

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 01/30/2025
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>41611</p> <p>Based on observation, interview and record review the facility failed to ensure call device was within reach for one resident (R74). This failure had the potential to affect the 58 residents in the sample.</p> <p>Findings include:</p> <p>R74 has a diagnosis of but not limited to Fracture of Shaft of Left Ulna, Dementia, Abnormalities of Gait and Mobility, Muscle Wasting and Atrophy.</p> <p>R74's has a Brief Interview of Mental Status score of 10, which indicates that R74 is cognitively impaired.</p> <p>R74's care plan focus for falls dated 11/20/2024 documents, in part, keep call light in reach at all times.</p> <p>On 1/27/2025 at 11:26am surveyor observed R74's call light on the floor behind the bed. R74 said, There it is on the floor, and I cannot reach it (call light).</p> <p>On 1/27/2025 at 11:28am V8 (Central Supply) stated it's (R74's call light) right here, as he picked it up off the floor, and stated it should be attached to her bed and close to the resident.</p> <p>On 1/27/2025 at 11:58am V6 (Registered Nurse) stated call lights should be within reach of the resident and clipped to the bed.</p> <p>On 1/29/2025 at 1:15pm V2 (Assistant Director of Nursing) stated residents call light device should be within reach so that they (resident) can reach staff if they need something.</p> <p>Call light policy dated 8/2024 documents, in part, to respond to resident's request and needs.</p> <p>Undated job description for Certified Nursing Assistant documents, in part, ensure that all residents have access to call lights throughout each shift.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observation, interview, and record review the facility failed to obtain a doctor's order for an advance directive which affected one resident (R58) reviewed for advanced directive in the sample of 58 residents.</p> <p>Findings include:</p> <p>R58's Admission record documents in part, Atherosclerotic heart disease, chronic kidney disease, end stage renal disease, dependence on renal dialysis, and bilateral below the knee amputations.</p> <p>R58's Minimum Data Set (MDS), dated [DATE] documents in part, Brief Interview for Mental Status (BIMS) score of 14 which indicates that R58 is cognitively intact.</p> <p>R58's Physician Order Report as of [DATE] to [DATE], documents that no physician order for advance directives (Full code or Do Not Resuscitate) status for R58.</p> <p>R58's Admission Record Form for Advance Directive section documents in part, There are no Advance Directives selected for this resident.</p> <p>On [DATE] at 10:56 am, V2 ADON (Assistant Director of Nursing) stated, There should be a doctor's order for an advance directive. The nurse is supposed to get the order. An advance directive should be gotten on admission. Surveyor inquired to V2, how is the staff to know the advance directive status of a resident? V2 stated that there is an advance directive book on the crash carts. Surveyor checked the advance directive book on the crash cart on the first floor where R58 resides and there was no advance directive in the book for R58.</p> <p>Facility's policy (undated) and titled Advance Directives documents in part, Standards: 22. A written physician's order is required in response to the resident's advanced directive regarding CPR (Cardiopulmonary Resuscitation) . 25. Each medical record binder will be labeled in such a manner to quickly identify Advance Directive (s).</p> <p>Facility's job description titled Registered Nurse RN and License Practical Nurse LPN (revised [DATE]) Summary: The LPN is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activity performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to ensure that the highest degree of quality care is maintained at all times.</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>49572</p> <p>Based on observation, interview and record review, the facility failed to ensure electronic health records were kept in a private manner. This failure has the potential to affect 2 residents (R63 and R44) in a sample of 58 residents reviewed for confidentiality of records.</p> <p>Findings include:</p> <p>On 1/28/25 at 10:35am, with V16 (Registered Nurse), during observation of the nursing cart on the 3rd floor, surveyor observed V16 walk away from the nursing cart to the nursing station near the end of the hall. Surveyor noted R63's medication administration record (part of the electronic medical record) open on the attached laptop. Surveyor did not observe any other staff present near the nursing cart. Upon V16's return to the nursing cart, surveyor asked V16 why R63's electronic medical record was left open and unattended, and V16 replied, Ugh. I (V16) should have closed down the record. When asked the purpose of not leaving the electronic medical record open and unattended, V16 replied, HIPAA (Health Insurance Portability and Accountability Act of 1996).</p> <p>On 1/28/25 at 10:49am, with V7 (Licensed Practical Nurse), during observation of the nursing cart on the 2nd floor, V7 said, Let me go grab my I.D. (identification badge) before we start. Surveyor observed V7 walk away from the nursing cart and go into a room leaving R44's medication administration record (part of the electronic medical record) open on the attached laptop. Surveyor did not observe any other staff present near the nursing cart. Upon V7's return to the nursing cart, surveyor asked V7 why R44's electronic medical record was left open and unattended, and V7 replied, Sorry. I (V7) forgot. It's been a morning. I (V7) should have closed it.</p> <p>On 1/29/25 at 12:54pm, V2 (Assistant Director of Nursing) affirmed that the facility's expectation is that the electronic medical record should not be left open and unattended. V2 said that the reason for that is HIPAA (Health Insurance Portability and Accountability Act of 1996).</p> <p>Facility provided document titled, Management of personal health record content, undated, documents, in part, Designated record set-A group of records a HIPAA-covered healthcare provider maintains that includes medical records and billing records about individuals. The covered entity maintains and uses the designated record set, in whole or in part, to make decisions about individuals . Electronic health record- A specifically designed system that collects individually identifiable health information from multiple sources and supports healthcare users with available, complete, and accurate data, practitioner reminders and alerts, clinical decision support systems, links to bodies of medical knowledge, and other aids . It must meet accepted standards as defined by the Centers for Medicare & Medicaid Services' Conditions of Participation, federal regulations, state laws, standards of accrediting agencies, as well as the policies of the healthcare provider .</p> <p>Facility policy titled, Resident Rights Guidelines, undated, documents, in part, . Privacy and Confidentiality .</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>45346</p> <p>Based on observation, interview, and record review, the facility failed to ensure the closet drawers were not missing in effort to provide a homelike environment. This failure affected 4(R75, R80, R7, and R1) residents reviewed for homelike environment in the total sample of 58 residents.</p> <p>Findings include:</p> <p>On 1/27/2025 at 10:25am observed R7's closet with a missing bottom drawer. In the same room observed R1's closet with a missing bottom drawer.</p> <p>On 1/27/2025 at 10:26am observed R7's clothing in a plastic bin, with more clothing stacked on top of the plastic bin in front of R7's missing bottom drawer.