

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004832	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/31/2024
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NAME OF PROVIDER OR SUPPLIER RYZE WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644
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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
S 000	Initial Comments Complaint Investigation: 2484957/IL174768--300.690 2485383/IL175357--300.690	S 000		
S 690	Section 300.690 Incidents and Accidents This Regulation is not met as evidenced by: Licensure Violations 300.690b) 300.690c) b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. These requirements were not met as evidenced by: Based on interview and record review facility failed to follow their policy and procedures for reporting falls for one resident (R4) out three residents reviewed for falls. This failure resulted in facility not reporting falls for R4 within the 24 hour time frame required by the state statute to the Department Of Public Health. Findings Include: Facility's Reporting of unusual occurrences: If the incident report is "serious", as defined as fractures, sutures, staples, and subdural injuries	S 690		8/9/24

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

TITLE

(X6) DATE
08/11/24

Illinois Department of Public Health

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S 690	<p>Continued From page 1</p> <p>by which there is serious harm or injury to the resident not related to a fall then it will be reported to IDPH within 2 hours and a final summary completed within 5 days. If the serious injury is related to a fall it will be reported to IDPH within 24 hours and a final summary within 7 days.</p> <p>R4's 5/13/2024 09:46 Nursing Note reads: Upon doing rounds writer found resident on the floor laying on his left side. Writer performed neuro exam no complications noted. Writer performed a full body assessment observed a laceration on res nose w/bleeding. Applied pressure and bleeding stopped. Writer cleaned laceration w/normal saline and applied a bandage. Res is alert x1. A full set of vitals was collected BP 126/86, Resp18, Temp98, Pulse60, O298%. No signs of pain or discomfort noted. Resident was transported by ambulance to hospital for full evaluation.</p> <p>V6 (Assistant Administrator) she stated on 7/16/24 at 10:30 am has been delegated to report all falls within 24 hours to the state regional office. V6 stated R4 fall was not reported withing the 24 hour time frame. V6 stated had attended to report R4 fall but was waiting for him to come back to the hospital. V6 did send his fall report to the state regional office even though it was late. V6 stated will make sure going forward to send any falls with injuries to the local Department of public health office within the 24 hours before the resident goes to the hospital.</p> <p>(C)</p>	S 690		