

| | | | |
|---|--|--|--|
| 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 09/16/2024 |
| 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 0914</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Provide bedrooms that don't allow residents to see each other when privacy is needed.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents have privacy curtains which extend around the bed. This failure affected seven residents (R21, R22, R23, R24, R25, R26, and R27) reviewed for residents' privacy.</p> <p>Findings include:</p> <p>On 09/10/24 between 11:10 am and 11:30am on the second and third floors, the Surveyor observed R21, R22, R23, R24, R25, R26, and R27 with missing privacy curtains.</p> <p>On 09/11/24 at 11:00 am on the second floor, all of the residents' privacy curtains were still missing and the surveyor called V18(RN/Registered Nurse) and showed V18 the missing privacy curtains for R21, R22, R23, R24 and R25. V18 stated that she would ask housekeeping because they sometimes take the curtains for washing.</p> <p>On 9/11/24 at 11:25am on the third floor, the privacy curtains of R26 and R27 were also still missing, and the surveyor called the attention of V19(CNA/Certified Nurse Assistant). V19 stated that she(V19) would ask the Housekeeper.</p> <p>On 9/11/24 at 11:03am, the Surveyor interviewed V21 (Housekeeping Supervisor). V21 stated We have no privacy curtains in the laundry room and none in the housekeeping office. We're still waiting for when Administration will order new curtains. They are aware that some residents need the curtains.</p> <p>On 09/11/24 at 11:30 am, V11 (Maintenance Supervisor) stated I can put up the privacy curtains when they are available.</p> <p>The facility's document titled Residents Rights documents, in part: your rights so privacy and confidentiality: you have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private. Facility staff must respect your privacy when you are being examined or given care. Facility staff must knock before entering your room.</p> <p>The facility's policy titled Quality of Life - Dignity with revision date August 2009 states: each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. #10 states: Staff shall promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures.</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|
|---|-------|-----------|

| | | | |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145829 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/16/2024 |
| 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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>32338</p> <p>Based on observation, interview, and record review, the facility failed to have a functioning call light in the community shower rooms on the second floor and third floor of the facility. This failure has the potential to affect all 38 residents on the second and all 48 residents on the third floor.</p> <p>Findings include:</p> <p>On 9/10/24 at 10:30am after the entrance conference, V2(Assistant Administrator) presented the residents census as follows: Second Floor - 38 residents and Third Floor - 48 residents.</p> <p>On 09/10/24 between 11:10 am and 11:50am on the second and third floors, the Surveyor observed that the call lights by the toilet in both community shower rooms were not functional.</p> <p>On 09/11/24 at 11:25 am on the second floor with V16((CNA/Certified Nurse Assistant), the call light in the second-floor community shower room was still not working when it is pulled. V16 pulled it again and V16 stated It's not lighting up or making any sound, I will let them know.</p> <p>On 9/11/24 at 11:45am on the third floor with V19(CNA), the surveyor observed that the call light by the toilet in the community shower room was still not functional. V19 pulled the call light and stated, I will call Maintenance.</p> <p>On 09/11/24 at 11:30 am, V11(Maintenance Supervisor) stated I check the maintenance logbook every morning and no one informed me that call lights were not working. I will fix the lights.</p> <p>On 9/11/24 at 11:45am, the surveyor inquired from V20(LPN/Licensed Practical Nurse) for how long the light has been broken and why nursing staff did not write it in the maintenance log and the importance of call light in the community shower room. V20 stated Shower room Call lights should be working because residents go in there, and we would not know if they needed help if they pull the call light and it didn't work. I will call maintenance now. The surveyor and V20 looked through the maintenance logbook and there was no record of call light malfunction that needed to be fixed.</p> <p>Facility's policy on call lights dated 05/17 states in part: Objective - To respond to residents' requests and needs. Equipment - Functioning call light. #8 states: If call light is defective, report immediately to maintenance.</p> |

| | | | |
|--|---|--|--|
| 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 09/16/2024 |
| 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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>02569</p> <p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>Based on observation , interview and record review the facility fails to maintain an effective pest control program so that the facility is free of insect pests in 1 of 4 facility levels in one residents room.</p> <p>Findings include:</p> <p>On 9/10/24 at 11 AM R17's room was observed with an active infestation of fruit flies. A 5x5 inch hole was observed at the floor wall junction next to the toilet room entrance. 100 plus fruit flies were observed originating from the hole. Fruit flies were observed on all wall surfaces and ceiling. R17 was sitting on his bed. Fruit flies were observed on R17's face and arms.</p> <p>On 9/10/24 at 11:05AM R17 stated yes the fruit flies are bad in this room. They are coming from the hole in the wall. There was a water leak from that hole. It has been like this for a couple weeks.</p> <p>On 9/11/24 at 10AM V11 (Maintenance Supervisor) stated R17 has a behavior of clogging up the toilet and hand sink in the bathroom. The water overflows and floods the room and rooms below all the way to the basement. The hole in wall is from water damage and the fruit fly infestation is coming from inside the wall.</p> <p>Facility policy titled Guideline for Pest Control Effective date 11/1/23 states:</p> <p>Purpose : The facility maintains an effective pest control program to remain free of pests and rodents. Facility wide pest control program to remain free of pests and rodents. Facility wide pest control strategies are developed emphasizing kitchens, dining rooms, laundries, central supply, garbage storage areas, and other areas prone to pest infestations.</p> | | |