</p> <p>On 1/27/2025 at 10:27am, R7 stated I would like to put my clothes in the closet drawers instead of having the clothes in bins sitting on the floor.</p> <p>On 1/28/2025 at 9:19am observed both R75 and R80's closets with missing bottom drawers.</p> <p>On 1/28/2025 at 9:20am, R75 stated the missing drawers on the closet have been missing since I have been a resident at this facility, and I have been here for about five years.</p> <p>R7 has a Brief Interview for Mental Status (BIMS) dated 12/03/2024 which documents that R7 has a BIMS score of 15, indicating R7's cognition is intact.</p> <p>R1 has a Brief Interview for Mental Status (BIMS) dated 12/13/2024 which documents that R1 has a BIMS score of 15, indicating R1's cognition is intact.</p> <p>R75 has a Brief Interview for Mental Status (BIMS) dated 12/10/2024 which documents that R75 has a BIMS score of 07, indicating R75's cognition is severely impaired.</p> <p>R80 has a Brief Interview for Mental Status (BIMS) dated 12/27/2024 which documents that R80 has a BIMS score of 10, indicating R80's cognition is moderately impaired.</p> <p>On 1/29/2025 at 10:56am V4(Maintenance Director) met with surveyor in R80 and R75's room, V4 observed the bottom drawers missing from both R75's and R80's closets.</p> <p>On 1/29/2025 at 10:57am surveyor informed V4(Maintenance Director) of the closets in R7's and R1's room with missing bottom drawers.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/2025 at 11:00am V4(Maintenance Director) stated I have not been notified by staff that the drawers located at the bottom of the closet were missing in R80, R75, R7 and R1's rooms. V4 stated it would be up to the owners to replace the missing drawers because these are custom made drawers. V4 stated if I had been notified, I would have taken an inventory of all the missing bottom drawers on the closets and let the owners know. V4 stated this does not represent a homelike environment for the residents.</p> <p>On 1/29/2025 at 11:25am reviewed the Maintenance Request Forms for the third floor from 7/2024 to 1/2025, there were no requests regarding the missing closet drawers needing placement.</p> <p>On 1/29/2025 reviewed the Maintenance Director's job description with a revision date of 10/11/2019 which documents in part, repair facility/resident property as necessary.</p> <p>On 1/29/2025 reviewed the undated Maintenance Assistant's job description which documents in part, Complete the following duties in accordance with schedule presented by supervisor: 1. Monitor, inspect and repair all facility equipment. This includes, but is not limited to, wheelchairs, beds, chairs, all facility furnishings, Geri-chairs, etc.</p> <p>On 1/29/2025 reviewed the facility's undated Resident Rights Guidelines policy which documents in part, the right to a safe, clean, comfortable, and homelike environment that allows independence as possible.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41611</p> <p>Based on observation interview and record review, the facility failed to complete a new pre-admission screening and resident review (PASSR) when a new mental health diagnosis is identified. This failure affects 1 resident (R69) out of a sample of 58.</p> <p>Findings include:</p> <p>R69's has an admitted [DATE] and has a diagnosis of Schizophrenia with a diagnosis date 4/18/2022.</p> <p>R69 has a Brief Interview of Mental Status score of 15.</p> <p>R69's Minimum Data Sheet section D (Mood) dated 12/20/2024 documents a severity score of 10.</p> <p>On 1/29/2025 at about 10:30am surveyor reviewed R69's Obra-I Initial Screen dated 7/24/2019 that documents No reasonable basis for suspecting DD (Developmental Disability) or MI (Mental Illness).</p> <p>R69's Physician Order Report dated does not document any medications for Schizophrenia.</p> <p>On 1/29/2025 at 12:08pm V30 (Administrative Assistant/Office Manager) stated I request the PASRR when the resident is coming from the hospital, and I don't know who processes another PASRR request when there is a change of condition.</p> <p>On 1/30/2025 at 11:38am via email V1 (Administrator) stated I only have the old system one (PASRR) and I do not believe one (a new screening) was done at that time (3/18/2022).</p> <p>On 1/30/2024 at 12:05pm via email V1 stated no, it (new PASRR) is not in the system and I reached out to our social service company consultant and he states he does not see it (new PASRR) either. V1 stated we will complete another one today.</p> <p>On 1/30/2025 at 1:43pm via phone V11 (Social Service Director-SSD) stated the purpose of PASRR screening is to see if a resident is appropriate for a skilled nursing home and yes, a new PASRR screening should be requested because the resident now has a mental illness diagnosis, and we need to make sure they are still appropriate for the skilled nursing home. V11 also stated she was not here when R69 was received the new diagnosis of Schizophrenia (4/18/2022) and can't speak to if a new PASRR was requested when the new diagnosis was given, and it can be assumed that it was not done because the PASRR could not be found.</p> <p>Undated Facility policy titled Pre-Admission screening and Resident Review PASRR documents, in part, Facility staff, as indicated, will provide information to help Maximus complete Level 2 interview/screen and comply with Federal, State and the appointed agency, Maximus, in standards addressing PASRR assessment/screening process.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51772</p> <p>Based on observation, interview, and record review, facility failed to provide the necessary treatment to promote healing and failed to assess accurate site to a resident with a skin impairment. These failures affected 1 (R105) of 1 resident reviewed for wound care.</p> <p>Findings Include:</p> <p>R105 has a medical diagnosis of but not limited to hemiplegia and hemiparesis following cerebral infarction, affecting right dominant side, Congestive Heart Failure, Aphasia and Osteoarthritis.</p> <p>The Minimum Data Set (MDS) dated [DATE] shows R105's cognition is impaired, with a four out of fifteen points required on the Brief Interview for Mental Status (BIMS).</p> <p>R105 Physician Order Sheet dated 1/22/2025 documents right posterior thigh: Cleanse with Normal Saline Solution, skin prep to peri wound, apply hydrocolloid dressing.</p> <p>On 01/28/25 at 10:28 am, with V13, Registered Nurse (RN), observed R105's wound to the left upper proximal posterior thigh without a dressing which appears red, moist, and non-blanchable. V13 confirmed there was no dressing or wound to the right thigh and the wound is located on the left thigh without a dressing.</p> <p>On 1/28/2025 at 11:28 am, V15, Wound Care Nurse, stated that V15 documented R105's wound care order inaccurately to the right thigh instead of the left thigh. V15 stated that the wound is on R105's left upper posterior thigh and the doctor also documented the wound on the left side in the progress notes. Record review of physician order sheet documents wound care to right thigh. V15 stated that she has corrected the order and presented an updated physician orders for R105 which documents left posterior thigh: Cleanse with Normal Saline Solution, skin prep to peri wound, apply hydrocolloid dressing.</p> <p>On 1/28/2025 at 11:58 am, surveyor and V15 Wound Care Nurse (WCN), observed no dressing to the left proximal posterior thigh before V15 attempted to perform wound care. V15, Wound Care Nurse (WCN), verified the wound is on the left side and not on the documented right side. V15 stated that the dressing might have fallen off during care and the protocol is for staff to notify the nurse or the wound care nurse to apply a new dressing. V15 stated nobody informed her that R105's dressing fell off.</p> <p>Wound Management Detail Report dated 1/22/25 documents wound type is a laceration, wound location Right thigh, Right posterior thigh, and wound measurement 2cm x 1.8cm.</p> <p>Pressure/Skin Breakdown-Clinical Protocol dated January 2017 documents the following:</p> <p>In addition, the nurse shall assess and document/report the following:</p> <p>I.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>a. Full assessment of skin condition including but not limited to location, stage or partial/full thickness, length, width and depth, presence of exudates or necrotic tissue</p> <p>b. Pain assessment</p> <p>c. Resident's mobility status</p> <p>d. D. Current treatments, including support surfaces</p> <p>e. All active diagnosis</p> <p>II.</p> <p>The physician will authorize pertinent orders related to wound treatments, including pressure redistribution surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.) and application of topical agents.</p>

