(X6) DATE

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S	SUPPLIER/CLIA TION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
				A. BUILDING:			0
		IL600466	67	B. WING		I	C 04/2025
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KENWO	DD VLGE NRSG AND	RHB CTR		JTH DREXEL			
(X4) ID	SLIMMARY STA	TEMENT OF DEFIC		D, IL 60653	PROVIDER'S PLAN OF (CORRECTION	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC) REGULATORY OR L	Y MUST BE PRECE	DED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments			S 000			
	Complaint Investiga	ations:					
	2581142/IL186210						
	2581265/IL186416						
	Investigation of Fac February 10, 2025/		Incident of				
S9999	Final Observations			S9999			
	Statement of Licent 300.610a) 300.1210b) 300.1210d)6)	sure Violations	:				
	Section 300.610 R	esident Care F	Policies				
	a) The facility procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and other policies shall comp. The written policies the facility and shall by this committee, and dated minutes.	ing all services policies and particles and	rocedures shall e Policy he ian or the representatives he facility. The and this Part. wed in operating at least annually y written, signed				
	Section 300.1210 Nursing and Person		rements for				
	b) The facility care and services t practicable physica		ntain the highest				

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

03/22/25 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
		A. BOILDING.			,
	IL6004667	B. WING		1	4/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KENWOOD VLGE NRSG AND	RHB CTR	TH DREXEL , IL 60653			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
each resident's complan. Adequate and care and personal cresident to meet the care needs of the red) Pursuant to nursing care shall in following and shall I seven-day-a-week 6) All necessa to assure that the reas free of accident nursing personnel sthat each resident rand assistance to p These Requiremen By: Based on interview failed to ensure that from abuse from two sample of 6 resident facility also failed to supervision of a residining room in a sar for improper nursing in R1, an ambulator physical aggressive punching R2, a whetwo times causing a contusion and nasa ambulatory resident back of the head. Findings include: On 2/24/25 at 12:52	sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. subsection (a), general acclude, at a minimum, the be practiced on a 24-hour, basis: ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision	S9999			

Illinois Department of Public Health

STATE FORM 6899 HTG711 If continuation sheet 2 of 19

IIIIIIIIIII D	epartment of Public	Health				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		IL6004667	B. WING			4/2025
		0.70.57.40		2747F 7ID 00DF		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR	TH DREXEL			
		CHICAGO	, IL 60653			_
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
		·		DEFICIENCY)		
S9999	Continued From no		S9999			
39999	Continued From pa	ige z	39999			
	room. When asked	about an incident with another				
		ed in the facility on 2/10/25,				
) came up to me (R2) and hit				
		R2 was downstairs in the				
		oom) in the basement in R2's				
		R2) was just sitting. He (R1)				
		"It broke my nose. I felt it				
		the back of my neck." When				
	asked did R1 hit R2 in the face with an open hand or a closed hand (fisted hand), and R2 showed					
		ed hand. This surveyor				
		iise under R2's left eye as R2				
		ea where R1 punched R2.				
		nany times did R1 hit you in				
		hand, R2 stated, "Twice." R2				
	stated, "I couldn't m	nove. I couldn't do anything."				
	R2 couldn't remem	ber if there was another				
		ng room at the time. When				
		ny facility staff before R1 hit				
	,	ne basement dining room, R2				
		see anyone." When asked				
		n the facility, R2 stated, "I am				
		at R2 moves R2's self freely in				
		he floor and down to the				
	basement.					
	R2's Face Sheet do	ocuments, in part, diagnoses				
		ase without dyskinesia,				
		It failure to thrive, asthma,				
		tension, anemia, muscle				
		y, abnormalities of gait and				
		ordination, mild neurocognitive				
		wn physiological condition				
		disturbance and major				
	depressive disorder					
	R2's Minimum Data	a Set (MDS), dated 1/3/25,				
		that R2 has a Brief Interview				
		BIMS) score of 8 which				
	indicates that R2 ha	as moderate cognitive				

