STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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 Investigations: 2481038/IL169557 2481353/IL169935	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a) 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. These regulations were not met as evidenced by: Based on interview and review of document the facility failed to ensure the right to be free from abuse for one of three residents reviewed (R2) for allegations of abuse. This failure resulted in R2 being sent to the emergency room and returning to facility with a 1cm laceration to the right cheek. Findings include:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ____ B. WING ____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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
S9999	Continued From page 1	S9999		

R2 is a 31-year-old male with a diagnosis including Schizophrenia, Psychosis, Bipolar Disorder, Chronic Obstructive Pulmonary Disease , and Anxiety Disorder. R2 was admitted to the facility on 12/7/23 and was discharged from facility on 2/9/24. R2 BIMS (Brief Interview for Mental Status) is 15/15, cognitively intact. Resident is at moderate risk for abuse due to possible misinterpretations of events and the intentions of others. Denial and/or evasiveness: when discussing mental health issues, signs and symptoms of depression/mood distress, Low self-esteem, isolation and withdrawn behavior.

R8 is a 27-year-old male with a diagnosis including schizoaffective Disorder, Bipolar Type. R8 has a BIMS (Brief Interview for Mental Status) score of 15/15. R8 was admitted to the facility on 10/20/23 and was discharged to hospital on 2/16/24. R8 displays delusional thoughts, verbal aggression towards staff and co peers with intent of becoming physically aggressive. R8 is care planned for physical aggression. Resident is assessed for aggressive behavior. Resident has been noted to display verbal and physical aggression toward staff and co-peers r/t diagnosis of severe mental illness and has history of self-destructive statements/behavior/threats and episodes of aggressive/agitated behavior. R8 is at high risk for abuse r/t poor insight/poor judgement, delusional thinking, hallucinations, persistent anger, fear and / or anxiety and dysfunctional behavior including provoking and aggressive behavior.

During investigation R2 and R8 could not be contacted for interview.

2/2/24 nurse note states: 6:40 pm writer heard

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 2	S9999		

residents shouting "code yellow, code yellow, and for help" by the day room watching TV. Writer and other staff immediately ran towards the day room saw resident with his broken glasses in his hand and slight bleeding dripping at the right side of the cheek saying, "he hit me, punching me on my head and on my face and broke my glasses". Resident assessed, did not lose consciousness, area to the right eye clean with normal saline noted 0.5 cm (centimeter) superficial cut to the lower side of the right side covered with steri strips. V/S as follows: bp-134/90, p-92, r-20, t-99, 02 sat 97%. Doctor made aware with an order to send resident to the nearest ER.

Facility Abuse Investigation Form dated 2/2/24 (Summary on investigative findings) states including after thoroughly reviewing all the available evidence, we have concluded that resident R9 was seeing multiple men. When R8 saw another man talking to her (R2), he struck R2.
Staff immediately separated the 2 residents.
R2 was treated for a slight laceration and was sent to the ER for an evaluation. Ct scan was negative, and no sutures were required. The laceration has since healed.

R2's hospital record dated 2/2/24 states including diagnosis of injury: 1cm laceration to the right cheek with a steri-strip over site. CT scan negative. R2 was discharged from hospital back to facility on 2/3/24.

On 2/28/24 at 1:10 PM V7 (RN) stated I was the nurse on duty when R2 and R8 had the altercation. R2 was talking to R8's girlfriend R9. R8 approached R2 and struck him with fist. R2's glasses flew off. The glasses caused a laceration to the cheek. They were separated immediately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 3	S9999		

R2's doctor was notified. R2's family was notified. R2 was sent to the hospital. The police were notified. R8 was sent to the hospital for evaluation. Our abuse prevention policy was followed.

On 2/28/24 at 4:05PM V12 (Physician) stated yes, I was aware of the physical altercation with R2. R2 was sent to the hospital with a small laceration. The emergency room contacted me and R2 received no serious injury and was returned to the facility. R2 is now at another facility and is doing well. That is all I can give you since the injury was minimal.

