

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 12000720	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 1/17/2023
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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
S 000	Initial Comments Investigation of Facility Reported Incident of November 10, 2022/IL153736	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.3210t) 300.3240e) Section 300.1210 General Requirements for Nursing and Personal Care 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect e) When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL 6006128	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/21/2022
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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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S9999	<p>Continued From page 1 the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon record review and interview the facility failed to ensure that one of three residents (R2) in the sample remained free from physical abuse and failed to assess (R1) prior to hospital transfer. On 11/9/22, R1 struck R2 in the eye. R1 sustained a fracture of the right 5th distal metacarpal and R2 sustained discoloration to the right eye.</p> <p>Findings include:</p> <p>The initial facility incident report states on 11/10/22 at approximately 8:45am, staff observed (R2) with discoloration to right eye. When asked what occurred (R2) alleged (R1) hit her on 11/10/22 afternoon [per R2's 11/10/22 statement the incident occurred 11/9/22 after lunch]. She (R2) is just now reporting it to staff. Body assessment was conducted by Nurse on duty. R1 was observed with discoloration to right eye. [R2's physical assessment is excluded].</p> <p>The final facility incident report states (R1) was sent to the hospital for psychiatric evaluation. (R1) initially denied the allegation however when staff visited (R1) in the hospital she admitted to hitting (R2).</p> <p>R2's diagnoses include schizophrenia and hearing loss.</p> <p>R2's (10/27/22) BIMS (Brief Interview Mental Status) determined a score of 15.</p> <p>On 12/21/22 at 12:27pm, surveyor inquired about</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL 0000488	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 1/17/2023
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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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S9999	<p>Continued From page 2</p> <p>R2's means of communication. V4 (Social Service) stated, "She can't talk. She uses sign language or writes things down." Surveyor inquired about the (11/9/22) altercation. R2 wrote down "(R1's name) she was bossy" then motioned that she was struck in the right eye.</p> <p>On 12/21/22 at 1:47pm, surveyor inquired about the (11/9/22) incident which occurred between R1 and R2. V12 (Licensed Practical Nurse) stated, "I was making rounds and I noticed (R2's) eye so I wrote to her could you tell me what happened to her eye. Her (R2) reply to me was (R1) had hit her (R2) in the eye the night before. I called the doctor and informed him what had happened and received orders to transfer (R1) out. I did assessments on (R2) to see if she was having blurred vision or pain. Surveyor inquired if V12 assessed R1 prior to transfer. V12 responded, "No."</p> <p>R1's (11/10/22) hospital history & physical states patient presents from nursing home after having a confrontation with another resident where she reports that she punched a person in the face with her right hand. Complains of painful swelling to the (right) hand 5th metacarpal region.</p> <p>R1's (11/30/22) BIMS (Brief Interview Mental Status) determined a score of 15.</p> <p>R1's (11/10/22) right hand x-ray states there is an acute boxer's fracture of the right 5th distal metacarpal. There is mild to moderate volar angulation of the distal fracture fragments. There is soft tissue swelling.</p> <p>On 12/22/22 at 10:55am, surveyor inquired about potential harm to a resident that gets struck in the eye. V13 (Medical Director) stated, "The potential</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL 6006426	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/22/2022
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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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S9999	<p>Continued From page 3</p> <p>harm is blindness if somebody gets hit, its injury to the eye (if you want to take it to the extreme level) to a minor thing being an abrasion. It depends how hard they got punched or where they got punched."</p> <p>The (11/22/17) abuse prevention policy states residents have the right to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment.</p> <p>"B"</p>	S9999		