

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Kenwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4505 South Drexel Chicago, IL 60653	

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)
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>45346</p> <p>Based on interview and record review the facility failed to ensure that one resident (R2) was free from resident-to-resident physical abuse. This failure affected one resident (R2) in a total sample size of three residents (R1, R2, and R3) reviewed for physical abuse.</p> <p>Findings include:</p> <p>On 01/22/2025 reviewed the reportables (initial and final Facility Incident Report Forms) for incident of resident-to-resident physical abuse which occurred on 1/6/2025 between R1 and R2.</p> <p>R1's diagnosis includes, but are not limited to, Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, Paroxysmal atrial fibrillation, Polyneuropathy, unspecified, Unspecified protein-calorie malnutrition, Depression, unspecified, Essential (primary) hypertension, Benign prostatic hyperplasia without lower urinary tract symptoms, Vitamin D deficiency, unspecified.</p> <p>R1 has a Brief Interview for Mental Status (BIMS) dated 12/26/2024 which documents that R1 has a BIMS score of 09, indicating R1's cognition is moderately impaired.</p> <p>R2's diagnosis includes, but are not limited to, Parkinson's disease without dyskinesia, without mention of fluctuations, Schizoaffective disorder, unspecified, Schizophrenia, unspecified, Adult failure to thrive, Unspecified asthma, uncomplicated, Major depressive disorder, single episode, moderate, Heart failure, unspecified, Essential (primary) hypertension, Anemia, unspecified, Hyperlipidemia, unspecified, Major depressive disorder, recurrent severe without psychotic features, and Mild neurocognitive disorder.</p> <p>R2 has a Brief Interview for Mental Status (BIMS) dated 01/03/2025 which documents that R2 has a BIMS score of 08, indicating R2's cognition is moderately impaired.</p> <p>On 1/22/2025 at 11:17am R1 alert and oriented times two. R1 stated I feel safe in this facility. R1 was unable to verbalize any details regarding the incident of resident-to-resident physical abuse that occurred on 1/6/2025 between him and R2.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Kenwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4505 South Drexel Chicago, IL 60653	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/22/2025 at 1:37pm R2 observed in wheelchair propelling herself down the first-floor hallway. R2 alert and oriented times two. R2 was questioned regarding the incident of 1/6/2025. R2 stated, He hit me. I don't know why. R2 observed shaking her head from left to right and stating, I don't feel safe here.</p> <p>On 1/22/2025 at 12:57pm V7(PRSA/Psychosocial Rehab Services Aide) stated I am familiar with R1 and R2. V7 stated I only heard about the incident that occurred between R1 and R2 on 1/6/2025. V7 stated I heard that R1 hit R2.</p> <p>On 1/22/2025 at 1:42pm V8 (Housekeeper) stated I am familiar with R1 and R2. V8 stated I witnessed the incident that occurred between R1 and R2 on 1/6/2025 at approximately 3:30pm. V8 stated I was walking down the corridor on the first floor. V8 stated I saw R1 taking R2's backpack (which was located on the back of R2's wheelchair) and hitting R2 with the backpack. V8 stated I never saw R1's hands touch R2, R1 was only using R2's backpack to hit her(R2) with. V8 stated I witnessed R2 trying to shield R1 from hitting her with the backpack by holding her hands up in the air over her head. V8 stated R1 was intending to hit R2 with the book bag. V8 stated R1 just started hitting R2 with the book bag out of nowhere. V8 stated R1 and R2 were separated by staff. V8 stated R1 never stated why he was hitting R2 with the book bag.</p> <p>On 1/22/2025 at 2:00pm V1(Administrator) stated I was informed by a staff person about the incident that occurred between R1 and R2 on 1/6/2025 at approximately 3:00pm. V1 stated the staff person informed me that they heard yelling in the dining room and looked up to see R1 striking R2 with R2's backpack. The staff person separated R1 and R2. V1 stated the staff person observed R1 being the aggressor. V1 stated staff stated that nothing alerted them that R1 would start hitting R2 with the backpack V1 stated it is documented in the abuse policy that all residents in this facility should remain free from physical abuse. V1 stated I feel that all residents should feel safe in this facility. V1 stated I am the abuse coordinator for the facility, and I am responsible for investigating allegations or suspicions of abuse when reported. V1 stated physical abuse is described as the intentional physical mistreatment of a resident. V1 stated residents can experience injuries that are not physical due to being physically assaulted.</p> <p>On 1/22/2025 at 2:15pm V10(Social Service Director) stated I am familiar with R1 and R2. V10 stated on 1/6/2025 at approximately 3pm, I was in my office and heard some commotion. V10 stated I stepped out of my office and saw the housekeeper and the activity aide separating R1 and R2. V10 stated I asked the activity aide what happened, and the activity aide stated R1 took R2's book bag and R1 started hitting R2 with her own book bag. V10 stated the activity aide stated she did not know why R1 was hitting R2 with the book bag. V10 stated I did ask R1 why he hit R2 with the book bag and R1 said because R2 did something to me, but R1 did not say what the something was that R2 did to him. V10 stated I am aware that R1's care plan documents R1 has a history of hitting others.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145828	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Kenwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4505 South Drexel Chicago, IL 60653	
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)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/22/2025 at 2:36pm V9(Activity Aide) stated I am familiar with R1 and R2. V9 stated I remember the incident that occurred between R1 and R2 on 1/6/2025, it occurred in the afternoon. V9 stated on that day I was having activities for the residents in the dining room in the basement of the facility. V9 stated I dismissed the residents from activities around 2:45pm. V9 stated I was going around to the tables in the room collecting supplies and I heard a loud commotion. V9 stated I looked up and observed R1 holding a backpack and hitting R2 with the backpack. V9 stated I observed R2 holding her hands up in the air to block the hits with the backpack from R1. V9 stated R1 was intentionally hitting R2. V9 stated R1 never stated why he was hitting R2 with the backpack. V9 stated R1 and R2 were separated.</p> <p>R1's care plan documents in part, Problem: R1 has physical behavioral symptoms towards others (e.g., hitting, kicking, pushing, scratching, abusing others sexually). Resident was physically aggressive towards others 1/6/2025. Goal: R1 will not harm others secondary to physically abuse behavior. Approach: Assess whether the behavior endangers the resident and/or others. Intervene if necessary. When resident becomes physically abusive, keep distance between resident and others.</p> <p>R2's care plan documents in part, Problem: Category: Psychosocial Well-being (Abuse/Neglect) R2 is at risk for abuse due to impaired cognition, communication, and verbal and physical aggression. R2 was the target of aggression on 1/6/25. Goal: Resident will be free of abuse/neglect daily through next review.</p> <p>Reviewed the facility's undated Abuse Prevention Policy which documents in part, 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. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. 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, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents.</p> <p>Reviewed the facility's policy with a revision date of 10/01/2023 and titled Resident Rights Guideline which documents in part, Underneath Guideline: Freedom from Abuse, Neglect, Misappropriation of property and Exploitation The right to be free from verbal, sexual, physical, and mental abuse, involuntary seclusion, exploitation, and misappropriation of your property by anyone.</p>		