

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 07/28/2026
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)		
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to ensure that a nurse and CNA (Certified Nursing Assistant, CNA) maintained a current CPR (Cardiopulmonary Resuscitation) certification card while working in the facility which has the potential to affect all 149 residents residing in the facility. Findings include: On [DATE] at 9:45AM, a telephone interview was conducted with V4 (Former Employee), and V4 states that some staff are not CPR certified. On [DATE] at 11:31AM, V5 (Certified Nurse Assistant/CNA) states a valid, active CPR certification card is required to work as a CNA in this facility. On [DATE] at 11:51AM, V12 (CNA) states CPR certifications are required for all CNAs. On [DATE] at 12:35PM, surveyor first request was made via email for V15's (CNA) CPR certification card with request sent to V1 (Administrator), V2 (Assistant Administrator) and V3 (Director of Nursing, DON). On [DATE] at 1:27PM, V1 (Administrator) states nurses are required to have their CPR certifications as they are the only ones that would be performing CPR. V1 stated that there are 2 nurses on the unit so when 1 nurse is away/off the unit, there is always another nurse. The units are never without a nurse. On [DATE] at 2:23PM, V3 (Director of Nursing/ DON) states that during a code (when a resident is pulseless or not breathing), it's all hands on deck. Any healthcare staff, Nurses and CNAs, will initiate CPR and perform chest compressions until Emergency Medical Services (EMS) arrives. LPNs and CNAs must be CPR certified (active, current) to work here in the facility. Human Resources (HR) is responsible for tracking everyone's CPR certifications and making sure they don't expire. HR will send out notifications to staff about expiring CPR certifications reminding the staff to renew their CPR prior to expiring. V3 states the facility holds CPR classes, but staff can also take CPR renewal classes out in the community. On [DATE] at 2:48PM, during a telephone interview, V14 (Licensed Practical Nurse, LPN) states she works night shifts from 7PM until 7AM in the facility and worked the night before the last night in the facility. V14 confirms receiving an email notification from facility's HR department regarding the expiration of V14's CPR certification but cannot recall when. V14 states that V14 renewed V14's expired CPR by taking the CPR certification today ([DATE]). V14's expired CPR Certification document shows that V14 was certified for CPR on [DATE] and this CPR certificate is valid for 2 years; therefore, V14's CPR certification expired on [DATE]. V14's current CPR Certification document shows that V14 was certified for CPR on [DATE], which is the same date that this surveyor requested for V14's current CPR certification. On [DATE] at 3:05PM, surveyor made a second request via email for V15's CPR certification card with this request sent to V1, V2 and V3. On [DATE] at 9:35AM, this surveyor followed up with V1 after making a final third request for V15's CPR certification card, and V1 stated that V15 has been contacted several times yesterday ([DATE]), and this morning ([DATE]) and has not been able to produce a current CPR certification card for V15. On [DATE] at 10:00AM, V16 (Human (continued on next page)		

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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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Resources Director/HRD) states all nursing staff, such as RNs (Registered Nurses), LPNs, and CNAs, must have a valid CPR certification otherwise they are not hired. V16 states she has a book with everyone's professional license and CPR certification; a note gets attached with an expiration date for follow up, and V16 emails the employee in advance of the CPR expiration date. V16 states that she sent an email to V14 (LPN) sometime in February 2026 regarding V14's CPR certification expiring in [DATE], but V16 was off on medical leave for 2 weeks and did not follow up once V16 returned to work. V16 states that V15 (CNA) was hired prior to when V16 started working at facility, and V16 has not seen a valid CPR certification for V15's employee file. V16 states she contacted V15 several times yesterday and today, but V15 has not been able to produce a valid CPR certification. V16 states that V15 will not be scheduled to work in the facility until V15 provides a valid CPR certification card. V16 states that a resident can die if staff are not properly certified in CPR. On [DATE] at 10:14AM, V3 (DON) states that the purpose for RNs, LPNs, and CNAs to be actively CPR certified is to assist a resident in the event of an accident, like when a resident stops breathing or starts choking. V3 states that the importance of nurses and CNAs keeping their CPR certifications current is to keep up to date with any changes in the CPR process, because if staff do not follow the most current CPR standards, a resident can potentially die. Facility's Daily Staff Schedules reviewed for all 3 floors in the facility for day, evening and night shifts between [DATE], and [DATE]. V14 and V15 worked various shifts on multiple dates despite not having an active CPR certification. Daily Staffing Schedules document in part, that V14 (LPN) worked 7PM to 7AM on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. Daily Staffing Schedules document in part, that V15 (CNA) worked 11PM to 7AM on [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], [DATE], and [DATE]. Facility's Licensed Practical Nurse Job Description (revised [DATE]) reads in part, Qualifications: Current CPR Certification is required. Facility's Certified Nursing Assistant Job Description (undated) reads in part, Qualifications: Current CPR Certification is required. Facility Census Report dated [DATE] documents that 149 residents currently reside in the facility.		