

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006126	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/07/2024
NAME OF PROVIDER OR SUPPLIER KENSINGTON PLACE NRSG & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 3405 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2488835/IL180015 Facility Reported Incident of 10/18/24/ IL180072	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

11/29/24

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S9999	<p>Continued From page 1</p> <p>that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interviews, and record review the facility failed to protect the resident's right (R2) to be free from physical abuse by another resident (R1) out of six residents reviewed for abuse in the sample. This failure resulted in R2 sustaining a laceration to the right center of the head requiring four sutures to close the wound.</p> <p>Findings include:</p> <p>R1's medical record face sheet documented that R1 was admitted on 10/21/21 and latest admission was on 10/25/24. Listed diagnoses includes but not limited to type 2 diabetes mellitus with other specified complications, other schizoaffective disorders, and other symptoms and signs involving appearance and behavior.</p> <p>R1's MDS (Minimum Data Set) dated 08/28/24 section C scored R1's BIMS (Brief Interview for Mental Status) as 15 indicating that R1 is cognitively intact.</p> <p>R1 care plan for aggression documented that R1 has history of demonstrating aggressive behaviors that can exacerbate at times due to instability to R1's mental illness. R1 as a history of being physically aggressive at times.</p> <p>R2's face sheet showed documentation that R2 was admitted 10/10/24 with listed diagnoses that includes but not limited to schizoaffective disorder, psychosis, and major depression</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>disorder, type 2 diabetes mellitus with other specified complications, headaches.</p> <p>R2's medical record care plan for abuse showed R2 is potentially at risk for abuse/neglect secondary to diagnosis of schizoaffective disorder, psychosis, and major depression disorder. R2's (MDS) dated 10/16/24 scored R2's BIMS as 13 indicating that R2 is cognitively intact.</p> <p>R2's medical record Progress Notes dated 10/18/24 timed 10:58pm showed documentation that R2 returned to the facility, from (local hospital) via ambulance with 4 (four) sutures on the right center of the head. R2's emergency room discharge paper dated 10/18/24 presented showed that R2 was seen and attended to for acute head injury.</p> <p>On 10/31/24 at 12:46pm, R1 noted in the room sitting on the bed with a liquid filled plastic coffee cup, R1 was unable to recollect what happened on 10/18/24. R1 was just talking about something irrelevant to a question that was asked.</p> <p>On 10/31/24 at 12:48pm, R2 was observed in bed, R2 stated that I did not do anything to (R1). (R1) came to the bathroom and hit me in my head with a shoe and a cup. (R1) wanted to kill me. I was in pain. Blood everywhere. I have been living in this place for 3 years and (R1) wanted to take me out. R1's facility witness statement dated 10/18/24 timed 1:05pm documented in part that R1 stated that R2 was disrespectful and opening things that don't belong to R2, bothering R1, throwing cup of water at R1, and expressing delusional thinking of R2 doing things to her hair and putting things in her scalp.</p> <p>On 10/31/24 at 12:50pm, V6, Licensed Practical</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>Nurse/LPN, stated that I was in the nursing station charting and I heard a loud yelling noise coming from the common bathroom on the 3rd floor. I got up to see R2 standing by the sink brushing (R2)'s teeth because R2 had toothpaste on the mouth and holding the hand over the head with blood. There was a plastic coffee cup on the floor in the bathroom. I had (R1) go to the room and (R2) was brought to the nurse's station with (R2)'s head leaking (Bleeding) blood with a small laceration noted on top of (R2)'s head. When asked whether V6 heard or saw both resident arguing, V6 stated I was busy with my (assigned) residents. I did not see or hear any verbal arguments. When asked about how often rounds are made, V6 stated that we are supposed to make rounds every two hours. I have my own residents. V6 stated the assigned nurse (referring to V5, LPN) was not on the floor at the time of incident. V6 stated V5 was on lunch break.</p> <p>On 10/31/24 at 2:57pm, V12 ADON (Assistant Director of Nurse's) stated that the incident between R1 and R2 on 10/18/24 is considered as abuse.</p> <p>On 11/06/24 at 2:30pm, V13 (Physician) stated that it is an occurrence in many places with this type of population to act out, start fights. They are psyche patients but don't get me wrong they (residents) need to be monitored and separated from each other. V13 stated, I don't want any laceration, and (R1) hitting (R2) in the head can cause a bleeding into the brain and the patient (resident) die.</p> <p>The facility Abuse policy presented with revised date of 1/18/2024 documented that the facility affirms the right of the residents to be free from abuse. The purpose of the policy is to assure that</p>	S9999		

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S9999	Continued From page 4 the facility is doing all that is within its control to prevent occurrences of abuse, neglect, and mistreatment of residents. (B)	S9999			