

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052837		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/22/2026	
NAME OF PROVIDER OR SUPPLIER KENWOOD VLGE NRSG AND RHB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL , CHICAGO, Illinois, 60653			
(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) COMPLETION DATE	
S0000	Initial Comments Investigation of Facility Reported Incidents of: 11/05/25 (2683423)- 300.3210 11/20/25 (2683479)- 300.3210		S0000			01/29/2026	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3210t) 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 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		S9999			01/29/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 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. These Requirements were not met as Evidenced by: Based on interviews and record review, the facility failed to ensure that four residents (R4, R6, R8 and R10) were free from abuse. This failure has affected four of seven residents reviewed for abuse. R4 is a 54-year-old with diagnosis including but not limited to: Major depressive disorder, bipolar disorder, essential hypertension and hyperlipidemia. R6 is a 67-year-old with diagnosis including but not limited to: Unspecified dementia, repeated falls, unspecified asthma and chronic obstructive pulmonary disease. R8 is a 91-year-old with diagnosis including but not limited to: cognitive communication deficit, unspecified dementia, essential hypertension, muscle wasting and atrophy. R10 is an 88-year-old with diagnosis including but not limited to: Unspecified dementia, unspecified fracture of right ilium, adult failure to thrive, unspecified atrial fibrillation and hypertensive heart disease with heart failure. Facility Incident Report form dated 11/05/25 documents the following: R4 reported to staff, R3 pushed him. R4's Care Plan documents, R4 is at risk for abuse due to psych diagnosis and verbal aggression. Facility Incident Report form dated 11/20/25 documents the following: there was an alleged altercation between R6 and R5. R5 apparently invaded R6 personal space which allegedly turned aggressive in an alleged physical altercation. R6's Care Plan documents, R6 is at risk for health, safety, and behavioral concerns. On 1/15/26 at 3:50 pm, R6 was observed in his bedroom and R6 stated that he was hit by another resident before they began to fight. Facility Incident Report form dated 1/12/26 documents,		S9999				

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S9999	Continued from page 2 R7 showed aggression towards R8, and the alleged altercation was witnessed. Witness Statement dated 1/12/26 and written by V19 (Therapist) documents, roommate (R7) entered room, said hello then instantly punched R8. Facility Incident Report form dated 1/12/26 documents, R9 allegedly became agitated with R10 and allegedly hit R10. R10's Care Plan documents the following: R10 is at risk for abuse due to poor cognition related to diagnosis of dementia, severe with mood disturbance. On 1/20/26 at 2:20 pm, V17 (LPN/ Licensed Practical Nurse) stated the following, "R9 was sent out to the hospital for hitting R10." During Interview on 1/15/26 at 10:45 am, V1 (Administrator) stated the following, "No resident here deserves to be hit. We do the best we can to recognize the signs of aggression and intervene as quickly as possible to eliminate physical contact or harm, but yes there has been some physical altercations between residents here recently." Facility policy titled Resident Rights documents the following: Residents have the right to be free from verbal, sexual, physical, and mental abuse, involuntary seclusion, exploitation, and misappropriation of property by anyone. (B)		S9999				