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>41611</p> <p>Based on observation, interview, and record review, the facility failed to ensure the low air loss mattress was not layered with multiple linens for 1 resident (R78). This failure affected 1 resident reviewed for pressure ulcer/injury prevention and treatment in a sample size of 58.</p> <p>R78 has a diagnosis of but not limited to Sequelae of Infarction, Schizophrenia, Dementia, Palliative Care, and Cellulitis.</p> <p>R78 has a Brief Interview of Mental Status Score of 7, which indicates that R78 is cognitively impaired.</p> <p>R78's order from hospice company dated 12/24/2024 documents, in part, new air mattress and air mattress for hospital bed.</p> <p>R78's care plan focus Pressure Ulcer/Injury dated 7/24/2023 documents, in part, use low air loss mattress in bed.</p> <p>R78's Minimum Data Sheet section GG dated 11/26/2024 documents, in part, Functional Limitation in Range of Motion: for upper and lower extremities: impairment, and dependent (Helper does all the effort) for all self-care and mobility performance.</p> <p>R78's Braden scale dated 11/27/2024 documents a score of 12 that indicates high risk and documents intervention: pressure reducing device for bed.</p> <p>Surveyor reviewed manufacturer's guide for low air loss mattress that did not document how many layers should be between the mattress and the resident's skin.</p> <p>On 1/27/2025 at 10:14am surveyor observed R78 laying on a flat sheet, a sheet folded in half with an incontinence brief on.</p> <p>On 1/27/2025 at 10:22am V6 (Registered Nurse) stated a resident should have 1 layer between the skin and the mattress and should not have multiple layers on a low air loss mattress because it doesn't allow the mattress to function properly to prevent further breakdown.</p> <p>On 1/29/2025 at 1:15pm V2 (Assistant Director of Nursing) stated the low air loss mattress should only have one layer (pad, flat sheet) with the incontinence brief and the purpose to allow the air mattress to distribute the air and allow the pressure relieving coils to work effectively.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>49572</p> <p>Based on observation, interview and record review, the facility failed to ensure that an adaptive device (splint/palm grip) was in place of a contracted hand which affected one resident (R61) in the total sample of 58 residents when reviewed for limited mobility.</p> <p>Findings include:</p> <p>On 1/27/25 at 10:25am, R61 was observed lying in bed on her (R61) left side, with both right and left hands clenched tightly in a fist shape. Surveyor did not observe a hand assistive device (splint/palm grip) on R61's left or right hand.</p> <p>On 1/27/25 at 10:25am, surveyor inquired about R61's right and left hands and R61 replied, Sometimes my hands hurt but the nurses are good at cutting my nails which helps. I (R61) don't think I'm (R61) supposed to have something for my hands to help.</p> <p>On 1/28/25 at 11:46am, R61 was observed lying in bed on her (R61) back, with both right and left hands clenched tightly in a fist shape. Surveyor did not observe a hand assistive device (splint/palm grip) on R61's left or right hand.</p> <p>R61's Face Sheet documents, in part, diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side; unspecified osteoarthritis; and contracture of muscle, multiple sites.</p> <p>R61's Brief Interview for Mental Status (BIMS) score, dated 11/14/24, documents a score of 15 which indicates that R61 is cognitively intact.</p> <p>R61's Physician Order Report, dated 12/29/24 through 1/29/25, documents, in part, Splints/Carrots: Clean and dry left hand apply carrot remove for discomfort1 meals, activities, and bedtime . Order for the use of carrot splint; assistance with contracture prevention and mobility, Clean and dry left hand. Apply carrot . PROM (PASSIVE RANGE OF MOTION) TO LEFT UPPER/LOWER EXTREMITIES .6-7 days week as tolerated .</p> <p>R61's Care Plan, reviewed/revised date 11/18/24, documents, in part, Problem: (R61) has a splint/carrot to left hand r/t contracture and requires a restorative splint/brace program. Goal: (R61) will apply and remove splint/carrot with staff supervision/assistance 6-7 days per week through next review.</p> <p>On 1/28/25 at 12:49pm, V17 (Restorative Nurse/Licensed Practical Nurse/LPN) said, (R61) should have the carrot device on when she is not getting care. Since I've (V17) been here she (R61) has only refused it (carrot device) twice . It's (carrot device) used to prevent contracting of the hands. Surveyor requested documentation from V17 for the dates and times of the application of R61's carrot device and was never provided the documentation.</p> <p>(continued on next page)</p>		

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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.			
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/29/25 at 12:54pm, V2 (Assistant Director of Nursing) said, The carrot (carrot device/splint/palm grip) is for hand contracture management. Prevent worsening of it (contractures).</p> <p>Facility policy titled, Application of Splints, dated November 2014, documents, in part, . To properly apply a splint for support, comfort, or aid in contractures prevention . Note time the splint was applied, and time splint is to be removed per physician order. Contact nursing supervisor for any difficulties or refusals.</p> <p>Facility presented document Policy: Adaptive devices will be used as ordered by the physician/NP (nurse practitioner) to prevent deformities or further contractures, undated, that documents, in part, Residents will be evaluated for the use of a splint based on their assessed deformity or contracture. A Physician's order will be obtained for any needed splint. Splints will be applied per physician's/NP orders.</p> <p>Facility policy titled, Resident Rights Guidelines, undated, documents, in part, . All residents have the right to equal access to quality care regardless of a diagnosis, severity of a condition, or payment source . the right to reside and receive services in the facility with reasonable accommodation of resident needs .review, develop and/or implement reasonable accommodation of resident needs .</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45346</p> <p>Based upon observation, interview, and record review the facility failed to ensure that the 2nd and 3rd floor medication carts were locked while unattended. This failure has the potential to affect 99 residents (51 residents on the 2nd floor and 48 residents on the 3rd floor).</p> <p>Findings include:</p> <p>The (1/27/25) census includes 51 (2nd floor) residents.</p> <p>On 1/28/25 at 10:49am, with V7 (Licensed Practical Nurse), during observation of the nursing medication cart on the 2nd floor, V7 and surveyor walked away from the nursing medication cart to observe the medication fridge behind the nursing station. Surveyor did not observe V7 lock and secure the nursing medication cart after leaving the nursing medication cart unattended. Surveyor inquired why the medication cart was left unlocked and unattended V7 replied, I forgot to lock it. It should be locked. I'm really nervous.