

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  03/02/2026
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of records and interview, the facility failed to acquire preadmission screening and resident review due to being outstanding for three (R1, R2, and R3) out of three residents in a total sample of three resident reviewed. These failures affect three residents (R1, R2, and R3) in determining correct care settings for residents with serious mental illness. Findings include: On [DATE] at 1:24 PM, V3 (Social Service Director) stated that the outstanding reports mean that their PASRRs have expired, and they have to do another PASRR level I screening for those residents. V3 stated that other reasons that PASRRs level I are needed is when there is a new onset MI (mental illness) diagnosis. V3 stated that it is important to submit requested reports for the completion of PASRRs because V3 stated basically if a resident has a mental health illness, we need to make sure we are following their plan of care, if they need psychosocial therapy groups, and also it is part of billing, and also to determine if they are in the appropriate setting. With V3 reviewed R1, R2, and R3's PASRRs and V3 stated that R1 is due for PASRR level I because R1's PASRR level I expired on [DATE]. V3 stated that R2 is due for a PASRR level I because R2's PASRR level II expired on [DATE]. V3 stated that R3's PASRR level II expired on [DATE] so R3 will need to have another PASRR level I done. R1, an [AGE] year-old resident, initially admitted in the facility on [DATE]. R1 has diagnoses not limited to dementia and delusional disorders. Record reviewed documents that R1 has an initial Level 1 Pre-admission Screening and Resident Review/PASARR dated [DATE], documents in part Exempted Hospital Discharge 30 Day Approval-A 30 day or less stay in the NF is authorized. Re-screening must occur by or before the 30th day if the individual is expected to remain in the NF beyond the authorization timeframe. Diagnosis of delusional disorder found in provided documentation R2, a [AGE] year-old resident, initially admitted in the facility on [DATE]. R2 has a diagnosis not limited to schizophrenia. Record reviewed documents that R2 has an initial Level 1 Pre-admission Screening and Resident Review/PASARR dated [DATE], documents in part PASRR Determination: Short Term Approval without Specialized Services. Date Short Term Approval Ends: [DATE]. R3, a [AGE] year-old resident, initially admitted in the facility on [DATE]. R3 has diagnoses not limited to bipolar disorder, schizoaffective disorder. Record reviewed documents that R3 has an initial Level 1 Pre-admission Screening and Resident Review/PASARR dated [DATE], documents in part PASRR Determination: Short Term Approval without Specialized Services. Date Short Term Approval Ends: [DATE]. Facility's Pre-admission Screening and Resident Review (PASRR) policy dated 11/2017 documents in part the objective of the PASARR guideline is to ensure that individuals with mental illness and intellectual disabilities receive the care and services that they need in the most appropriate setting. The facility will participate in or complete the Level I screen for all potential admissions regardless of payer source to determine if the individual meets the criterion for mental disorder (SMI/SMD), intellectual disability (ID) or related condition. Upon completion of the Level II screen, the facility will review the screen recommendations and determine the facility's ability to provide the specialized services outlined.</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
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