Illinois Department of Public Health

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	IT OF DEFICIENCIES OF CORRECTION		R/SUPPLIER/CLIA ATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
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		IL6004	667	B. WING		03/	04/2025
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR		TH DREXEL , IL 60653	•		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC ⁾ REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From page 3			S9999			
	impairment; no beh indicators of psycho delusions); and R2 wheelchair.	navioral symp osis (hallucina	ations or				
	R2's Emergency Home 2/10/25, documents the hospital for: "Vi head injury and cor R2's hospital CT (Coscan of the maxillor pm) results docume injury with left orbit "There is an acute bone fracture with a There is deviation of the left."	s, in part, that ctim of assaud tusion of per computerized facial region (ents, in part, swelling has minimally disadjacent soft	t R2 was seen in lt and battery," iorbital region. Tomography) (2/10/25 at 6:51 that R2's head findings of: placed left nasal tissue swelling.				
	R1's Face Sheet do of paranoid schizop disorder-aggressive psychosis, schizoar chronic obstructive diabetes mellitus wanemia, epilepsy, hypertension.	ohrenia, cond e behavior, ui ffective disord pulmonary d ith diabetic m	uct nspecified der (bipolar type), isease, type 2 nononeuropathy,				
	R1's MDS, dated 2 Staff Assessment f documented, in par problems, and R1's Decision Making as "moderately impair cues/supervision re	or Mental Start, of short-ters Cognitive SI s "2" which in ed - decisions	itus is m memory kills for Daily dicates				
	R1's Resident Central is on "hospital le unable to be intervi	eave" as of 2	/10/25 and was				
	On 2/26/25 at 10:4	6 am, R6 stat	ed that that				

Illinois Department of Public Health

STATE FORM 6899 HTG711 If continuation sheet 4 of 19

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SU IDENTIFICATION		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED
		IL6004667	,	B. WING			C 04/2025
	PROVIDER OR SUPPLIER OD VLGE NRSG AND	RHB CTR	4505 SOU	DRESS, CITY, S ITH DREXEL D, IL 60653	STATE, ZIP CODE		
(X4) ID PREFIX TAG		TEMENT OF DEFICI MUST BE PRECED SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	Continued From paremembers the inci 2/10/25 in the base "He (R1) hit her (R2 When asked who edining room that da machine guy (V6, V Driver/Stocker, Cor R2 was sitting at the close to the vending arguing with R2. R6 and he (R1) hit her with a closed fists of closed hand in a fis stated that no one of were in the baseme when R1 hit R2. R6's Face Sheet do of hyperlipidemia, pa asthma, and hypert R6's MDS, dated 2/document, in part, a indicates that R6 is On 2/25/25 at 12:33 Driver/Stocker, Cor was restocking ven facility on 2/10/25 ir When asked about 2/10/25 in basemer fight broke out. I (V when I am stocking When asked if V6 h stated, "A man (R1 punches at a lady (and saw them argu argument was abou and R2) were push box." When asked	dent between Rement dining rook 2). I (R6) was become the was there in y, R6 stated, "Vending Machine intract Vendor)." The table in R2's was machines, and stated, "He (R2)." When as the or open hand, Refer to show this stated, facility staffent dining room for couments, in paramoid schizopension. The properties of the properties of the basement of the basement of the incident than the basement than the bas	m. R6 stated, whind them." The basement ending and the stated that wheelchair at that R1 was and the stated if it was and the stated that which are the stated that V6 and the stated that V6 and throwing and throwing and throwing and throwing and throwing and the saw they (R1 aget into a	S9999			

