

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 03/16/2026
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to protect residents from physical abuse. This failure affects two of three residents (R2 and R3) reviewed for abuse in a total sample of five residents. Findings include: R2 is a [AGE] year-old male. R2 diagnoses are but not limited to seizures, schizoaffective disorder, alcohol abuse, obesity, hypertension, major depressive disorder, and reflux. R2's BIMS (Brief Interview for Mental Status) dated 3/05/2026, notes R2 is alert. R3 is a [AGE] year-old male. R3 diagnoses are but not limited to lung disorders, end stage renal disease, heart failure, dependence on renal dialysis, HIV, anemia, and hyperkalemia. R3's BIMS dated 12/09/2025, notes R3 is alert. Progress note dated 2/08/2026, notes hospital transfer. R2 observed with head lacerations and minimal bleeding following an incident involving another resident. R2 has a known diagnosis of primary epileptic seizure disorder. Lacerations noted with minimal bleeding present. Progress note dated 2/08/2026, notes R3 was sent out to local hospital for psych evaluation. Resident was in a physical altercation with another resident. On 3/14/2026, at 1:44 PM, R2 stated, I went upstairs to the third floor. I do not remember the resident's name on the third floor. I said something to him. He threw a cup of something and hit me on the head. I went to the hospital, and they put stitches that absorbed in my head. It left a mark on my head, but I did not touch him. I used to live on the third floor, and they moved me down here. During this interview, R2 was seen with a small, dark, healed mark on his forehead. On 3/14/2026, at 2:52 PM, R3 stated, I remember all of it. I will never forget it. I go to the front to get coffee in the morning. Every time I go back to my room R2 said, goofy mother****, I am going to get you. The next day he said the same thing. I was standing down by my room. R2 came by my room. R2 wanted to fight me. I had my coffee mug. R2 came to me. I cracked him with my coffee cup and got him off me. R2 had blood coming on his face. The staff were all in the front until they heard commotion. I do not know what was wrong with him. I did not get hurt but I did get sent out. The police wanted to lock me up because I busted him on his head with a coffee cup. The nurse told the cop that the resident was crazy and did not have any sense. I got sent to the crazy house. I am not crazy. I was protecting myself. I never said anything to him. I do not go to the first floor unless I must because I do not want to be bothered by him. I feel safe and I am ok. On 3/14/2026, at 3:12 PM, V10 (LPN) stated, R3 was telling me his side of story. He said the other guy attacked him. He could not get R2 off him. He stated he hit the other guy out of self-defense. He wacked him with a cup or something. R2 stated that R3 was saying something to him and was triggering him. On 3/14/2026, at 3:31 PM, V5 (LPN) stated, I was the nurse on duty. I did not witness anything. I was on the opposite side of the hallway taking blood sugars. The aide had come down the hallway. She told me they are down there fighting. I went down the hallway. I called a code for aggressive residents to get all staff there. R2 was bleeding on the top of his head. I applied pressure, called the administrator, physician and 911. I asked R3's roommate what happened but the police were there. R2 was fighting R3 in the hallway. It started at their door. R2 stated he did not have any pain. The other nurses got him cleaned up. R3 was sent out. R2 was sent to the hospital due to history of seizures. On 3/14/2026, at 5:03 PM, V1 (Administrator) stated, R2 was the one that initiated it. He was aggressive (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
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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>to R3. R2 got in R3's face. R3 was walking down the hall and R3 hit R2. I interviewed both residents. They were separated and monitored. Well-being checks were conducted. The physician and the families were contacted. They were placed in separate areas. They are in psych social programs now. Facility policy titled Abuse Prevention Policy, undated, notes abuse means any physical or mental injury inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury resulting in physical harm, pain, or mental anguish to a resident. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and requires medical attention. Physical abuse includes hitting, slapping, pinching, and kicking.</p>		