V18 (Wound Care Nurse/Licensed Practical Nurse) stated that the facility did not have a wound care nurse for approximately one week. V18 stated that R1 was not assessed by wound care until 02/14/25. V18 stated that R1 did not have wound care orders until 02/14/25. V18 stated that if wounds are not treated then they could decline and become infected.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 05/06/25 at 12:19pm V12 (Medical Doctor/MD) stated that R1's wounds had previously been stable. V12 stated that it is possible that if the facility did not take care of R1's wounds, that could be part of R1's decline in condition.</p> <p>On 05/06/25 at 1:06pm V15 (Wound Care MD) stated that a resident should have wound care orders continued from the discharging hospital until she assesses them. V15 stated that if wounds are not treated then the wounds can deteriorate.</p> <p>On 05/06/25 at 2:34pm V2 (Director of Nursing) stated that if a resident doesn't have wound orders, then the nurse should get wound orders from the doctor. V2 stated that she was unaware that R1 did not have wound orders from 02/06/25 until 02/14/25. V2 stated that R1 not having wound orders is not acceptable practice and he should have orders, so the wound doesn't get worse.</p> <p>Facility's policy titled "Skin Management: Monitoring of Wounds and Documentation" dated 01/2023 documents in part, " General: It is important that the facility have a system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility."</p> <p>Facility's policy titled "Residents' Rights" dated 11/2018 documents in part, "Your rights to safety ...Your facility must provide services to keep your physical and mental health, at their highest practical levels."</p>	S9999		

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