Illinois Department of Public Health

STATE FORM 6899 HTG711 If continuation sheet 5 of 19

Illinois Department of Public Health

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. DOILDING.			,
		IL6004667	B. WING		03/0	4/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KENIMO	OD VI CE NDCC AND	4505 SOU	TH DREXEL			
KENWO	OD VLGE NRSG AND	CHICAGO	, IL 60653			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	have a box (extra) restocking and use when I am done." V have food items in empty." V6 stated t towards the vending dining room, but the was right in front of stated that V6 conti "heard yelling," V6 the vending machir punching (R2)." V6 and that R2 was in knew that was troul for help, and there by the elevator, whe did V6 tell V5, V6 s happened. The ma (R2)." On 2/24/25 at 3:04 that on 2/10/25, V5 with R1 and R2 in t stated, "I (V5) didn' elevator. In the bas laundry) upstairs. T came out and aske the basement dinin residents (R1 and Falready. (V6) said the went to go get help say to V5, V5 stated that V6 s basement hallway as stated that V6 s s tated that V6 s basement hallway as stated that V6 s basement hallway as stated that V6 s s tated that V6 s s tated that V6 s s tate	that I put aside when I am if for garbage. I will take it out When asked did this extra box it, V6 stated, "No, it was hat his body was turned g machines (south wall) in the e table that R2 was sitting at the vending machines. V6 inued stocking and when V6 turned around from stocking nes and observed "(R1) stated that R1 was standing the wheelchair. V6 stated, "I ble, so I ran out the door to call was a lady (V5, Laundry Aide), to came in." When asked what tated, "I told her (V5) what in (R1) was punching her pm, V5 (Laundry Aide) stated did not observed the incident he basement dining room. V5 it see anything. I was at the ement to take stuff (clean the vending machine man (V6) d for help. I ran in there (inside g room). I see them. 2 R2). They were separated hey (R1, R2) was fighting. I "When asked what did V6 d that V6 said, "I need help." aw V5 by the elevator in the last and that V6 ran into "the last	\$9999	DEFICIENCY)		
	asked what did V5 basement dining ro residents. One mar (last door) and the	y) to dining room." When see upon entering inside the om, V5 stated, "There are n (R1) standing by the door lady (R2) in a wheelchair over r saw a thing. I went to go get				

Illinois Department of Public Health

STATE FORM 6899 HTG711 If continuation sheet 6 of 19

Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDERA IDENTIFICA	/SUPPLIER/CLIA TION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				,		<u> </u>	c
		IL60046	67	B. WING		I	04/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR		TH DREXEL			
	T			, IL 60653			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From page 6			S9999			
	help." When asked basement dining roso fast. I (V5) just wand he (V7, Mainte came and got (R2) in the basement an residents in the basement on the basement on the basement on the basement dinin walked to the base observed R2 whee room with an "injury to elaborate, V7 stated basement hallway in V1's office on the nand V37 (Plant Opelevator to R1 and standing, and esco	yent back out an ance Operation." V5 stated the distance of th	i, "It happened to holler for help ions Director) at V7's office is a over with the room. Intenance /7's office is in the building, at there was an I male resident in ated that V7 ion and basement dining e." When asked aw a "dark bruise is not saying led from the or to bring R2 to stated that V7 ger) then took ere R1 was				
	On 2/24/25 at 2:22 Nurse, LPN), stated facility for about 6 y and R2's floor. V3 shas a combination residents with sever to tell this surveyor (R1) somebody that he will knock you o are. He's not (V3 particles) He's crazy. He doe (pointing to V3's he He will knock anyon you are. He will fight	pm, V3 (Licend that V3 has wears and is as stated that R1 of skilled care re mental illned about R1, V3 to you cannot out. Doesn't mauses) howen't have anythad making a line out. It does	ased Practical worked in the signed to R1 and R2's floor residents and ess. When asked stated, "He's come close to, or atter who you a can I explain it. hing here coping circle). n't matter who				

Illinois Department of Public Health

STATE FORM 6899 HTG711 If continuation sheet 7 of 19

Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6004667	B. WING		03/0) 4/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
IVAIVIL OI I	NOVIDER OR GOLF EIER		TH DREXEL			
KENWO	OD VLGE NRSG AND	CHICAGO	, IL 60653			
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S9999	Continued From pa	ge 7	S9999			
	you." V3 stated that when V3 would atter and then R1 would have to stand back where would R1 sp walks around indeptimes 2 (person, placome from his room to his room. Sometithe other side, the own wouldn't V3 was hallway, V3 stated, They (other resident or get to close to his He will hit you." V3 R1 "pulls back with kick you're a*** to astated that R1 woul R1's floor, but on 2/basement. I (V3) div You know (I am) but have stopped him. who he would pick stated that V3 could 2/10/25 when V3 wincident in the base called me (V3) and I was like 'Oh now. (R1, R2) are in base basement if some of (staff) should be go V3 took the elevator and neither R1 nor on the main floor, V wheelchair receiving (Director of Nursing Employee, Wound	t V3 would come close to R1 empt to give R1 medications, swing at V3 where V3 would and curse at V3. When asked end time, V3 stated that R1 rendently, is alert and oriented ace), and "He (R1) would not to the day room, then back imes he would want to go to other hallway." When asked ant R1 to walk down the other "(R1) may smack at peers. Its) may accidentally cross him is face, and he will smack you. It is stated that V3 has witnessed a closed fist and says, 'I will nother staff member. V3 deat in the dining room on (10/25, "He (R1) went to dn't see him (leaving floor). It is with my head down. I would he would fight. You don't know to hit. Don't get in his face." V3 dn't remember the time on as notified of R1 and R2's ement. V3 stated, "They (staff) said that he (R1) hit her (R2). When did he go down?' They ement. He's not to go to the ne isn't watching. Someone ing with him." V3 stated that r downstairs to the basement R2 are there. V3 stated that r downstairs to the basement R2 are there. V3 stated that r downstairs to the basement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R2 are there. V3 stated that r downstairs to the pasement R3 the rate of real r and r are				
		on 2/10/25, V3 stated, "She n being hit. She didn't explain				

