

Illinois Department of Public Health

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| 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 04/20/2021 |
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| NAME OF PROVIDER OR SUPPLIER KENSINGTON PLACE NRSG & REHAB | STREET ADDRESS, CITY, STATE, ZIP CODE 3405 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 |
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| (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 |
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| S 000 | Initial Comments Facility Reported Incident of March 30, 2021/IL132476 | S 000 | | |
| S9999 | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 a) 300.1210 b)5) 300.1210 c) 300.1210 d)3) 300.1210 d)6)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the</p> | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | <p>Continued From page 1</p> <p>resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observation, interview and record review the facility failed to ensure that staff are aware of resident fall prevention interventions, failed to score fall risk assessments properly for (R1, R2, R3), failed to provide timely response to (R2's) call light, and failed to implement fall prevention interventions for three of three residents (R1, R2, R3) reviewed for falls. These failures resulted in R1 sustaining a (3/30/21) fall and laceration requiring 13 sutures. R2 sustained a (3/4/21) fall and abrasion with facial swelling/redness. R3 sustained a (3/9/21) fall and forehead skin tear.</p> <p>Findings include:</p> <p>1) R1's diagnoses include dementia, Parkinson's disease, weakness, and abnormalities of gait/mobility.</p> <p>The facility occurrence report affirms R1 fell on 2/10/21, 3/11/21 and 3/30/21.</p> <p>R1's (3/26/21) fall risk assessment determined a score of 7 (low risk) however history of falls in the last 3 months is marked "no falls" ["1 or 2 falls" was applicable] and for resident conditions "Dementia" was not selected [as warranted]. On 4/20/21 at 10:34 am, surveyor inquired if a resident recently fell should "low risk" for falls be concluded on the assessment V7 (Minimum Data Set Coordinator) stated "I would put you at a high risk."</p> | S9999 | | |

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KENSINGTON PLACE NRSG & REHAB **3405 SOUTH MICHIGAN AVENUE**
CHICAGO, IL 60616

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R1's (3/30/21) occurrence report form states resident was observed on the floor of his room. Preventive measures at time of fall: low bed "no." Resident was observed with a laceration to the back of his head. Resident returned to facility (from hospital) with 13 sutures to the back of his head.

On 4/20/21 at 3:16 pm, surveyor inquired about R1's (3/30/21) fall V9 (LPN) stated "We was making rounds and he was noticed on the floor at the side of his bed. His head was bleeding, I cleaned him up and noted that he had an opening to his head." Surveyor inquired if R1's bed was in low position prior to falling V9 responded "He has a regular bed, he don't have an electrical bed" and affirmed his bed was not low.

R1's (4/5/21) care plan states resident has history of falling, preventive interventions include well-maintained footwear, bed in lowest position, and equip resident with device that monitors rising.

On 4/19/21 at 10:22 am, R1 was observed lying in bed (raised above knee level). R1's bed was missing the crank (to lower it) and a bed alarm was not in use. He was wearing shoes (without socks) and the tongue of his right shoe appeared to be missing. Surveyor inquired about R1's fall prevention interventions V4 (CNA/Certified Nursing Assistant) stated "We got to monitor him in the dayroom, make sure his shoes are tied and there's nothing on the floor that he can trip on." Surveyor inquired about R1's fall preventions while lying in the bed V4 responded "We keep it as low as possible, so he won't be falling out." Surveyor inquired if R1's bed was in low position. V4 replied "No, it's not low. This bed is broken." Surveyor inquired if R1 uses a device (and/or

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| S9999 | <p>Continued From page 4</p> <p>alarm) that monitors rising (as stated on his care plan). V4 stated "Not that I know of."</p> <p>On 4/19/21 at 10:31 am, V5 (LPN/Licensed Practical Nurse) affirmed that she's assigned to R1. Surveyor inquired about R1's fall prevention interventions. V5 stated "We closely monitor and provide supervision that's pretty much it." Surveyor inquired about R1's fall prevention interventions while lying in bed. V5 responded "We try to encourage him to use the call light if he needs assistance." Surveyor inquired about the height of R1's bed. V5 responded "That's as low as it can go. It don't have the cranks on it." Surveyor inquired about R1's "device that monitors rising". V5 replied "That would be considered a bed alarm" and affirmed an alarm was not in use. Surveyor inquired about concerns with R1's shoes/footwear. V5 stated "They not on properly with the tongue, the shoestring is actually wrong, he has no socks on."</p> <p>2) R2's diagnoses include dementia, reduced mobility and absence of right/left leg (below knee).</p> <p>The facility occurrence report affirms R2 fell on 2/2/21 and 3/4/21.</p> <p>R2's (3/4/21) fall risk assessment determined a score of 7 (low risk) however history of falls in the last 3 months is marked "no falls" ["1 or 2 falls" was applicable], for medication use "none of above" was selected although antihypertensive, antipsychotic, & cathartic medications are prescribed, and for resident conditions "Dementia" was not selected [as warranted].</p> <p>R2's (3/4/21) occurrence report form states writer was informed by CNA that resident was on the</p> | S9999 | | |

