STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145832	A. Building B. Wing	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ryze at the Ridge	6450 North Ridge Blvd Chicago, IL 60626

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 43351 Based on interview and record, the facility failed to ensure residents are free from resident-to-resident physical altercation. This failure affected 2 residents (R1,R2) reviewed for abuse in the total sample of 6 residents. Finding include: On 01/27/2025, at 11:43am, R2 stated we (R1 and R2) had a fight. I don't want to talk about it anymore. On 01/27/2025, at 12:21pm, R5 stated the fight happened in the 1st floor dining room. They were to each other's face, talking loudly. Then they start hitting and pushing each other, (R1) hit (R2)'s head and (R2) fell down. On 01/28/2025, at 10:44am, speaking with V11 (Housekeeping Director) and V9 (Housekeeping) stated if there are two residents arguing, the first thing I need to do is to separate them so it will not escalate to physical altercation. On 01/28/2025, at 10:51am, V9 stated I was cleaning room *** or *** when I heard a lot of screaming and I saw (R1) and (R2) were fighting. (R2) pushed (R1). I saw one nurse. This nurse told (R2) to go back to his room on the 2nd floor. I did not see (R2) going back to the second floor because I continued cleaning the room. In about one minute, I was by the door of a room when I heard a loud grunting. Louder than the screaming. I looked and I saw (R1) head locked (R2) with his (R1) left arm. V9 was demonstrating to both surveyor and V11 how (R1) head locked (R2). V9's left upper extremity angled on his left side and V9's right hand holding his left wrist. On 01/28/2025, at 11:09am, V9 stated I did not think the situation would escalate. I did not intervene the first time, I got scared because (R1) is tall and I stand 5'6. On 01/28/2025, at 11:14am, V11 stated I expected him (V9) to intervene and to protect both residents. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/28/2025, at 11:30am, V12 (Registered Nurse) stated I was in med room to get insulin for one of my residents. It would not have escalated if only staff intervened while they (R1 and R2) were still arguing. I would still intervene on a safe distance and tell (R1) to calm down and I would have called for other staff to assist. If I cannot manage the situation by myself, I would ask for help. On 01/30/2025, at 10:02am, V18 (Certified Nursing Assistant) stated I did not witness the incident between (R1) and (R2) because I was passing tray in the dining room basement. On 01/28/2025, at 3:25pm, V3 (Social Services Director) stated if residents are arguing, staff are expected to deescalate the situation. Staff meaning anyone can get involve. If (V9) observed (R1) pushed (R2) it is expected of him to help separate the residents or get other staff to help separate the residents. The purpose of deescalating the situation is to avoid anybody to get injured. On 01/28/2025, at 3:49pm, V3 stated in the aspect of height, the staff should have called for assistance and not going back to what he was doing. On 01/29/2025, at 1:28pm, this time speaking with V4 (Admissions Director) translating for V9, V9 stated while cleaning room ***or *** I heard screaming, (R1) and (R2) were arguing, talking loudly and strongly. I went out of the room, and I saw (R2) push (R1). I saw and heard the nurse tell (R2) to go to the second floor. I did not see (R2) go to the second floor because I continued what I was doing. Approximately one minute later, I heard a loud grunting noise. I went out of the room, and I saw (R1) and (R2) fighting on the floor. My initial reaction was to drop my cleaning material and ask myself what am I going to do? I got scared because I have never been in that situation before, I slowly approached them, and I told R1 'Relax'. On both situations, I never asked for help. On 01/29/2025, at 1:35pm, V4 stated I think in this situation, it is appropriate to call for code gray. Gray is for violent behavior. I think if only he asked for assistance it will not escalate to a physical altercation. On 01/29/2025, at 2:47pm, speaking with V4, V9, and V14 (Regional Director of Operations) V9 as translated by V4 stated (R1) and (R2) were fighting on the floor. On 01/29/2025, at 2:48pm, V14 stated fighting on the floor is resident to resident physical altercation. On 01/29/2025, at 2:50pm, V14 stated it is not expected of our resident to be physical abused by another resident. Two residents fighting on the floor is a physical altercation and considered as abuse. R1's (Active Order as Of: 12/15/24) Order Summary Report documented, in part Diagnoses: (include but not limited to) bipolar disorder and schizoaffective disorder, bipolar type. R1's (11/18/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R1's mental status as cognitively intact. R1's (12/15/2024) progress note documented, in part hospital confirmed resident is admitted with DX (diagnosis) aggression. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's (initiated: 5/14/24) care plan documented, in part presents with aggression towards staff (06/25/24); exhibit verbal aggression (7/13/24); presents with threatening behavior towards staff (7/22/24). R2's (undated) Admission Record documented that R2's diagnoses (include but not limited to) auditory hallucination, suicidal ideations, and schizoaffective disorder. R2's (01/09/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 10. Indicating R2's mental status as moderately impaired. R2's (12/15/2024) progress note documented, in part returned from the hospital. Diagnosis Contusion of scalp. R2's (12/15/2024) After visit summary documented, in part Diagnosis: contusion of scalp, initial encounter. HPI (history of present illness): brought in after altercation at group home. Says he was pushed over and fell and hit his head. What you need to know: A contusion is a bruise that appears