Illinois Department of Public Health

STATE FORM 6899 If continuation sheet 8 of 19 HTG711

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			
		IL6004667	B. WING		1	, 4/2025
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S9999	Continued From pa	ge 8	S9999			
	couldn't tell me what (R1), and I asked he You can't get in his hit me.' That man (R1's) very easy to me any further detabetween R1 and R2 saw them (R1, R2), there." V3 stated that two (person, place) wheelchair and is abathing. V3 stated, floor. The basemen navigate by R2's sefrequently going domonitoring R2, and that, they lock it (basupposed to be son prior to this incident the dining room in batated, "Yes it was a now. Not since this beat up again by an	aid he (R1) hit her. (R2) at happened. I know that man er, 'Did you provoke him (R1)? face' And she (R2) said, 'He R1) is just like a time bomb. provoke." When asked to tell ils about the 2/10/25 incident 2, V3 stated, "Since no one I (V3) don't know. I wasn't at R2 is alert, oriented times, propels R2's self in one person assist with "She (R2) goes around every t was like her house" and can lf. When asked when R2 is wn to the basement, who is V3 stated, "Nobody. After sement dining room). There is neone there." When asked with R1/R2 on 2/10/25, was basement open, and V3 always open. All day. But not second incident. She (R2) got other man (R7)."				
	part, in R2's Progre (R2) on first floor fro the altercation betw (R1). Upon assessr with a small skin tea	ss Notes, "Received resident om administration. Informed of een (R2) and another resident ment, the resident was noted ar under her left eye with on. First aid and pain				
	documents, in part, Psychosocial Well-I Resident (R2) is at	the problem of "Category: Being (Abuse/Neglect) risk for abuse due to impaired				

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physical aggression. (R2) was the target of

STATE FORM 6899 HTG711 If continuation sheet 9 of 19

	T OF DEFICIENCIES		(VO) MULTIPL	E CONOTRILOTION	TOWN DATE	OLIDVEV
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	LETED
			A. BUILDING:			
		IL6004667	B. WING		03/0	4/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
			ITH DREXEL			
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0// 15	CUMMA DV CTA	TEMENT OF DEFICIENCIES	-	DDOV/DEDIS DI AN OF CODDECTION	ON.	()(5)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
S9999	Continued From page 9		S9999			
		25, 2/10/25" with a goal of				
		ee of abuse/neglect daily				
	through next review	<i>1</i> .				
	R1's Care Plan (Pro	oblem Start date of				
	,	ents, in part, the problem of				
		r Symptoms: (R1) has				
		essive behavioral symptoms				
		. (for example), hitting,				
		cratching, abusing others				
	sexually). (R1) was sexually inappropriate with					
	female staff 11/19/2	2024. (R1) on 2/5/25 exhibited				
	verbally aggressive	threatening behavior toward				
	staff" with a goal of	"(R1) will not harm others				
	secondary to physic	cally abusive behavior." R1's				
		entions) for this specific care				
		s: "Offer one step verbal				
		Allow for extra time to process				
		h approach start date of				
		sident becomes physically				
		nce between resident and				
		ther residents, visitors" with				
		of 11/20/24; and "When				
		physically abusive, move to a ment" with approach start date				
		are Plan also documents				
		of 11/20/2024) documents, in				
		f "(R1) has verbal behavioral				
		towards others (e.g.,				
		screaming at others, cursing				
		pal of "(R1) will not threaten,				
		at other residents, visitors,				
		approaches (Interventions) for				
		an for R1 includes: "Maintain a				
		and approach to the resident"				
	with approach start	date of 11/20/24; "Refocus				
		resident becomes verbally				
	abusive" with appro	each start date of 11/20/24;				
	and "When residen	t becomes verbally abusive,				
		ask later. Do not force the				