Facility policy titled Abuse Prevention and Reporting - Illinois Revisions: 10-24-22 states including:
The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment.
Definitions:
Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment (42 CFR 483.12 Interpretive Guidelines).
Resident to Resident Abuse (any type) resident to resident altercations that include any willful action that results in physical injury, mental anguish or pain must be reported in accordance with regulations.

(B)

Statement of Licensure Violations 2 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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
S9999	Continued From page 4	S9999		

300.610a)
300.690a)
300.690c)
300.1210b)

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 300.690 Incidents and Accidents

a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.

c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ___ B. WING ___	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 5	S9999		

Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

Section 300.1210 General Requirements for Nursing and Personal Care

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.

These regulations were not met as evidenced by:

Based on interview and record review, the facility failed to supervise (R3). A resident with criminal background history, with aggressive behaviors and non-compliant with smoking, from intentionally starting a fire to R3's roommate's bed (R4). This failure has the potential to cause serious harm or death to all 123 residents in the facility at the time of incident. The facility also failed to report a serious fire incident that had the potential of causing serious bodily injury within 24 hours for 2 (R3, R4) of 4 residents sampled. This failure has the potential to affect all 123 residents residing in the facility at time of incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 6	S9999		

Continued From page 6

Findings include:

R3 is a 63-year-old male resident with a diagnosis including COPD, Bipolar Disorder, Epileptic Seizures and Schizoaffective Disorder. R3 was first admitted to the facility on 2/18/22. R3 has a BIMS (Brief Interview for Mental Status) score of 15/15, cognitively intact. R3 is fully ambulatory and goes into the community unsupervised. R3 has a criminal background and has served time in Department of Corrections Correctional Center.

R4 is a 68-year-old male with a diagnosis including Major Depressive Disorder, Bipolar Disorder and Schizophrenia. R4 has a BIMS (Brief Interview for Mental Status) score of 15/15. R4's 1/15/24 Minimum Data Set (MDS) section GG (functional abilities) shows total dependence, helper does all the effort. This resident is bed bound. R4 uses a wheelchair for mobility.

Review of resident progress notes and interview of V1 (Administrator) it was substantiated that on 1/21/24 at 11:30PM, R3 set R4's mattress on fire following an argument between both residents.

Facility reportable incident logs were reviewed on 2/20/24. No incidents related to the 1/21/24 facility mattress fire was reported to the State Survey Agency.

On 2/20/24 at 10:39 AM V1 (Administrator) stated we were considering discharge of R3 after the fire but after speaking with the guardian we did not. I did not file an incident with the mattress fire because nobody was hurt and no one was touched. R3 started the fire with a lighter. R3 stated he brought the lighter in from the community. He has behaviors when we restrict him from going into the community. We let him go

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 7	S9999		

into the community by himself, so he does not have aggressive behaviors. Initially we wanted to involuntarily discharge him. We informed the guardian. I spoke with guardian and we accepted R3 back. Since R3 came back social service does more frequent room checks. The social service room checks are not documented that I know of. We did a medication review. The doctor was involved in the medication review. I am not sure what doctor. We have a new DON that just started yesterday so she will not have anything to do with this incident.

On 2/20/24 at 11:17AM V5 (Social Service Director) stated I am responsible for R3. I was not here during the incident with the fire, it was about 11PM. From what was told to me R3 was in room with roommate (R4). R3 walked over and lit R4s mattress on fire. R3 ran out of the room and staff came to room. Staff put out fire and called 911. R4 was evaluated by paramedics with no injury. R4 refused to go to hospital. R3 was sent to hospital. R3 came back to facility. We had R3 restricted from going to community. We searched all belongings when R3 was in hospital. We have behavior aides on the floor doing behavior checks. There was a behavior aide on the floor during the fire incident.
I am not aware of R3's non-compliant smoking incidents during his stay. I am unsure on how R3 started the fire. At the time of incident R3 was not on smoking restriction. To my knowledge R3 never threatened anyone before. R3 had verbal altercations with staff because he was restricted from community pass. The 72-hour pass restriction was in effect when he had those behaviors. He is on unrestricted pass now in the community. I believe he is out of the facility now.

