STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145829	A. Building B. Wing	04/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kensington Place Nrsg & Rehab	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observations, interviews and record review, the facility failed to follow their medication administration policy for one resident (R1) of three reviewed in a sample of four.Findings include:R1 medical condition on current face sheet includes but not limited to Shortness of breath, chest pain, Hypertensive heart disease without heart failure. MDS section C-Functional abilities dated 01/22/2026 document R1's Brief Interview for Mental Status (BIMS) as 15/15, indicating R1 has intact cognitive abilities. On 04/11/ 2026 at 10:26AM, R1 was observed laying in bed with oxygen via nasal cannula set at 4L/min. R1's nebulizer machine was observed on his bedside table. R1 stated he administers his nebulizer treatments to himself. R1 showed surveyor two nebulizer vials (Albuterol Sulfate Inhalation Solution, 0.63mg/3mL). R1 stated he asked the nurse to give him the Nebulizers vials this morning so he can administer nebulizer treatments to himself throughout the day. I will take it at 2:00PM. I take it every four hours. I gave myself one treatment earlier at 10:00AM.On 04/11/2026 at 12:02PM, V8 (Licensed Practical Nurse-LPN) stated she follows physician orders when administering medications to residents. V8 stated R1 told her he administers to himself nebulizer treatments his own. This morning, she gave R1 vials of Nebulizers to administer to himself later. R1 has a nebulizer machine in his room. I don't sit there and monitor him. V8 looked at R1's Physician Order Sheet (POS) and stated R1 does not have orders to self-administer nebulizer treatments.V8 stated she should not have left the nebulizer treatments with R1 without a doctor's orders. R1 can misuse the treatments which can cause drug intoxication and affect his breathing. V8 stated nurses should always follow physician orders. V8 should have called R1's physician for self-administer of nebulizer treatments.On 04/11/2026 at 1:22PM, R1 showed V3 (Director of Nursing) and surveyor two vials of nebulizer treatments. His nebulizer machine was observed on his bedside table. R1 stated V8 gave him the vials this morning so he can administer to himself the nebulizer treatments every four hours throughout the day. V1 stated medications are not supposed to be left with a resident because other residents can have access to it. R1 can take more medication than he is supposed to which can cause drug overdose or serious allergic reactions. R1 can misuse the medication. A physician's order is required for a resident to self-administer medications. The resident is evaluated and educated on self-medication administration for safety of resident and other residents. V3 stated nurses do not give orders or diagnosis residents. Nurses follow doctor's orders and instructions. Giving a resident medication to keep in their room without a physician order is acting above a nurse's scope of practice. R1's POS dated 03/12/2026 documents:-albuterol sulfate solution for nebulization; 0.63 mg/3 mL; amt: 1 vial; inhalation Every 4 Hours - PRN; PRN 1, PRN 2, PRN 3, PRN 4, PRN 5, PRN 6.-ipratropium-albuterol solution for nebulization; 0.5 mg-3mg (2.5 mg base)/3 mL; amt: 1 (Amount 1).Inhalation. Four Times A Day; 06:00 AM, 12:00 PM, 05:00 PM, 09:00 PMReview of R1's POS does not document orders for R1 to self-administer medications.Medication Administration Policy dated March 2022 documents:1.Drugs will be administered in accordance with orders of licensed medical practitioners of the State in which the facility operates.23. Residents who indicate a desire to self-administer medications will be assessed by the interdisciplinary care plan team using an assessment tool. Assessment results will be provided to the physician for approval. Residents will be allowed to self-administer medications only when the attending physician has written as order. Self-administered medications use and response will be monitored by licenses nurses.

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