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| S9999 | <p>Continued From page 5</p> <p>floor. Resident stated he was trying to get in his wheelchair and fell. Head to toe assessment reveals swelling above left eyebrow with small opening/blood noted, slight swelling on right eyebrow, redness under left eye, and small abrasion on bridge of nose. Preventive measures at time of fall: call light "on."</p> <p>On 4/20/21 at 2:42 pm, surveyor inquired about R2's (3/4/21) fall. V5 (LPN) stated "It was reported to me that he was on the floor he told me he was trying to get into his wheelchair and couldn't make it. The call light was on."</p> <p>R2's (4/13/21) care plan states resident is at risk for falling related to bilateral amputee, transfers without assist, and improper use of wheelchair. Preventive interventions include keep call light in reach at all times. Keep bed in lowest position.</p> <p>On 4/19/21 at 10:37 am, V5 (LPN) affirmed that she's assigned to R2. Surveyor inquired about R2's fall prevention interventions. V5 stated "We closely monitor and supervise him and encourage him to use the call light. He tries to transfer without assistance. To my knowledge that's it" [bed in lowest position was not inclusive]. R2's call light string was observed knotted up with his roommates call light (dangling from the wall) and out of reach. Surveyor inquired about concerns with R2's call light V5 stated "The string is tangled up; it's not separated properly" and affirmed it was out of reach.</p> <p>3) R3's diagnoses include dementia, glaucoma, weakness, ataxia, and abnormalities of gait/mobility.</p> <p>The facility occurrence report affirms that R3 fell on 3/9/21 and 3/19/21.</p> | S9999 | | |
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| S9999 | <p>Continued From page 6</p> <p>R3's (2/18/21) fall risk assessment determined a score of 6 (low risk) however contributing factors include impaired vision which was not selected [as warranted]. For medication use "none of above" was selected although hypoglycemic and antipsychotic medications are prescribed.</p> <p>R3's (3/9/21) occurrence report states nurse making rounds notice resident on the floor, lying on his back. Resident notice to have a 1-2-inch skin tear in the mid forehead. Preventive measure at time of fall: low bed "no" and alarm "none." On 4/20/21 at 2:10 pm, surveyor inquired about R3's (3/9/21) fall. V6 (LPN) stated "I was making rounds, he was on the floor in his bedroom on his back. He couldn't explain to me what happened. He had the call light intact (it wasn't on) but no bed alarm, and no low bed."</p> <p>R3's care plan includes (2/24/21) cognitive loss/dementia; provide cues and supervision. (2/26/21) Resident has history of falling. Equip resident with device that monitors rising. Keep bed in lowest position. Occupy resident with meaningful distractions (e.g.: music, crafts, etc.). Provide resident with safety device/appliance.</p> <p>On 4/19/21 at 10:44 am, R3 was observed standing idle between a table and chair (in the dining room). V6 (LPN) was present (behind the nurses' station) however provided no redirection and/or activities/distractions to R3. Surveyor inquired if R3 fell at the facility. R3 stated "I do that every once and a while. I be walking and it just happens. I get dizzy and down I go." Surveyor inquired if he uses any devices R3 responded "I used to but not anymore, I had a cane." Surveyor inquired if he was injured during recent fall R3 stated "My head was busted."</p> | S9999 | | |
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| S9999 | <p>Continued From page 7</p> <p>On 4/19/20 at 10:46 am, V6 affirmed she's assigned to R3. Surveyor inquired about R3's fall prevention interventions. V6 stated "He's in the dayroom with staff monitoring. We assist him when he wants to go to the bathroom." Surveyor inquired if he uses any devices. V6 stated "No, he does not." R3's bed was raised (above knee level) and a crank and/or remote (to adjust the bed) were not present. Surveyor inquired if V6 was able to lower R3's bed. V6 stated "I don't see the remote" and affirmed she could not.</p> <p>On 4/20/21 at 2:23 pm, surveyor inquired about potential harm to a resident that falls. V10 (Medical Director) stated "A lot if they get a bleed in the brain, it's pretty bad. Unwitnessed falls can be dangerous if you don't see any injury, there could be sub-arachnoid hemorrhage. You can also break your neck, break your arm, or break your leg."</p> <p>The falls and fall risk managing policy & procedure (revised August 2008) states; the staff, with the input of the Attending Physician, will identify appropriate interventions to reduce the risk of falls. Staff will identify and implement relevant interventions to try to minimize serious consequences of falling.</p> <p style="text-align: center;">(B)</p> | S9999 | | |