

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 06/17/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on observation, interview and record review, the facility failed to (a) ensure incontinence care is provided in a timely manner for one (R1) resident who needed assistance with toileting; and (b) provide a shower as scheduled for one (R1) resident who needed assistance with shower / bathe. These failures affected one (R1) of three residents reviewed for improper nursing care.</p> <p>The findings include:</p> <p>R1's health record documented diagnoses not limited to Spinal stenosis, cervical region, Hypertensive heart disease without heart failure, Other specified anemia, Nontoxic multinodular goiter, Carpal tunnel syndrome left upper limb, Type 2 diabetes mellitus with other specified complication, Celiac artery compression syndrome, Other specific joint derangements of right hip, Primary generalized (osteo)arthritis, Other neuromuscular dysfunction of bladder, Overactive bladder, Unspecified lump in the right breast, Personal history of other venous thrombosis and embolism, Pain in leg.</p> <p>On 6/16/24 at 10:45am Observed R1 lying on bed, on moderate high back rest. Alert and oriented x 3, verbally responsive, with air mattress in place mm. Stated she is incontinent of bowel and bladder, uses incontinence brief and needed to be changed at this time. Stated she had informed staff that she needed to be changed. R1 said she was never changed yet for this morning shift. She said incontinence care has never been done every 2 hours. R1 stated she is always waiting for more than 2 hours to be changed.</p> <p>At 11:01am Requested V4 (Certified Nursing Assistant / CNA) in R1's room. Incontinence care observation conducted with V4. Observed incontinence brief soiled with urine. R1 observed with bowel movement and had another incontinence episode with urine while in the process of V4 doing incontinence care. V4 completed incontinence care and stated this is the first time R1 had been changed for this shift.</p> <p>At 11:17am R1 stated if she is requesting for bed pan to urinate and for bowel movement, staff would respond to her to go in her incontinence brief. R1 stated she felt that she was wet between 5am-6am this morning. Stated when she got done with breakfast, she told assigned CNA that she needed to be changed. R1 said a shower has not been given to her for a long time and couldn't remember the last time she had shower, maybe more than couple weeks ago or even a month. Stated she just came back recently from another facility and never had a shower since then.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 11:35am Surveyor reviewed shower binder with V4 (CNA), V5 (CNA) and V6 (Licensed Practical Nurse / LPN), stated R1 is scheduled for shower every Monday and Thursday 11-7 shift. V6 said R1 was recently admitted on [DATE] after discharging to another nursing facility. V4, V5 and V6 said they are unable to find shower sheet on 6/13/24 (Thursday) that shower was provided to R1 as scheduled.</p> <p>At 1:48am V3 (Director of Nursing / DON) said has been working in the facility for [AGE] years. She said staff is expected to do rounding at least every 2 hours and as needed that would include incontinence care. She said Incontinence care should be done timely or promptly to prevent skin breakdown, irritation. V3 said showers are to be given as scheduled 2 times per week and as needed for hygiene, dignity, and infection control. She said staff is expected to complete the shower sheet once shower is provided, inform nurse and document if resident is refusing for shower. V3 stated standard nursing practice if not documented, care was not provided or given.</p> <p>MDS (Minimum Data Set) dated 05/28/2024 showed R1 cognition was moderately impaired. She needed Substantial/maximal assistance with eating, oral hygiene, shower / bathe self, upper body dressing; Dependent with toileting and personal hygiene, lower body dressing, chair / bed transfer. MDS showed R1 was always incontinent of bowel and bladder.</p> <p>V3 provided R1's bath schedule and stated that on 6/13/24 shower / bath was not signed that it was provided. No documentation in R1's progress notes that R1 refused for shower / bath.</p> <p>Facility's incontinence care policy (undated) documented in part: Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown. Incontinent residents are changed every 2 hours and more frequently if needed.</p> <p>Facility's bath / shower policy dated 2/2024 documented in part: To be completed for all residents at least twice weekly based on facility bathing schedule. Shower / bathing and hair wash schedule may be increased based on resident request or needs. During bath / shower, if the CNA, notes any new skin issues they will document in the shower sheets. Shower sheets will be completed.</p>		