On 2/20/24 at 1:11 PM R5 (R3's and R4's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003453	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING	(X3) DATE SURVEY COMPLETED C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 8	S9999		

roommate at time of incident) stated I woke up and seen R3 got mad at R4. R3 took out a lighter and held it to R4's sheet and it caught fire. The sheet was hanging off the edge of the bed. About a minute and a half after, about three staff came in and put out the fire. R4 was in his bed, he is paralyzed on the left side, and he couldn't move. The staff were using their hands to put out the fire and another staff came in with a fire extinguisher. The police came and took R3 away. R3 was gone for about 20 to 25 days before he came back. R3 was smoking in our rooms unauthorized often before this happened. It happened at least three times.

On 2/20/24 at 1:55PM R3 stated I started a fire with paper, and it caught R4s sheet on fire. There was a lot of smoke. I had the lighter in my bed drawer. That is where I got it. The nurses came in the room and put out the fire. The police came and took me away to hospital. I came back here, and I am good now. I smoke with the group here once a day. I go out into the community. I work for people with houses. I clean yards and do gardening I make some money.

On 2/21/24 at 10:22AM V7 (RN) stated I was there when R3 started the fire. It was the end of the shift about 11:30PM. I saw R3 come to another nurse to have discussion. R3 walked away. Later the fire alarm went off. We dialed 911. The 2 CNAs (V21 and V22) and the night nurse (V20) ran to the room and I followed. The nurse (V20) went to get the fire extinguisher. The CNA's were covering the fire on the bed with a blanket on the corner of the mattress. The nurse came in and used the extinguisher. All residents were moved out of the room. R4's was the bed on fire. He was not injured. All residents were moved out of the room. R4, R5 and R10 were moved off

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 9	S9999		

the room. We (the nurses and CNAs) assessed all of them. There were no injuries. R3 was not in the room when we went in. He started the fire and left room. The fire department arrived but the fire was already out. The police then arrived. R4 said he was ok to the fire department captain and he did not want to go to hospital. We searched for a lighter, but nothing was found. He did leave the unit during the incident. He must have hidden the lighter. The police questioned him, but he stated he didn't do anything. The police took R3 from the building. R3 was taken to hospital and is now back. R3 is supposed to be monitored by the behavior aides.

On 2/22/24 at 2:05PM V8 (CNA) stated I was working when the fire happened. R3 came out of his room and was yelling that R4 was making noise and he couldn't sleep. I went in the room and saw no issue. R3 went back in the room. A little while later R3 and R4's roommate pulled the nurse call. The fire alarm went off. I went in room and R4's bed was on fire at the foot of the bed. Other staff rushed in and put out the fire. The residents in the room were taken out. The fire department and police came.

On 2/21/23 at 3:05PM per phone R4 stated yes R3 started my bed on fire. I didn't get hurt though. We argued before he did it. I was making some noise and he got mad. I fell asleep and was awoken by all the commotion and my bed was burning. They came in and put it out. I am in another place now and I'm fine.

On 2/26/24 at 11AM per phone R4 stated I am doing ok here at the new facility. I am safe. I never had any fights with R3 before the fire incident. That night R3 yelled at me to be quiet when I was praying out loud. I fell back asleep

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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
S9999	Continued From page 10	S9999		

and woke up by commotion. My bed was on fire. The smoke alarm was on, and the staff all came in and put the fire out. I was not burned, and I was ok. They wanted to send me to the hospital, but I didn't need to go. I was transferred to another facility because my family made them after the fire.