</p> <p>On 1/29/25 at 12:54pm, V2 (Assistant Director of Nursing) affirmed that the facility's expectation is that medications carts should be locked when unattended. When asked the purpose for locking the medication carts when unattended, V2 replied, To prevent someone from taking the medication.</p> <p>Facility policy titled, Medication Administration Policy, dated 8/2024, documents, in part, . The cart will be locked when direct visual access is not possible .</p> <p>Facility policy titled, Storage of Medications, dated 10/25/2014, documents, in part, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications . Medication rooms, carts, emergency kits/boxes, and medication supplies are locked when not attended by persons with authorized access .</p> <p>On 1/28/2025 at 9:05am observed V16(RN/Registered Nurse) at third floor B medication cart preparing a resident's medication, once V16 finished preparing the resident's medication, V16 walked away from the medication cart and into the resident's room, leaving the medication cart out of her(V16's) visual sight. V16 left the bottom drawer of the medication cart open and did not lock the third floor B medication cart.</p> <p>On 1/28/2025 at 9:09am V16(RN/Registered Nurse) stated I am not supposed to leave the medication cart unlocked and the drawer to the medication cart opened. V16 stated leaving the medication cart open and unlocked leaves the residents' medications accessible to other residents and to other staff. V16 stated a resident taking another resident's medication can cause harm to the resident who gets ahold of the medications.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/29/2025 at 12:52pm V2(ADON/Assistant Director of Nursing) stated the medication cart must be locked at all times when the nurse walks away from the medication cart and does not have a visual eye on the medication cart. V2 stated the medication cart being locked prevents anyone who is not supposed to be in the medication cart from going to get medications from out of the medication cart.</p> <p>49572</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45644</p> <p>Based on observations, interviews, and record review, the facility failed to properly label and date oxygen equipment (humidifier bottled, and nasal cannula) and failed to properly contain oxygen equipment (Continuous Positive Airway Pressure CPAP mask, and nasal cannula) per the facility's policy. These failures affected four residents (R15, R51, R70 and R99) reviewed for respiratory care in a sample of 58 residents.</p> <p>Findings include:</p> <p>R99's diagnoses include but not limited to COPD (Chronic Obstructive Pulmonary Disease), hypertensive heart disease, heart failure, diabetes, chronic kidney disease, obstructive sleep apnea and dependence on supplemental oxygen.</p> <p>R99's Brief Interview for Mental Status (BIMS) dated 10/23/24 shows R99 has a BIMS score of 15, which indicates R99 is cognitively intact.</p> <p>On 1/27/25 at 12:40 pm, surveyor observed R99's nasal cannula tubing with old dirty tape on the tubing not dated. R99 stated that the tubing had not been changed in over a month.</p> <p>R99's Physician Order Report as of 12/28/24 to 1/28/25 documents in part, Oxygen: Change tubing and mask weekly and PRN (As Needed).</p> <p>On 1/29/25 at 10:56 am, V2 ADON (Assistant Director of Nursing) Stated that oxygen tubing should be changed weekly and dated for infection control issues.</p> <p>R99's (4/24/23) care plan documents in part, Problem: R99 requires oxygen therapy to relieve hypoxia related to COPD. Approach: Change Oxygen tubing weekly or as ordered.</p> <p>Facility's policy titled Departmental (Respiratory Therapy) Prevention of Infection dated revised 8/08, documents in part, Infection Control Considerations Related to Oxygen Administration: 7. Change the oxygen cannula and tubing every 7 days or as needed. 8. Keep the oxygen cannula and tubing used PRN in a plastic bag when not in use.</p> <p>41611</p> <p>R51 has a diagnosis of but not limited to Hemiplegia and Hemiparesis following Cerebral Infarction Left non-dominant side, Hypertensive Heart and Chronic Obstructive Pulmonary Disease, Type 2 diabetes mellitus with hypoglycemia without coma, Peripheral vascular disease, and Stage 5 Chronic Kidney Disease.</p> <p>R51's has a Brief Mental Status score of 12.</p> <p>R51's Physician Order Report dated 12/28/2024-01/28/2025 documents, in part, Oxygen: Nasal Cannula 3 liters/min as needed.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R51's care plan focus for oxygen dated 12/19/2022 documents, in part, R51 requires the use of oxygen via NC (nasal cannula) as needed and administer oxygen as needed.</p> <p>On 1/27/2025 at 10:26am surveyor observed R51's oxygen tubing and humidifier bottle without a date and the nasal canula laid across the bed uncontained.</p> <p>On 1/27/2025 at 10:27am V6 (Registered Nurse) said, oxygen tubing and humidifier bottle should be changed weekly and as needed and the date should be included on the tubing and humidifier bottle and nasal canula should be contained or stored in a plastic bag when not in use.</p> <p>On 01/29/25 at 1:15pm V? (Assistant Director of Nursing) stated, it (nasal canula) should be put away in a bag, preferably plastic, to prevent issues with infection control.</p> <p>Respiratory Therapy (Prevention of Infection) with a revised date of August 2008 documents, in part, keep the oxygen cannulae and tubing used PRN (as needed) in a plastic bag when not in use.</p> <p>49572</p> <p>On 1/27/25 at 10:04 am, surveyor observed R15's nasal cannula laying on the oxygen concentrator next to R15's bed, not contained and not labeled with a date to specify when the nasal cannula tubing is due to be changed. Also observed was R15's CPAP (continuous positive airway pressure) mask laying on R15's bedside dresser, not contained.</p> <p>R15's Face Sheet documents, in part, diagnoses chronic obstructive pulmonary disease, obstructive sleep apnea, and heart failure.</p> <p>R15's Brief Interview for Mental Status (BIMS) score, dated 11/21/24, documents a score of 15 which indicates that R15 is cognitively intact.</p> <p>R15's Care Plan, dated 6/6/23 documents, in part, (R15) has shortness of breath (dyspnea) when lying flat R/T (related to) COPD (chronic obstructive pulmonary disease) .</p> <p>R15's Physician Order Report, dated 12/29/24 through 1/29/25, documents, in part, Order for portable O2 (oxygen), 2L (liters)-4L NC (nasal cannula) at all times to keep SpO2 (oxygen saturations) >94%; once a day 9:00am . Oxygen: Change tubing and mask weekly and PRN (as needed). (label) Before Meals on Sun; 07:00 PM - 07:00 AM .</p> <p>On 1/27/25 at 10:13am, surveyor observed R70's nasal cannula, in use, with no date labeled on the nasal cannula to specify when the nasal cannula tubing is due to be changed.</p> <p>R70's Face Sheet documents, in part, diagnoses of chronic obstructive pulmonary disease.</p> <p>R70's Brief Interview for Mental Status (BIMS) score, dated 1/17/25, documents a score of 15 which indicates that R70 is cognitively intact.</p> <p>R70's Care Plan, dated 3/21/23 documents, in part, (R70) is at risk for SOB/respiratory distress related to respiratory disease (COPD) . Monitor oxygen saturation via pulse oximetry as</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>ordered per the physician and PRN (as needed) .</p> <p>R70's Physician Order Report, dated 12/29/24 through 1/29/25, documents, in part, 02 @ 2L per N/C as needed for SOB (shortness of breath) Every Shift - PRN . Oxygen: Change tubing and nasal cannula weekly and PRN. {label} Once A Day on Tue; 07:00 AM - 07:00 PM .