

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145829	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/20/2024
NAME OF PROVIDER OR SUPPLIER  Kensington Place Nrsg & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  3405 South Michigan Avenue Chicago, IL 60616	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44103</p> <p>Based on interviews and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for one (R1) resident out of five residents reviewed for abuse in a sample of five.</p> <p>Findings Include:</p> <p>The facility's incident final report shows incident date of 4/15/24 with description of occurrence that reads in part: On 4/15/2024 at approximately 6:25PM, staff observed (R1) hit (R2) unprovoked in facial area with chair. Staff immediately intervened and separated both residents. (R2) was assessed by NOD [Nurse on Duty], with injury noted.</p> <p>R1's progress notes written by V5 (Licensed Practical Nurse/LPN) dated 4/15/24 at 5:14 PM documents in part that during dinner time V5 was informed that R1 had thrown a chair at another resident, hitting the resident in the lower eye causing laceration with light bleeding.</p> <p>R2's progress notes written by V12 (Registered Nurse/RN) dated 4/15/24 at 5:23 PM documents that R2 was hit in the face with a chair unprovoked by another resident and sustained a small open area to right eye. R2's progress notes on 4/15/24 at 9:15 PM shows R2 was sent to acute hospital. R2' progress notes on 4/16/24 at 2:14 AM written by V8 (LPN) documents that R2 returned to the facility from acute hospital and noted with a small scratch and discoloration at R2's right side of right eye.</p> <p>R5's witness statement dated 4/16/24 at 1:30 PM documents that R5 was sitting in the hallway when R5 observed R1 walk into the dayroom, sat down, and suddenly got up and threw a chair towards R2.</p> <p>V11's (Certified Nursing Assistant/CNA) witness statement dated 4/22/24 at 4:15 PM documents V11 was walking down the hallway when V11 saw the chair on the floor. V11 rushed to the dining room and saw R1 looking at R2. V11 intervened and removed R1 from the dining room.</p> <p>R2's hospital records dated 4/15/24 shows R2 was seen in the hospital for eye trauma.</p> <p>(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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(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>R1's clinical records show R1 was discharged on [DATE]. R1's Minimum Data Set (MDS) dated [DATE] shows R1 has memory problem, is moderately impaired with decision making, and walks with no assistive device. R1's comprehensive care plan last reviewed on 4/16/24 shows R1 displays aggressive behaviors towards peers and staff in which often results in psychiatric hospitalization s. R1's care plan also shows R1 is an Identified Offender with history of qualifying convictions of domestic battery/bodily harm (6/03/2002), criminal trespass to land (11/22/2004), assault (7/24/2001), and attempted murder (6/09/1993).</p> <p>On 5/19/24 at 8:30 AM, interviewed V5 about R1 and R2's altercations on 4/15/24. V5 stated that V5 was starting medication pass at the nurses' station and heard R2 yell that R1 hit R2. When V5 turned, V5 saw R1 standing by R2. R2 was sitting on R2's wheelchair. R1 was not holding a chair. V5 stated that according to R2, R1 had hit R2 but could not explain further what happen. V5 stated R2 was assessed with a laceration on R2's right upper eyebrow and was sent to the hospital.</p> <p>On 5/19/24 at 9:00 AM, interviewed R2 about the incident that happened on 4/15/24 with R1. R2's Minimum Data Set (MDS) dated [DATE] shows R2 has memory problems. R2 has slurred speech and difficulty making himself understood. R2 stated that a couple of months ago (R2 does not remember the exact date), R1 hit R2 with a chair somewhere on R2's face. R2 stated that R2 was not hurt, and the staff separated R1 from R2.</p> <p>On 5/19/24 at 11:06 AM, interviewed R5 about what R5 witnessed on 4/15/24 between R1 and R2's altercation in the 3rd floor dining room. R5's MDS dated [DATE] shows R5 is cognitively intact and walks with a rolling walker. R5 stated that the incident happened last month around 3:00 or 4:00 pm in the dining room. R5 stated that R5 was in the hallway by the dining room. R5 stated that R5 saw R1 walk in the dining room, pull a chair and hit R2 in the face. R2 screamed and then V5 came. R5 stated that R2 had a cut in R2's face.</p> <p>The facility's Abuse Prevention Program-Policy with no date reads in part:</p> <p>Residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment.</p> <p>Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is also willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident.</p>		