Review of R3's progress behavior note dated 1/22/24 states resident (R3) came out of his room yelling that his roommate was talking, and he wanted him to be quiet and to move him out of the room. Certified Nursing Assistant (CNA) redirected resident and advised him to talk to social services in the morning for a room change. At approximately 11:30 pm the smoke detector in the room went off and the aide went to check, and the bed of his roommate (R4) was on fire. All staff responded to the fire and this writer (V20) grabbed the fire extinguisher to put out the fire. All residents were moved out of the room. 911 was contacted and responded. Health plan was notified and order given to send this resident out to the Emergency Room (ER) for evaluation. Police transported resident to hospital with petition. Administrator notified of incident.

On 3/4/24 at 9:30AM V14 (Nurse Practitioner) stated I cannot say R3 would have started another fire in the facility, but he was capable of it. R3 had psychosis and was psychotic because of diagnosis of schizophrenia, but I cannot predict whether he would have done it again.

The following review of documents show that R3 was a noncompliant smoker in the facility and the facility was aware.

8/25/23 behavior note: The resident has a history of smoking in a non-designated area in which

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ___ B. WING ___	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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
S9999	Continued From page 11	S9999		

counseling was conducted on three occasions, 05/18/23, 07/15/23, 07/29/23. The resident care plan was updated for each occurrence. and smoking assessment periodically when needed. Monitoring for non-compliant smoking behavior will continue to determine if the behavior increase or decrease.

1/5/23 Smoking Safety Risk Assessment: A. 9. Does the resident have a history of or currently presents with unsafe/hazardous behavior causing injury to self or others? 1. Yes

The following review of documents show R3 has a history of aggressive behavior, and the facility was aware.

11/27/23 behavior note: Received resident from Hospital via ambulance and two staff who transferred resident to bed around 7:20 p.m. Resident present with aggressive behavior. Alert and Oriented X 3 able to make his needs known to staff and staff respond to res needs in a timely manner. Head to toe assessment performed and all skin integrity intact. Abdomen soft, non-tender and non-distended. Lung sound clear bilaterally with an audible heart tone. Vital Signs (V/S) Blood Pressure (bp)-111/68, Temperature (t)-97.6, Pulse (p)-78, Respirations (r)-18, Oxygen (02) saturation-97%. Medical Doctor (MD) notified of resident's arrival with an order to carry out all discharge orders. Guardian by name (V13) notified at this number xxx xxx xxxx. Call light kept in place and res in bed resting.

11/20/23 nurse note: At 4:30 pm, resident returned from Hospital ER Visit for behavioral issues. Immediately on his arrival, resident left for social services office, and became verbally, and physically aggressive to staff. He began to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 12	S9999		

disorganize, and destroy office properties, and becoming non redirectable. Resident refused medication compliance, scheduled, or PRN for stabilization. Code yellow was called for staff reinforcement. He was placed on 1:1 close monitoring for his safety, and others. MD (V10) gave order to transfer him to Hospital. Provider company was called, and report given to (Nurse). Resident State Guardian (V13) made aware via message received by staff at the state Guardian office. Bed remains on hold per facility protocols. Endorsed for follow up.

11/20/23 social service note: R3 had a verbal altercation with staff. Behavior aids came to intervene, but redirection was not successful. With time, the resident went upstairs and was calm.

11/19/23 social service note: Resident came by the nurses' station stated he wanted to leave he was asked by the staff why he wanted to leave with no reply. Then a few minutes later he tried to push open the front door to leave, stated he will kick the door open, gave resident an Against Medical Advice (AMA) paper to sign he refused to sign, then he physically threatened the nurse that he would stab him with the pen. Nurse Practitioner (Np) for V10 (physician) was informed. Call placed to 911 to transfer the resident to the hospital for psyche evaluation. Emergency ambulance along with police escort transferred the resident to the ER for psychiatric evaluation.

