

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 11/24/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>45110</p> <p>Based on interviews and record reviews the facility failed to follow their Nursing Service Policy to identify and assess a resident's needs, musculoskeletal status, need for assistive devices, and safety needs for one (R1) of three residents reviewed for accidents.</p> <p>Findings include:</p> <p>R1's clinical record indicates the following: R1 is a seventy-eight-year-old admitted with medical diagnosis of chronic gout, multiple sites, liver cancer, limitation of activities due to disability, reduced mobility, muscle wasting and atrophy, lack of coordination, abnormal gait and mobility, chronic viral hepatitis C, primary osteoarthritis right ankle and foot, spinal stenosis, hypertensive heart disease, and carcinoma of liver gallbladder and bile ducts.</p> <p>R1's Minimum Data Set [MDS] Brief Interview for Mental Status score is 15, which indicates R1 is cognitively intact, alert and oriented x3 and able to make his needs known. MDS section GG indicates R1 uses a wheelchair and is unable to walk alone, and is unable to wheel the wheelchair 150 feet, due to medical conditions and safety concerns.</p> <p>R1's Care Plan indicates in part: R1 has activity intolerance related to limitation of activities due to disability, and reduced mobility. Interventions: Provide adaptive equipment, observe for safe and proper use of assistive devices.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/23/24 at 9:02 AM, R1 stated, I do not remember every detail, I went out to my medial appointment and (V6 [R1's Family Member]) met me there. (V5 [Certified Nurse Assistant]) had a hard time pushing me around because I did not have on any footrest on my wheelchair. When I am in the nursing facility, I can sometimes move my feet to help me get around, for short distance. On the way into my appointment, the door opened for us to enter. (V5) told me to hold up my feet so she could push me, but my feet kept falling, because I got tired, I have cancer and sometimes I feel weak. I did the best I could, when my legs gave out (V5) stopped pushing me and I rested for a few minutes. We stopped frequently off and on all the way to the clinic. Once we made it to the clinic that door did not open automatically. (V5) turned me backwards as she tried to hold the door open and pull me into the office as the same time. The door bumped into my legs, but I was okay. It was nothing we could do, I needed to see my doctor. After I saw the physician (V5) turned me backwards again to get me out the clinic door, and the door that time did not bump my leg, but it hit the wheelchair, I knew to move my legs out the way. (V5) kept pulling my wheelchair backwards all the way to the main door. I was not hurt, but I did not like being pulled the wrong way with my feet dragging the floor. I did not like the way my wheelchair was pulled. The facility knew about my appointment, and they should have placed footrest on my wheelchair. Now I have both footrest on my wheelchair.</p> <p>On 11/23/24 at 12:30 PM, V5 [Certified Nurse Assistant] stated, I was asked to escort (R1) to his medical appointment. (R1) got off the elevator ready to go. I did notice, (R1) did not have wheelchair footrest on his wheelchair, but I did not inquire about (R1)'s footrest, because I was told (R1) could walk. Transportation assisted (R1) onto the transportation vehicle. Transportation dropped (R1) and I off at the hospital door. (R1)'s appointment was in a clinic that was located inside hospital. As (R1) and was approaching the main door, (V6 [R1's Family Member]) met (R1) to attend his medical appointment. (R1) was holding up his legs as I was pushing him to the hospital, and (V6) started yelling at me that (R1) did not have any wheelchair footrest in place. While I was pushing (R1) he was holding his legs up. There were several times his feet fell on to the ground, and I stopped pushing giving (R1) time to rest. As we entered the hospital door, I pushed the handicap door button and the door opened. I was able to push (R1) into the main hospital door without any problems. Once we made it the medical clinic there was another door to enter, that door did not have a handicap button for the door to open automatically. I turned (R1) backwards in his wheelchair, while I opened the door and was holding the door open with my foot as I was pulling the