Illinois Department of Public Health

IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	<u>epartment of Public</u>	Health				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						;
		IL6004667	B. WING		03/0	4/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
		4505 SQI	JTH DREXEL			
KENWO	OD VLGE NRSG AND	RHB CTR	D, IL 60653			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	 ON	(X5)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	_D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				,		
S9999	Continued From pa	ige 10	S9999			
	resident to do the ta	ask" with approach start date				
	of 11/20/24.					
		am, V1 (Administrator) stated				
		e coordinator for the facility				
			+			
			•			
		nigh traffic areas especially				
		and any common areas."				
		unal areas, V1 stated, "Make				
		safe." When asked how was				
		•				
		wheelchair where V2 rendered				
		stated that V1 observed R2's				
		the skin under the left eye,				
	abuse, facility staff facility's abuse prof V1 has been educated months" and "explay worried about our has the elevators at When asked V1 hoprevent resident to "Monitoring any premay say to another staff will say, 'Let must that, if 25 people ar Listening for signs or frustrated." What residents in commusure resident was sure resident was sure resident was v1 informed on 2/1 stated that V1 remains and that V7 brough stated, "I asked mat (R1)? Make sure so V1 stated that this v1 stated that V2 (I assess R2 in R2's in R2's first aide. V1 stated that W2 (I assess R2 in R2's in R2's in R2's in R2's the only thir me." V1 stated that department and arr R2 had been transf When asked how is	and any common areas." It ware the facility staff to resident abuse, V1 stated, a abuse type thing. Resident resident, 'Hey move.' And he help you.' As example of re trying to get in one elevator. of people (residents) agitated t's the purpose of monitoring unal areas, V1 stated, "Make safe." When asked how was 0/25 about R1/R2 incident, V1 hembers being in V1's office t R2 up to V1's office. V1 hintenance (V7), where is he omeone is monitoring (R1)." was around noon on 2/10/25. DON) was informed to come to wheelchair where V2 rendered stated that V1 observed R2's				