8/24/23 behavior note: Resident has been noted displaying delusional thought, throwing objects, and making threats towards staff and co-peers, with the intent of becoming physical. Resident was unresponsive to counseling and redirection.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	6450 NORTH RIDGE BLVD CHICAGO, IL 60626

(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
S9999	Continued From page 13	S9999		

Continued From page 13

Nurse on duty was made aware and further behavior monitoring will continue.

8/1/23 behavior note: Resident is refusing medication and meals. Observed displaying delusional thoughts stating that the world is out to get him and barricading his room door because the ghost and the gays are out to get him. Urinating in the garbage cans.
Action: health teaching encouragement and redirection Counsel by social services on duty. Doctor (V10) notified and received an order to petition resident to hospital for Psych Evaluation.

7/30/23 behavior note: The resident has history of behavior that consist of throwing beverages, screaming, and yelling. The resident had three occasions 07/10/23, 07/19/23, 07/24/23 whereas counseling was conducted. The resident behavior will continue to be monitored for increase or decrease to determine need for evaluation.

On 3/6/24 at 11AM V1 (Administrator) stated that R3 was put on pass restriction due to being readmitted to the facility. All residents who are newly readmitted are put on 72-hour pass restriction. This is the reason R3 was on 72-hour pass restriction. R3 was on the 72-hour pass restriction from 2/8 to 2/11/24.

Facility policy titled Security, Supervision, & Safety Policy states:

Purpose:
To ensure the ongoing security and close supervision of all residents
Due to the nature of the resident population served, the facility employs a number of measures to
ensure the ongoing security and close

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ______ B. WING ______	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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
S9999	Continued From page 14 supervision of all residents. Furthermore, the facility does not maintain an "open" environment. At a minimum, the following are components of the ongoing close supervision evidenced in the facility's daily operations: 1. The facility maintains a Behavior Management / Level Program to provide for the necessary structure and supervision; promotion of positive behavior and administration of natural consequences to an individual's behavior. 2. As a component of the Level Program, community integration e.g., passes, is progressive and only granted dependent upon an individual's positive behavior. 3. The facility specifically & comprehensively assesses behaviors, monitors, and promptly addresses and/or intervenes upon the same to minimize physical aggression and altercations. 4. Acute, or sustained visual monitoring or 1:1 observation on a time limited basis is provided as necessary for residents demonstrating an increase in psychiatric symptoms or aggressive behaviors 5. If increasing psychiatric symptoms or escalating aggressive behaviors have been determined, the physician will be notified. 6. Clinical staff are specifically trained in the methods promulgated by the Crisis Prevention Institute 7. The facility has incorporated the methods of the Crisis Prevention Institute as a standard of practice. 8. The facility maintains Psychiatric Rehabilitation staff on duty twenty-four hours a day, seven days a week. 9. The facility has incorporated the practice of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003453	A. BUILDING: ____ B. WING ____	C 03/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYZE AT THE RIDGE	**6450 NORTH RIDGE BLVD CHICAGO, IL 60626**

(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
S9999	Continued From page 15	S9999		

making regular rounds at regularly identified intervals throughout each day.
10. The facility routinely identifies hazards and risks; evaluates and analyzes hazards and risks; implements interventions to reduce hazards and/or risks; and monitors for effectiveness modifying interventions when necessary related to the physical plant, equipment devices and operations as facilitated by a Safety Committee.
11. Maintains and implements prohibition of specified contraband per a Contraband listing
12. Maintains an audible alarm on all exit doorways with continuous and ongoing visual monitoring as necessary.
13. Maintains a stringent smoking program which prohibits indoor smoking, limits smoking times, access to materials and allows for ongoing supervision of resident smoking.
14. Visitors are requested to sign in and out and show identification, if needed.
As such, the facility maintains a moderate to high level of supervision on an ongoing basis to provide for the early detection of and response to any demonstrated behavior changes.

(A)