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	07/02/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure that one resident (R10) who depends on staff's assistance for ADL (Activities of Daily Living) care received incontinence care. This failure affected one (R10) out of three residents reviewed for quality of care.Findings include:R10's Face Sheet documents that R10 has diagnoses which includes but not limited to rheumatoid arthritis, dementia, epilepsy, anemia, osteoarthritis, delirium, spinal stenosis, depressive disorder, anxiety disorder and paranoid schizophrenia.R10's Brief Mental Status Interview (BIMS) dated 6/15/26 shows a score of 3, which indicates that R10 has severe cognitive impairment. A review of the Minimum Data Set (MDS) dated [DATE], Section GG, indicates R10 is dependent on staff for toileting needs. Additionally, Section H shows R10 has bowel and bladder incontinence.On 6/29/26 at 1:12 pm R10 was observed lying in bed. Surveyor asking R10 questions about R10's incontinence needs, and R10 saying one word, Yes, repeatedly; appears confused. Requested for incontinence check for R10. V7 (Licensed Practical Nurse/LPN) entered the room to clean R10, and surveyor noted R10's brief soiled with a brown substance. R10's bed pad that he was lying on (underneath R10's soiled brief) was saturated with a wet yellow substance.On 6/29/26 at 1:22 pm, V18 (Certified Nursing Assistant, CNA) stated the following, I last changed (R10's) brief at 9:30 am. I laid him back down in bed at 10:30 am and at that time, he (R10) said that he wasn't wet. That was the last time that I checked him. We are supposed to round every two hours for incontinent care and as needed.On 6/29/26 at 1:24 pm, V7 (Licensed Practical Nurse, LPN) stated the following, (R10) had a bowel movement, but I cleaned him now. I'm not sure how long he was soiled. If a resident is not cleaned in a timely manner, it could lead to skin breakdown. CNAs are expected to make rounds every 2 hours and as needed.On 6/30/26 at 1:45 pm, V2 (Director of Nursing/DON) stated that CNAs are expected to make rounds every two hours and as needed. They must check incontinence briefs and change them if they are soiled. If a resident is not cleaned in a timely manner, it could lead to skin breakdown.R10's care plan dated 11/14/25 documents in part: Restorative care plan: R10 is incontinent of bowel and bladder. Goal-R10 will maintain/improve level of continence.R10's care plan dated 5/20/26 documents in part: R10 is at risk for pressure injury related to decreased mobility and self-performance, weakness, incontinence, confusion and fluctuating appetite. Approach-Keep clean and dry as possible. Minimize skin exposure to moisture.The facility document, dated January 2026, titled Incontinence care policy noted in part: It is the policy of this facility to effectively manage urinary and bowel incontinence. If resident is incontinent, the facility implements interventions and services based on realistic goals to prevent urinary tract infections and to restore as much normal bladder function as possible. if the resident does not try to toilet, or for those with such severe cognitive impairment that they cannot either point to an object or say their own name, staff will use a check and change strategy. A check and change strategy involves checking the resident's continence status at regular intervals and using incontinence devices or garments. Incontinence care should be individualized at night in order to maintain comfort and skin integrity and minimize sleep disruption. The primary goals are to maintain dignity and comfort and to protect the skin.The facility document, dated January 2026, titled activities of daily living policy noted in part: A resident who is unable to (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145829	A. Building B. Wing	07/02/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene.The facility document, undated, titled Job Description of Certified Nursing Assistant, noted in part: Assist residents to and from bathroom, offers bedpans, and keeps incontinent residents clean at all times, changing linens as often as necessary. Encourages showers and all self-help measures and activities.