

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 03/27/2026
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to a.) offer coronavirus disease 2019 (COVID-19) vaccinations and b.) adequately document COVID-19 vaccination status for four (R25, R52, R103, R132) out of five residents reviewed for immunizations in a total sample of 28 residents. Findings include: On 03/26/2026 at 9:59 AM, V25 (Infection Preventionist/Licensed Practical Nurse) stated that the facility's infection control policies and procedures are reviewed annually and as needed by the facility's consultant. With V25 reviewed five residents' (R25, R39, R52, R103, and R132) immunizations records. V25 stated that R25 received the coronavirus disease 2019 (Covid-19) vaccine on 11/01/2024. V25 stated I am going to order it once we are out of the covid-19 outbreak. V25 stated that the first positive case for Covid-19 was February 26th, 2026. V25 stated that R52 received the Covid-19 vaccine on 09/13/2024. V25 stated that R52 refused the Covid-19 vaccine and it should have been documented in the immunization record. V25 stated that R103 received the Covid-19 vaccine on 11/01/2024. V25 stated that R103 wants the new Covid-19 vaccine, and he will get it next week. V25 stated it should be documentation that R103 refused but it is not. V25 stated did not document R132's Covid-19 vaccine refusal and it should have been documented. On 03/26/2026 at 11:57 AM, R25 stated somebody just came in to inform me that they are going to give us the shot next week. Prior to that they didn't offer it. R25 stated that staff have not offered R25 the Covid-19 since 2024. R25 stated, if they would have offered it, I would have taken it, like next week I'm going to take it. R25's current face sheet documents R25 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to: hypertensive heart disease without heart failure(primary), lymphedema, multiple sclerosis, other reduced mobility. R25's MDS/Minimum Data Set Section C dated 03/19/2026 documents that R25 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R25 is cognitively intact. On 03/26/2026 at 12:05 PM, R103 stated that V25 offered the vaccine today and denied that they have offered him the Covid-19 vaccine all last year because R103 stated that R103 would have taken the vaccine. R103 stated that during the recent Covid-19 outbreak in the facility, R103 didn't hear that staff were offering the residents the vaccine. R103's current face sheet documents R103 is a [AGE] year-old individual admitted to the facility on [DATE] and has diagnoses not limited to: idiopathic gout, left hand(primary), type 2 diabetes mellitus without complications(admission), essential (primary) hypertension, heart failure, unspecified, primary generalized (osteo)arthritis, chronic kidney disease, stage 3 unspecified. R103's MDS/Minimum Data Set Section C dated 03/11/2026 documents that R103 has a BIMS/Brief Interview for Mental Status score of 05/15, indicating that R103 is cognitively intact. On 03/26/2026 approximately between 12:15PM- 12:20 PM, V25 provided this surveyor with four Covid-19 vaccine consents signed by the residents reviewed for immunizations (R25, R52, R103, R132) with dates in 2025. This surveyor questioned V25 if V25 had spoken to R25, R52, R103, and R132 today regarding vaccines and V25 stated no and only did rounds in the hallway. On 03/26/2026 at 12:34 PM, R25 stated that he signed a Covid-19 vaccine consent form and signed it with today's date. R52 and R104 stated that they also (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 03/27/2026
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>signed the consents today but did not write today's date on them. R25, R52, and R104 denied that they had signed any Covid-19 vaccine consents before today. On 03/26/2026 at 1:16 PM, V25 (Infection Preventionist/Licensed Practical Nurse) stated that she remembered that the residents that were reviewed for immunization verbally told V25 that they declined the Covid-19 vaccines but V25 didn't documented it in their charts. V25 admitted that she had completed the documents (Covid-19 consents) today and V25 admitted to falsifying and tampering with the documents and adding 2025 dates. V25 admitted that falsifying documents is not ethical for nurses to do. This was reported to V1 (Administrator) and V2 (Assistant Administrator). Facility document dated January 2026 titled Acute Respiratory Infection (ARI) & Viral Respiratory Pathogens Prevention and Response Policy documents in part: This policy describes how the facility prepares for, prevents, identifies, tests, and responds to Acute Respiratory Infections (ARI) and the viral respiratory pathogens that commonly affect residents in long-term care settings. These pathogens include COVID-19 (SARS-CoV-2), influenza, RSV, and other seasonal and emerging respiratory viruses. Purpose: The facility's purpose is to maintain a safe environment by reducing the introduction and spread of viral respiratory infections. This is accomplished through early identification of illness, strong surveillance practices, appropriate testing, timely isolation or precautions, and a clear outbreak response process that is scalable based on the level of risk. Administration ensures resources are available, including vaccination supplies, PPE, viral tests, cleaning materials, and adequate staffing coverage. Preparation includes maintaining an updated vaccination program for COVID 19, influenza, and RSV when appropriate for residents. Staff are encouraged to remain up to date on vaccinations as recommended by CDC and the state health department. Facility document dated 05/08/2023 titled policy and procedure coronavirus disease (Covid-19) documents in part, purpose to reduce the risk of transmission of the Coronavirus Disease in any healthcare setting. Encourage everyone to remain will all recommended Covid-19 vaccine doses.</p>		