</p> <p>On 1/29/25 at 12:54pm, V2 (Assistant Director of Nursing) affirmed that the facility's expectation is that the nasal cannula tubing should be changed weekly and labeled with a date and contained in a bag when not in use. V2 said that the purpose of containing the respiratory equipment in a bag when not in use for infection control.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>49572</p> <p>Based on observation, interview, and record review the facility failed to ensure two licensed personnel conducted a physical inventory of controlled substances on the 3rd floor at each change of shift. This failure has the potential to affect all 48 residents on the 3rd floor.</p> <p>Findings include:</p> <p>The (1/27/25) census includes 48 (3rd floor) residents.</p> <p>On 1/28/25 at 10:35am, with V16 (Registered Nurse/RN), during observation of the medication cart on the 3rd floor, reviewed the Shift Change Accountability Record For Controlled Substances, dated January 2025, the following was observed:</p> <p>The 1/3/25 2nd shift had 1 licensed personnel's initials not 2 licensed personnel's initials.</p> <p>The 1/17/25 1st shift had 1 licensed personnel's initials not 2 licensed personnel's initials.</p> <p>The 1/18/25 2nd shift had 1 licensed personnel's initials not 2 licensed personnel's initials.</p> <p>The 1/24/25 2nd shift had 1 licensed personnel's initials not 2 licensed personnel's initials.</p> <p>The 1/27/25 2nd shift had 1 licensed personnel's initials not 2 licensed personnel's initials.</p> <p>When this surveyor inquired about the missing initials on the Shift Change Accountability Record For Controlled Substances, V16 (Registered Nurse/RN) replied, This is my first day. I (V16) don't know. The narcotics should be counted every shift by 2 nurses.</p> <p>On 1/29/25 at 12:54pm, V2 (Assistant Director of Nursing) affirmed that the facility's expectation is that the narcotic count should be done at the beginning and end of every shift. V2 said, It's (narcotic count) a hand off that is done and signed off by 2 nurses. It (Shift Change Accountability Record For Controlled Substances) is to be signed by the 2 nurses right away.</p> <p>Facility's policy titled, Controlled Substance Storage, undated, documents, in part, . controlled substances are subject to special handling, storage, disposal and recordkeeping in the facility in accordance with federal, state, and other applicable laws and regulations . A controlled substance accountability record . At each shift change, or when keys are transferred, a physical inventory of all controlled substances, including refrigerated items is conducted by two licensed nurses and is documented (See Form 14: SHIFT VERIFICATION OF CONTROLLED SUBSTANCES COUNT) .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview, and record review the facility failed to discard an expired opened multi dose vial. This failure has the potential to affect all 48 residents on the 3rd floor reviewed for labeling and storage of drugs and biologicals.</p> <p>Findings include:</p> <p>The ([DATE]) census includes 48 (3rd floor) residents.</p> <p>On [DATE] at 10:35am, with V16 (Registered Nurse/RN), observation of the medication refrigerator on the third floor, a house stock vial of Tuberculin PPD was opened with an open date of [DATE] and a discard date of [DATE]. The house stock vial of Tuberculin PPD is more than 30 days passed the open date. The tuberculin label states once opened discard after 30 days. When asked about the opened date on the house stock vial of Tuberculin PPD, V16 replied, It (tuberculin vial) should have been thrown out. It's (tuberculin vial) considered expired.</p> <p>On [DATE] at 12:54pm, V2 (Assistant Director of Nursing) said, I (V2) need to look at the policy for the details on multi dose medications and supplies. They (multi dose medications and supplies) need to be dated once opened. Certain things expire within 30 days or so of the date it was opened. When asked the potential affects for not labeling multi dose medications and supplies with an open date and not discarding after the expiration date, V2 replied, An adverse effect can occur.</p> <p>Facility policy titled, Medication Administration Policy, dated ,d+[DATE], documents, in part, . multi-dose vials . shall be labeled by the nurse who prepared the drug with the following: . open date . Expiration date .</p> <p>Facility policy titled, Storage of Medications, dated [DATE], documents, in part, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications . Certain medications or package types, such as . multiple dose injectable vials, . blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency.</p>

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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview, and record review the facility failed to ensure the container of the multi blood glucose test strips were labeled with the open date. These failures have the potential to affect 4 residents (R4, R34, R60 and R80) who receive blood glucose monitoring tests on the third floor.</p> <p>Findings include:</p> <p>Facility presented document titled, Diabetic List, undated, that documents 4 residents (R4, R34, R60 and R80) that receive blood glucose monitoring using multi blood glucose test strips.</p> <p>On [DATE] at 10:35am, with V16 (Registered Nurse/RN), during observation of the medication cart on the 3rd floor, an opened container of the multi blood glucose test strips with no open date labeled was observed in the medication cart. When asked if there should be an open date on the container of the multi blood glucose test strips, V16 stated, I (V16) think the open date is in a binder at the nurse's station. V16 and surveyor went to the nurse's station and V16 was unable to locate a binder with the open date for the multi blood glucose strips container. V16 said, This is my first day, shouldn't you (surveyor) be auditing other staff. When asked the purpose of labeling multi blood glucose strips containers, V16 replied, Because they expire after a certain amount days once opened. I (V16) have to check how long. If they're (glucose strips) expired the reading may not be right.</p> <p>On [DATE] at 12:54pm, V2 (Assistant Director of Nursing) said, I (V2) need to look at the policy for the details on multi dose medications and supplies. They (multi dose medications and supplies) need to be dated once opened. Certain things expire within 30 days or so of the date it was opened. When asked the potential affects for not labeling multi dose medications and supplies with an open date and not discarding after the expiration date, V2 replied, An adverse effect can occur.</p> <p>The insert in the multi blood glucose test strips titled, (Company Name) Test Strips, revised date ,d+[DATE], documents, in part, IMPORTANT: Please read this insert and your (Company Name) User Instructor Manual before testing . When you first open the vial, write the date on the vial label. Use the test strips within 3 months of first opening the vial . Results that fall outside the range may be caused by: . The test strip vial was open for more than 3 months .</p> <p>Facility policy titled, Storage of Medications, dated [DATE], documents, in part, Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only by licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications . Certain medications or package types, such as . multiple dose injectable vials, . blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observation, interview, and record review the facility failed to discard expired foods, failed to ensure the freezers/refrigerators was monitored and maintained at the appropriate safe temperatures, failed to ensure an accurate documentation on the dishwasher temperatures log, failed to ensure the dishwasher was working properly. These failures affected all residents in the facility receiving an oral diet from dietary services.