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_ ا	_
			D WING			
		IL6004667	B. WING		03/0	4/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS CITY S	STATE, ZIP CODE		
TO WILL OF T	NOVIDEN ON OUT LIEN					
KENWO	OD VLGE NRSG AND	RHB CTR	UTH DREXEL	-		
		CHICAG	O, IL 60653			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IGIEITOT)		
S9999	Continued From pa	age 11	S9999			
	-					
		ng and directing them				
	(residents). The din	ning room didn't have someon	е			
	in there (2/10/25). N	Now there is more (staff). We				
	lock it to make oper	n certain times." Why do you				
		ing in the basement dining				
		nts are there, V1 stated,				
		ation that it occurred and no				
		sibly see if it is escalating into				
		something' mean resident				
		itile, "I would say that." This				
		e several requests with V1 on				
		camera footage from the				
		oom from 2/10/25 for R1 and				
		V1 confirmed during this				
		surveyor that V1 can only go				
		eview the video footage. Whe				
		led description of V1's viewing				
		a footage review from 2/10/25				
		ement dining room, V1 stated,				
		d (R1) were in there. There				
		n (R6). The guy (V6) was				
		machine. He (V6) had boxes.	t			
		ox. (R2) rolled up and picked				
		ot up and got the box and				
		thinking it was chips. (R2)				
		se to (R2)." R2 was in				
	wheelchair at the ta	able that was right next to the				
	vending machine. \	V1 stated, "(R1) walked up to				
	the box. (R2) lifted	the box up by her head. (R1)				
	walked away. (R2)	put the box on the table." V1				
		ites later, he (R1) got up and				
	said something to h	her (R2) first. Then he was				
		ted that R1 was originally				
		chair near the basement dining	a			
		outh side of the room: walked				
		look in the box; R1 "yelling				
		R1 then walked back to the				
	_	and waited 1 and a half				
		lking back to R2 hitting R2 in				
	uie iace. Wileli ask	ked how many times did R1				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	IL6004667		B. WING			C 04/2025	
	PROVIDER OR SUPPLIER OD VLGE NRSG AND	RHB CTR	4505 SOU	DRESS, CITY, S ITH DREXEL D, IL 60653	STATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	(X5) COMPLETE DATE	
\$9999	Continued From pastrike R2, V1 stated conclusion of V1's a incident on 2/10/25 stated, "Conclusion and injured her. He mistreated her." WI that occurred between basement dining ror R7 is no longer a rethe incident was wire Activities Aide). V1 were wheeling in the of the basement dir room picking up activities Aide when R7 began hits stated that the State facility reported inciphysical abuse tow substantiated. V1 s Both times (1/6/25 at 1:21 Rehabilitation Servithat V9 is familiar with R1's floor. V9 stated documentation of residents and updat V9 stated that R1 is but has confusion; becomes verbally a redirection. V9 stated downstairs to activities monitoring him. staff to be monitoring stated, "Because of don't want him to gromething can hap does V9 know abous stated that V9 will rehaviors from the	d, "A couple." Wabuse investigated between R1 and is that he (R1) hit her. It's abuse en R2 and R7 om on 1/6/25, 'esident in the fatnessed by facing stated that both eir respective was and R2 with R2 e Agency invested R2 from R1 and R2 from R2 from R1 and R2 from R1 and R2 from R1 and R2 from R1 and R3 fr	ation for the and R2, V1 be hit her (R2) use. He ut an incident in the V1 stated that acility and that lity staff (V38, and R2 and R7 wheelchairs out with V38 in the om the tables 's backpack. V1 tigated this survey and that R7 was victim of abuse. es." iatric PRSA) stated a V9's office on reponsible for ors, counselling at care plans. If and people in walking; needs frequent 1 is going ment, staff will why is facility sement, V9 ression. We where ked about how behaviors, V9 tion about R1's	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
				С		
IL6004667		B. WING		03/0	4/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR 4505 SOU	TH DREXEL			
	- VEGE MIGGAME	CHICAGO	, IL 60653			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 13	S9999			
	(morning meeting) and by observing R1's behaviors. V9 stated that V9 will update R1's care plan when a quarterly assessment is due or when there is a behavior. This surveyor then read R1's current social services care plan to V9, which included R1 being sexually inappropriate with staff. V9 stated, "Huh, (R1)? I think that must have been an error or wrong resident." When reading R1's care plan about being physically aggressive, V9 stated, "What? I saw him making verbal threats. I saw him agitated but not swing at anyone." V9 stated that on 2/5/25, R1 was agitated that day with verbal outbursts, not receptive to redirection, despite asking R1 to come sit down in the dining room on the floor. V9 stated that R1 was pacing, going in and out of resident rooms, and trying to take residents' personal belongings. V9 stated that V9 tries to redirect R1 to a common area to "watch him better." V9 stated that V9 tries not to agitate R1 by being too close to R1 but has to "watch him to make sure he (R1) does not leave the floor" without staff present. On 2/25/25 at 2:55 pm, V4 (Social Services Director, SSD) stated that R1 has displayed repeated verbally and physically aggressive behavior in the facility. V4 stated that facility staff are to be monitoring R1 when R1 is off of the floor "because of (R1's) impulse behavior and it consistently happened."					
	is alert, ambulatory, with staff, aggressivuninvited to other reredirect. V2 stated t staff member (V25,	B am, V2 (DON) stated that R1, can be combative and hostile we with staff, can go in and out esident rooms and is hard to that R1 did physically strike a LPN). V2 stated that R1 likes we which helps with R1's				

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redirection. This surveyor read to V2 a time-line

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		IL6004667	B. WING		03/0	4/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR	TH DREXEL , IL 60653			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
\$9999	PROVIDER OR SUPPLIER OD VLGE NRSG AND RHB CTR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		\$9999	DEFICIENCY)		

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On 3/3/25 at 10:42 am, when asked about the