wheelchair into the clinic reception area. Once I pulled (R1) into the room his legs and feet were the last to enter the clinic and the door bumped against his wheelchair and his legs. After (R1)'s appointment the nurse brought (R1) to the reception area. (V6) waited for (R1)'s paperwork, I proceeded to leave out the clinic headed to the transportation bus. I turned (R1) around backwards to exit the clinic door, and no one attempted to assist holding the door open. I held the door with my foot as I tried to get (R1) out the door. I was able to pull (R1) backwards out the door before it closed on his wheelchair, then the door slammed closed. (V6) ran over to the door screaming that the door hit (R1)'s feet. The receptionist came to the door, and she said (R1) was okay, and the door did not hit (R1)'s feet. (V6) started saying she was going to sue the facility and fight me; I could not believe how (V6) was screaming at me. Once (V6) said she wanted to fight me, I kept (R1) backwards and pulled him to the main door to exit the hospital as swift as I could to get away from (V6). The door bumped (R1)'s leg one time, I did not mean for that to happen. I pulled (R1)'s wheelchair backwards because that was the safest way to exit the hospital away from (V6).</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 - Few</p>	<p>On 11/23/24 at 1:33 PM, V2 [Director of Nursing] stated, On 11/15/24, I was not in the facility. I received a phone call from (V5), she said (R1)'s family member [V6] was cursing her out. (V5) told me she was pulling (R1) the wrong way backwards to get him in the door safely. During the entire time I could hear (V6) yelling and cursing at (V5). After the medical staff took (R1) back into the exam room, I instructed (V5) to wait in the reception area to distance herself from (V6), due to (V6) saying she was going to fight (V5). All residents that are being pushed needs to have on footrest on their wheelchair to prevent injury and for safety. If a resident in being pushed and their holding up their feet and the feet fall to the ground, it could potentially cause the resident to fall out the wheelchair or and cause an injury. If a staff member is pulling a resident backwards in a wheelchair without footrest, it could potentially cause an injury to the resident feet or legs.</p> <p>On 11/23/24 at 11:40 AM, V1 [Administrator] stated, On 11/15/24 (V6 [R1's Family Member]) came into the facility with concerns. (V6) said during (R1)'s medical appointment the facility's escort (V5) was behind (R1)'s wheelchair pulling him out of the door outside in the lobby when his leg hit the corner of the door. (V6) said she asked (V5) to stop pulling the wheelchair and (V5) started speaking to her [V6] in a rude manner, and (V5) and (V6) was having words back and forth to each other. (V6) showed me a letter from the medical clinic that indicated two medical staff members witnessed his leg hitting on the door. I read the letter and apologized to (V6) and (V7 [R1's Power of Attorney]) and told both family members I would investigate. (R1) said he did not like the way (V5) maneuvered his wheelchair. (R1) said his feet hit the door while entering the medical clinic and this was potentially a result of (V5) talking on the cell phone and having an earpiece on. (R1) also said he was not abused or injured and felt safe at the facility. Nursing staff completed a head-to-toe assessment and (R1) had no swelling, bruising, pain nor injury observed. During my investigation, I learned that (V5) was on her phone speaking to the (V2) regarding (V6) yelling at (V5) during R1's medical appointment. Also, R1's wheelchair did not have wheelchair leg rest that could have potentially contribute to R1's leg hitting the door.</p> <p>Policy document in part:</p> <p>Nursing Service Policy dated 1/24</p> <p>It is the policy of this facility that each resident shall receive nursing care supervision to obtain and maintain the highest practical physical mental psychosocial well-being.</p> <p>Nursing care is provided to meet resident needs by: Promptly identifying and assessing the resident needs, providing care designed to prevent the complications of immobility, providing care in a matter which the resident is treated with respect and dignity.</p> <p>Nursing assessments it will be coordinated for the resident muscular skeletal status and the need for assistive devices, assess for pain and comfort and assess for safety needs.</p>		