</p> <p>Findings include:</p> <p>On [DATE] at 9:29 am, during the initial tour of the kitchen observed a stand-up freezer with no thermometer inside of the freezer. Observed a second freezer with a thermometer gauge inside the freezer reading 37 degrees Fahrenheit. Food items inside of the freezer not frozen were French fries, garlic bread, and fish patties. In a stand-up refrigerator there were 3 pales of cottage cheese with a use by date of [DATE]. A walk-in refrigerator outside gauge was not working and the inside thermometer read 43 degrees Fahrenheit, which also had a pale of cottage cheese with a use by date of [DATE]. V20 (Dietary Aide) was washing dishes in the dish washer machine. Surveyor requested a test strip to be ran and the test strip that was ran came back grey which indicated 10 ppm (parts per million) for sanitation. V20 ran three more strips, that all came back the color grey 10 ppm. V20 stated, I don't know why it's doing this. It's not working.</p> <p>On [DATE] at 9:45 am, V19 Dietary Manager stated that the freezer never had a thermometer inside we go by the thermometer outside. V19 asked the surveyor should there be a thermometer inside of the freezer? V19 stated that the stand-up freezer temperature should be in the negative range and the refrigerator temperatures should be 39 degrees or below. V19 saw the expired cottage cheese and said, This should not be in here. All expired foods should have been discarded. the gauge on the walk-in fridge has not worked since I been working in the facility. The dishwasher machine is not working, and I will call to have someone come out to service the machine. When the dishwasher machine does not work, we have to use paper and plastic for utensils and plates. Surveyor inquired to V19 about the dishwasher log missing data on daily checks. V19 stated, I had been off and don't know why it was not completed. The staff know they are to complete the log.</p> <p>Facility's ([DATE]) client list report for active diets in the facility documents 127 residents who receive oral diets. On [DATE] V1 Administrator stated residents who receives oral diet in the facility is 124.</p> <p>Facility's Dish Machine log for wash and rinse temperatures were reviewed with missing documentation on [DATE] for breakfast and lunch, [DATE] for dinner, [DATE] for dinner, [DATE] lunch, and [DATE] for dinner, [DATE] for dinner.</p> <p>On [DATE] at 11:40 am, V19 gave the surveyor a service report dated [DATE] for the dishwasher machine being serviced. The serviced report documented in part, replace sanitizer squeeze tube. Sanitizing at 50 ppm, turned up to 100 ppm.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Kenwood Vlge Nrsg and Rhb Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 4505 South Drexel Chicago, IL 60653	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility's policy titled Refrigerator and Freezer Temperatures documents in part, Procedures: 1. Dining services will be responsible for taking temperatures on all kitchen and nourishment room refrigerators and freezers, and recording temperatures on the temperature report logs daily during each shift. 2. Each refrigerator and freezer unit in the main kitchen is checked at department opening and before any food product is used for the day. The employee ensures that all cold storage units are 41 degrees Fahrenheit or below for refrigeration or 0 degrees Fahrenheit or below for freezers.</p> <p>Facility's policy titled Labeling and Dating Foods documents in part, Refrigerator stores: Potentially hazardous foods that contain a sell by date, use by date or expiration date such as cottage cheese, milk, soft cheese, noncured deli meats, egg products will be labeled with the date it is opened and with a discard date of Best Used By or Expiration Date or Use By Date or recommended maximum storage whichever is first.</p> <p>Facility's policy titled Dishwashing Machine Operation documents in part, Guidelines: The Dining service staff shall maintain the operation of the dishwashing machine according to established procedure and manufacturer guidelines posted or contained in this guideline to ensure effective cleaning and sanitizing of all tableware and equipment used in the preparation and service of food. Procedure: 2. If a chemical sanitizer is used, check the concentration using the correct test tape for the type of sanitizer in use. If not at the correct hot water temperature or the proper chemical sanitizing concentration, do not proceed to wash dishes .</p> <p>Facility's job description titled Dietary Aide documents in part, Summary: The Dietary Aide is responsible for providing assistance in all food functions as directed/instructed and in accordance with established food policies and procedures. Essential Duties and Responsibilities: Ensure that the department is maintained in a clean and safe manner by assuring that necessary equipment and supplies are maintained. Dietary Aide must also ensure the facility's standards on infection control precautions are being followed when performing daily tasks.</p> <p>Facility's job description title Dietary Manager documents in part, Summary: The primary purpose of the Dietary Manager is to assist the Dietitian in planning, organizing, developing and directing the overall operation of the Dietary Department in accordance with current federal, state, and local standards, guidelines and regulation governing and facility, and as may be directed by the administrator, to assure the quality nutritional services are provided on a daily basis and that the Dietary Department is maintained in a clean safe and sanitary manner. Review and check competence of dietary personal .</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45346</p> <p>Based on observation, interview and record review, the facility failed to properly log refrigerator temperatures for 2 residents' (R7 and R16) with personal refrigerators in their rooms. This failure has the potential to affect all 58 residents in the sample.</p> <p>Findings include:</p> <p>On 01/27/2025 10:20am observed a black and gray colored personal refrigerator sitting on the floor in R7's room. Observed the January 2025 personal refrigerator temperature log, which was located on a dresser, laying underneath the television. Observed missing documentation of a temperature for the following days: 1/14/25, 1/15/25, 1/16/25, 1/17/25, 1/18/25, 1/20/25, 1/21/25, 1/22/25, 1/23/25, 1/24/25, 1/25/25, and 1/26/25. Observed the inside of R7's personal refrigerator, the thermometer reading was 40 degrees Fahrenheit, the refrigerator contained food items.</p> <p>On 1/29/2025 at 12:52pm V2(ADON/Assistant Director of Nursing) stated anybody who goes into the resident's room can check the temperature in a resident's personal refrigerator. V2 stated the temperatures in resident's personal refrigerators must be checked daily. V2 stated this is done to make sure the refrigerator is operating properly, and the resident's food does not spoil. V2 stated the resident could have an upset stomach if the resident eats spoiled food.</p> <p>Reviewed the Daily Refrigerator Check log which documents in part, 11-7 nurse will check refrigerator temperature daily at start of shift.</p> <p>On 1/29/2025 reviewed the facility's undated policy titled Refrigerator in Resident's room [ROOM NUMBER]. Check and monitor internal temperatures. Refrigerator's temperature should be 41 degrees F(Fahrenheit) or below, freezer's temperature should be 0 degrees F(Fahrenheit) or below. Report immediately if temperature is not within acceptable range.