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		IL6004667	7	B. WING			C 04/2025
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR		ITH DREXEL), IL 60653			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	Continued From particular incident between R (Certified Nursing A (V29) witnessed it. (R8) walked past he "Don't that. Why wo She (R2) didn't do a ignored me. (V30, A asked her (R8) too accident.' I (V29) sa her (R2).' (V30) ask someone to hit you (R2)?' She (R8) sai On 3/3/25 at 10:17 that on 3/1/25 arous sitting at the nurse's V29 (CNA) alerted of the head. V30 stit, but V29 did. V30 R8 separated, and accident." V30 asse V30 transferred R8 psychiatric evaluating (Plant Operations Mam, V30 (RN) docu charting at Nurses informed by Nurses above (R2) was hit wheelchair in the haseparated. Writer a V37) asked Resider (R2) unabhappened."	2 and R8 on 3/1 assistant, CNA) I was sitting in our (R2) and hit hould you hit this anything? And say Agency Register (R8) said, 'It waid, 'No, you (R8 and, 'No, you (R8 and, 'No, you (R8 and, 'No, you (R8 and, 'Y30 (Agency Then why did d, 'It was an accompany and 9:45 to 10:00 as station desk or V30 that R8 hit ated that V30 distated that V30 distated that V30 and Say (R8 told V30, "It essed R2 with nout to the hospon. V30 informed (Nanager) who work the value of the value o	stated, "Yes, I dining room. her (R2). I said, woman (R2). he (R8) red Nurse, RN) as an B purposely hit d you want you hit her cident'." Cy RN) stated D am, V30 was harting, and R2 in the back d not observe kept R2 and was an o injuries, and ital for a red V1 and V37 ras on duty. 25 at 10:19, "While (730) was t resident while sitting in idents (R2, R8) ger on duty, ppened? what	S9999			
	informed by Nurses hit another resident	aide that resid	ent above (R8)				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING		C		
		IL6004667	b. WING		03/0	4/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR	TH DREXEL , IL 60653			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Ontinued From page 16 walking pass her in the hallway. Both residents separated. Writer and MOD (V37) asked					
	stated "It was a (an	t happened? Resident (R8)) accident." Writer and MOD t informing her that behavior sident verbalized				
	On 3/3/25 at 12:36 pm, V1 and this surveyor together viewed the video camera footage in V1's office from 3/1/25 of the camera view from R2 and R8's floor dining room on north side of building facing down the hallway towards south side of the building. On 3/1/25 at 9:46:19 am, V29 (CNA) is observed in the dining room sitting watching down the hallway, and R8 walks freely out of her room; walks down the hallway to the alcohol based hand sanitizer (ABHS) dispenser on the wall near the nurse's station; pumps it 22 times to get ABHS and then walks back into R8's room. On 3/1/25 at 9:47 am, R2 is observed wheeling out of her room in R2's wheelchair and is staying on the side of the hallway (east side) and wheels past R8's room. R8 next walks out of R8's room and with an open hand, R8 hits R2 on the back of R2's head while in the wheelchair with R2's head jerking forward. V29 points to R8 who continues walking towards the nurse's station.					
	of fibromyalgia, per asthma, anxiety dis delusions due to kr	ocuments, in part, diagnoses sonality disorder (unspecified), corder, psychotic disorder with nown physiological condition, isorder, hypertension, venous ipation and obesity.				
		2/3/24, documents, in part, a which indicates that R8 is				

6899

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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IL6004667		B. WING		03/0	4/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KENWO	OD VLGE NRSG AND	RHB CTR	TH DREXEL			
	T		, IL 60653			(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S9999	Continued From pa	ge 17	S9999			
39999	Facility policy (unda Policy" documents, the right of our resion neglect, exploitation property, deprivation staff or mistreatment prohibits abuse, negmisappropriation of residents. In order that attempted to establing resident secure enviolicy is to assure the swithin its control that abuse, neglect, experivation staff and mistreatm is committed to provabuse, neglect, experivation staff and mistreatm is committed to provabuse, neglect, experivation abuse, neglect, experivati	ated) titled "Abuse Prevention in part, "The facility affirms dents to be free from abuse, n, misappropriation of n of goods and services by nt. This facility therefore	39999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	IL6004667		B. WING	B. WING		C 04/2025	
	PROVIDER OR SUPPLIER OD VLGE NRSG AND	RHB CTR	4505 SOU	DRESS, CITY, S TH DREXEL , IL 60653	STATE, ZIP CODE -		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	Continued From particles of the second particles of th	life, recognizity Freedoriation of Proght to be freedomental abuston, and misally one." evision date of the evision obtained evision	om from Abuse, perty and from verbal, ise, involuntary ppropriation of of 1/30/2025 and aideline" our facility strives from accident afety and event accidents are y-Oriented sks for groups of Approach to approach to ident hazards for I use various r residents, d from the endisciplinary ion obtained ions to identify risks for that get interventions ents Systems by-oriented and safety are used approach to rds identified in esident risk intions sion is a core	S9999			

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