on your skin after an injury. A bruise happens when small blood vessels tear but skin does not. Blood leaks into nearby tissue, such as soft tissue or muscle. R5's (01/07/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 14. Indicating R5's mental status as cognitively intact. The (12/15/2024) First floor daily assignment sheet documented that V7 (Registered Nurse), V8 (Certified Nursing Assistant), V12 (Registered Nurse), and V18 (Certified Nursing Assistant) were working 1st shift. R1 and R2's (12/15/2024) final reportable documented, in part Observed resident (R2) laying (lying) on the ground and he stated (R1) pushed him. R1's (12/15/2024) Witness Statement documented, in part I (R1) pushed him (R2) aside and he fell . He grabbed my leg and I pushed him. R5's (12/15/2024) Witness Statement documented, in part (R2) pushed (R1) and (R1) pushed (R2) and they fell down. V7 (12/15/2024) Witness statement documented, in part I saw (R1) trying to push (R2) to the side. V8 (12/15/2024) witness Statement documented, in part (R2) was talking to (R1). They started to become verbally aggressive. (R1) pushed (R2) to the side. That is when I (V8) jumped in to separate them. V9 (12/15/2024) Witness Statement documented, in part I (V9) saw (R1) and (R2) talking. Then they become verbally aggressive with each other. (R1) pushed (R2). Staff came in and separated them. V12 (12/15/2024) Witness Statement documented, in part the resident pushed co-peer. (continued on next page)

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The (undated) Residents' Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in the State, you are guaranteed certain rights, protections and privileges according to State and Federal laws. Your rights to safety. You must not be abused, physically. Your facility must provide services to keep your physical and mental health at their highest practicable levels. The (10/2022) Abuse Policy and prevention program documented, in part This facility affirms the right of our residents to be free from abuse. This facility therefore prohibits abuse. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse. This will be done by orienting and training employees on how to deal with stress and difficult situations. This facility is committed to protecting our residents from abuse by anyone including other residents. Abuse means any physical or mental injury inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury with resulting physical harm to a resident.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 43351 Based on interview and record review, the facility failed to ensure Abuse final Reportable was sent to the Survey Agency within the mandated time frame. This failure affected 2 (R1 and R2) residents reviewed for timely submission of reportable in the total sample of 6 residents. Findings include. R1 and R2 (12/15/2024) initial reportable documented, in part Date/Time Reported to State: 12/15/2024 at 3:38pm. Time Stamp on the printed Confirmation 12/15/2024 3:38PM. The (printed on: 01/30/2025) Department of Public Health Incident portal documented that abuse report template was uploaded on 12/23/2024. On 01/30/2025 1:16pm, V1 (Administrator) stated the abuse coordinator is myself or the assistant administrator if I am not here. For abuse, the timeframe for reporting the initial reportable is immediately or within 2 hours. Abuse final reportable is expected to be submitted within 5 working days. This surveyor informed V1 there was an uploaded document dated 12/23/2024 and inquired if that was the final reportable for R1 and R2 abuse incident. V1 stated that is correct. This surveyor inquired if the initial reportable was submitted on 12/15/2024 and the final reportable was uploaded on 12/23/2024, did the facility submitted the final reportable within the mandated timeframe. V1 stated I need to check the calendar. V1 then stated the final reportable for (R1) and (R2) was submitted in 6 working days. R1's (Active Order as Of: 12/15/24) Order Summary Report documented, in part Diagnoses: (include but not limited to) bipolar disorder and schizoaffective disorder, bipolar type. R1's (11/18/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating R1's mental status as cognitively intact. R1's (12/15/2024) progress note documented, in part hospital confirmed resident is admitted with DX (diagnosis) aggression. R1's (initiated: 5/14/24) care plan documented, in part presents with aggression towards staff (06/25/24); exhibit verbal aggression (7/13/24); presents with threatening behavior towards staff (7/22/24). R2's (undated) Admission Record documented that R2's diagnoses (include but not limited to) auditory hallucination, suicidal ideations, and schizoaffective disorder. R2's (01/09/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 10. Indicating R2's mental status as moderately impaired. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's (12/15/2024) progress note documented, in part returned from the hospital. Diagnosis (Contusion of scalp. R2's (12/15/2024) After visit summary documented, in part Diagnosis: contusion of scalp, initial encounter. HPI (history of present illness): brought in after altercation at group home. Says he was pushed over and fell and hit his head. What you need to know: A contusion is a bruise that appears on your skin after an injury. A bruise happens when small blood vessels tear but skin does not. Blood leaks into nearby tissue, such as soft tissue or muscle. The (10/2022) Abuse Policy and prevention program documented, in part This facility affirms the right of our residents to be free from abuse. This facility therefore prohibits abuse. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse. VIII. External Reporting. 2. Five-day Final Investigation Report. Within five working days, after the report of the occurrence, a complete written report of the conclusion of the investigation will be sent to the Department of Public Health.