</p> <p>49572</p> <p>Surveyor observed R16's Daily Refrigerator Check, dated January 2025, with missing initials and temperature checks on 1/15/25, 1/25/25, 1/25/25 and 1/26/25.</p> <p>On 1/27/25 at 10:20am, R16 said, The staff clean my fridge. I (R16) wouldn't say they (staff) check it (refrigerator) every day, but they (staff) check it often.</p> <p>R16's Face Sheet documents, diagnosis that include but not are not limited to depression, obesity, chronic kidney disease and atrial fibrillation.</p> <p>R16's Brief Interview for Mental Status (BIMS) score, dated 1/09/25, documents a score of 15 which indicates that R16 is cognitively intact.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51772</p> <p>Based on observation and record review facility failed to 1. ensure proper hand hygiene in between resident care when passing meal trays; 2. [NAME] Personal Protective Equipment when providing care to residents on Contact Precautions; 3. Failed to ensure Personal Protective Equipment and garbage cans are available and accessible and failed to prevent the urinary catheter drainage bag from touching the floor. These failures affected 8 residents (R6, R27, R36, R58, R77, R88, R95, R106) in a sample of 58 residents reviewed.</p> <p>Findings Include:</p> <p>R27 has a medical diagnosis of but not limited to Enterocolitis due to Clostridium difficile, Essential (primary) hypertension, Anemi, Iron, Hypothyroidism, Weakness, Peripheral Vascular Disease, Unspecified Dementia,</p> <p>The Minimum Data Set (MDS) dated [DATE] shows R27's cognition is impaired, with a seven out of fifteen points required on the Brief Interview for Mental Status (BIMS).</p> <p>R27 Physician Order Sheet documents Strict Contact Isolation related to Clostridium-Difficile: all services will be provided in the room.</p> <p>R58 has a medical diagnosis of but not limited to Osteomyelitis, lower leg-Right Lower Extremity, Gangrene, not classified-Left Pinky/Right second finger, Hypertension, Type 2 Diabetes Mellitus, and Chronic Kidney Disease.</p> <p>The Minimum Data Set (MDS) dated [DATE] shows R58's cognition is coherent, with a fourteen out of fifteen points required on the Brief Interview for Mental Status (BIMS).</p> <p>R58's Physician Order Sheet documents Isolation Type: Contact Isolation for Methicillin-resistant Staphylococcus aureus (MRSA) of the Wound.</p> <p>On 01/27/25 at 12:26 PM, V5, Agency Certified Nursing Assistant (CNA), was observed passing meal trays to R112 and then proceeded to deliver meal trays to the room of R95 without performing hand hygiene.</p> <p>On 01/27/25 at 12:29pm, V5, Agency CNA, then entered R95's room without donning gowns and gloves nor performing hand hygiene. V5 then proceeded to the next room and delivered meal tray to R27. The rooms of R27 and R58 have contact precautions signs on their doors.</p> <p>On 01/27/25 at 12:35 PM V5, Agency CNA was observed passing meal trays to R88's room. V5, Agency CNA was observed moving mattress pads away from the floor by R88's bed without use of gloves. V5 exited the room without washing her hands and proceeded to deliver meal tray to R88.</p> <p>On 01/27/25 at 12:26pm, V5, Agency CNA, then entered R95's room without donning gowns and gloves nor performing hand hygiene. V5 then proceeded to the next room and delivered meal tray to R27. The rooms of R27 and R58 have contact precautions signs on their doors.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 01/27/2025 at 1:43pm observed Personal Protective Equipment (PPE) bins outside of R27 and R58's rooms without PPE supplies including disposable gloves, surgical masks, biohazard garbage bags. Also, there were no garbage bins to dispose of used PPE when exiting the rooms inside R27 and R58's rooms.</p> <p>On 1/29/2025 at 2:13 pm, V3, Infection Preventionist (IP) stated when passing meal trays to residents on contact precautions, staff should practice hand hygiene by washing their hands before and after care and should don a gown and gloves between residents on contact isolation. V3, (IP) stated PPE is doffed and discarded in garbage bins lined with red bags before exiting the resident's room. V3, IP stated that PPE from resident's rooms on transmission-based precautions such as contact, or droplet is discarded in red biohazard trash bins. V3, (IP) stated that the reason R58's room didn't have a red biohazard bin is because staff did not move the garbage bin with R58 when his room was changed recently.</p> <p>Record review of Infection Control Policy undated documents the facility maintains protocols and preventions to prevent transmission of infectious agents using two tiers of precautions:</p> <ul style="list-style-type: none"> a. Standard Precaution b. Transmission Based Precautions <ul style="list-style-type: none"> i. Contact Precautions ii. Droplet Precaution iii. Combination of Precautions iv. Facility does not have the capacity to maintain Airborne Precautions <p>The facility provides personnel protective equipment (PPE) which refer to barriers used alone or in combination to protect mucous membranes, airways, skin, and clothing from contact with infectious agents. PPE used is based upon the nature of the interaction with the resident and/or the likely mode of transmission. During times when PPE is not sufficient in supply the facility will utilize CDC guidance for Optimizing PPE. Types of PPE include:</p> <ul style="list-style-type: none"> a. gloves b. gowns c. masks d. Eye Protection Goggles and /or Face Shields. <p>Hand Hygiene is utilized to reduce the spread of germs to residents and the risk of the Health Care Provider's colonization of infection by germs acquired from a resident. The facility utilizes hand hygiene via handwashing and alcohol-based hand sanitizers.</p> <p>Record Review of facilities Handwashing/Hand Hygiene Policy documents the following.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility staff should perform handwashing using antimicrobial or non-antimicrobial soap under the following conditions:</p> <p>A. When hands are visibly soiled (e.g., blood, body fluids)</p> <p>B. After known or suspected exposure of Clostridium Difficile or Norovirus during an outbreak. (ABHR is not appropriate to use under these circumstances).</p> <p>C. Blowing your nose, coughing, or sneezing.</p> <p>D. Before eating.</p> <p>E. After using the restroom.</p> <p>F. If exposure to Bacillus Anthracis is suspected or proven.</p> <p>41611</p> <p>R6 has a diagnosis of but not limited to Malignant Neoplasm of Prostate, Type 2 Diabetes Mellitus, Schizoaffective Disorder and Bipolar Disorder.</p> <p>R6 has a Brief Interview of Mental Status Score of 7, which indicates that R6 has impaired cognition.</p> <p>R6's Physician Order Report for 12/29/2024-01/29/2025 documents, in part, Enhance Barrier Precautions related to Indwelling Foley Catheter.</p> <p>On 1/27/2025 at 11:58am surveyor observed R6, R36 and R77 door with an Enhanced Barrier Precaution sign on it but there was no PPE (Personal Protective Equipment) bin outside of the door.</p> <p>On 1/27/2025 at 12:13pm V7 (Licensed Practical Nurse) stated PPE bins should be on the outside of the resident's room if they are on Enhanced Barrier Precautions.</p> <p>On 1/29/2025 at 11:22am surveyor observed R6, R36 and R77 door with an Enhanced Barrier Precaution sign on it but there was no PPE (Personal Protective Equipment) bin outside of the door.</p> <p>On 1/29/2025 at 11:23am V29 (Agency Registered Nurse) stated there should be PPE bins with gowns, gloves and mask in them and the purpose in donning PPE is to protect the resident and yourself to prevent infection control issues.</p> <p>On 1/29/2025 at 1:15pm V2 (Assistant Director of Nursing) stated PPE bins should be at least in between resident's rooms and accessible to staff and visitors.</p> <p>45346</p> <p>On 1/27/2025 at 11:15am observed R106 sitting in the 3rd floor hallway in wheelchair with urinary catheter drainage bag underneath the wheelchair laying on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/27/2025 at 11:17am observed housekeeping staff person pushing R106 in the wheelchair down the middle of the 3rd floor hallway into the 3rd floor dining room; the urinary catheter drainage bag was dragging the floor.</p> <p>On 1/27/2025 at 11:24am V9(CNA/Certified Nursing Assistant) stated the urinary catheter drainage bag should not be touching the floor. Observed V9 place gloves on her(V9) hands and hang the urinary catheter drainage bag on the left side of R106's wheelchair, below R106's waist.</p> <p>On 1/29/2025 at 12:53pm V2(ADON/Assistant Director of Nursing) stated the urinary catheter drainage bag for a resident in a wheelchair should be located below the waist of the resident. V2 stated the urinary drainage bag should not be located on the floor underneath the resident's wheelchair. V2 stated the urinary drainage bag being on the floor and dragging on the floor is an infection control issue.</p> <p>On 1/29/2025 reviewed the facility's policy dated 2001 Med-pass Inc. Revised September 2005, titled Catheter Care, Urinary, which documents in part, 11. Be sure the catheter tubing and drainage bag are kept off the floor.</p> <p>R106's diagnosis includes, but are not limited to, presence of urogenital implants, Osteomyelitis, unspecified, Extended spectrum beta lactamase (ESBL) resistance, Urinary tract infection, Paraplegia, complete, and Major depressive disorder, recurrent, unspecified.</p> <p>R106 has a Brief Interview for Mental Status (BIMS) dated 01/07/2025 which documents R106 has a BIMS score of 07, indicating R106's cognition is severely impaired.</p> <p>Reviewed R106's Physician Order Report: 12/29/2024-01/29/2025 which documents in part, Catheter: change urinary drainage bag as needed.</p> <p>Reviewed R106's Care Plan which documents in part, Problem: R106 requires a suprapubic catheter related to neurogenic bladder. Goal: R106 will have suprapubic catheter care managed appropriately as evidenced by not exhibiting obstruction, signs of infection, dislodgement of catheter, bowel perforation, or trauma secondary to catheter manipulation. Approach: Do not allow tubing or any part of the drainage system to touch the floor.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51772</p> <p>Based on interview and record review, the facility failed to ensure that residents received the education addressing the benefits and risk or had the opportunity to receive the Influenza and Pneumonia vaccines. This failure affected three residents (R50,58, R119) out of five residents reviewed for immunizations.</p> <p>Findings include:</p> <p>On 1/29/2025 at 1:45pm, R50 stated the facility did not offer the Pneumococcal vaccine to R50, nor did the facility provide R50 with education on the benefits or risk of the vaccine.</p> <p>The Minimum Data Set (MDS) dated [DATE] shows R50's cognition was intact with a twelve out of fifteen points required on the Brief Interview for Mental Status (BIMS).</p> <p>On 1/29/2025 at 1:00 pm, V3 (Infection Preventionist) was interviewed and stated that R50 was offered the Pneumococcal vaccine and declined to have the vaccine administered. A copy of the Informed Consent was requested and V3 stated that there was no copy of informed consent available. The Informed Consent for Vaccination explains the risks and benefits of the Influenza and Pneumococcal Vaccines and asks whether the resident agrees or declines the vaccines. Review of R50's medical records excludes any informed consent nor any education was provided to R50 regarding Pneumococcal vaccine.</p> <p>In Review of R58's medical records, it did not display that any Informed Consents were available in chart, or any education was provided to R58 regarding Influenza vaccine.</p> <p>On 1/29/2025 at 1:00 pm V3 stated that she received verbal declination from R58 but could not provide a copy of the informed consent form.</p> <p>On 1/29/2025 at 1:45pm, R119 stated the facility did not offer the Pneumococcal or Influenza vaccine to R119, nor did the facility provide R119 with the benefits or risk of the vaccine. R119 stated that he does want to receive both vaccines.</p> <p>The Minimum Data Set (MDS) dated [DATE] shows R119's cognition is with some impairment, with a ten out of fifteen points required on the Brief Interview for Mental Status (BIMS).</p> <p>Facility's undated (was there a date?) policy titled 'Influenza and Pneumococcal Immunizations' documents in part:</p> <p>Each resident, or when appropriate their resident representative, will be educated regarding the benefits and potential side effects of both Influenza and Pneumococcal immunizations and will be provided the opportunity to accept or refuse them.</p> <p>The facility will document both the education provided and the resident's decision, or when appropriate that of the resident representative, to accept or refuse the offered immunizations that will be maintained in the resident's clinical record.</p> <p>(continued on next page)</p>

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility will assure that an on-going process exists to educate and provide new residents or their representatives with the opportunity to accept or refuse both the Pneumococcal and Influenza immunizations.</p> <p>The facility will maintain additional documentation for those residents accepting offered immunizations including:</p> <p>Date(s) the immunizations were provided:</p> <p>Vaccine agent type(s)</p> <p>Vial Lot Number</p> <p>Injection site (s)</p> <p>Post-vaccination monitoring of adverse effects</p>

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>49572</p> <p>Based on observation, interview, and record review, the facility failed to ensure the handrail was firmly secured to the wall. This failure has the potential to affect all 51 residents on the second floor.</p> <p>Findings include:</p> <p>The (1/27/25) census includes 51 (2nd floor) residents.</p> <p>On 1/27/25 at 10:42am, surveyor observed the handrail on the second floor was cracked and not securely fixed to the wall. Surveyor inquired about the handrail to V17 (Licensed Practical Nurse/LPN/Restorative Nurse) and V17 replied Oh yeah, there's a crack in it.</p> <p>On 1/29/25 at 11:06am, surveyor pointed out the cracked, unsecured handrail on the second floor to V4 (Maintenance Director). V4 grabbed the one corner of the handrail where the crack was the hand corner of the handrail cracked off. V4 said, I (V4) will get this fixed right away. I (V4) was not aware of this.</p> <p>On 1/29/25 at 12:40pm, V4 (Maintenance Director) said, The handrail and hand corner have been replaced.</p> <p>On 1/29/25 at 12:54pm, V2 (Assistant Director of Nursing) said, The handrails are used for residents when they walk. The handrails should be secured. If they (handrails) are not secured, and if weight is put on it (handrail), it can cause a fall.</p> <p>Facility policy titled, Resident Rights Guidelines, undated, documents, in part, . All residents have the right to equal access to quality care regardless of a diagnosis, severity of a condition, or payment source . the right to a safe, clean comfortable and homelike environment that allows independence as possible . the right to reside and receive services in the facility with reasonable accommodation of resident needs .review, develop and/or implement reasonable accommodation of resident needs .</p> <p>Facility's job description titled, Maintenance Director, revised date 10/11/2019, documents, in part, . Repair facility/resident property as necessary .</p> <p>Facility's job description titled, Maintenance Assistant, undated, documents, in part, . help ensure the facility environment, grounds and equipment is maintained in good, safe operating order .</p>