

Illinois Department of Public 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 03/27/2026	
NAME OF PROVIDER OR SUPPLIER KENWOOD VLGE NRSNG AND RHB CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL , CHICAGO, Illinois, 60653			
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S0000	Initial Comments Annual Licensure and Certification Survey		S0000			04/10/2026	
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.615e) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information. e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) This requirement is not met as evidenced by: Based on interviews and record reviews, the facility failed to check the Criminal History Information Response Process (CHIRP), for ten residents (R29, R30, R62, R65, R87, R115, R141, R147, R149, R150) out of 10 residents reviewed for Identified Offender Protocol in a total sample of 28 residents. This failure has the potential of affecting all 142 residents residing in the facility. Findings include: On 03/25/2026 at 12:07PM, V17(Social Services Director) stated she requested fingerprints for R149 today because he has multiple hits, meaning his name is associated criminal background hit. R149 was admitted on 3/20/2026. We have 24 hours to request fingerprints for residents who come back with a hit for criminal background. I should have requested the fingerprints within 24 hours. Once we get the fingerprints results back, it has to be		S9999			04/10/2026	

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 uploaded to the identified offender website so it can be submitted to the state police. The state police then conduct an interview and determine the resident risk level. If not submitted on time, the facility can put other residents at risk for harm for not knowing the incoming resident's criminal or violence history. R149 admission date is 3/20/2026. Background check-CHIRP (Criminal History Information Response Process) was run by HR (Human Resources) on 03/24/2026. V17 stated she does not have access to run background checks. HR runs it. It came back with multiple hits. I just requested the fingerprints today. Sex offender Illinois and National sex offender run 3/17/2026-No sex offender history. IL (Illinois) department of correction 3/17/2026-No hits R147 was admitted 3/18/2026. IL stated police registry, IL Department of corrections, National sex offender run on 3/11/2026- No hits. Her CHIRP was run 3/25/2026 and it was supposed to be run within 24 hours of admission. R150 admitted on 3/17/2026 IL stated police registry, IL Department of corrections, National sex offender run on 3/13/2026- No hits. CHIRPS run on 3/24/2026. Supposed to be run within 24 hours of admission. No records were found. R87 admitted on 3/12/2026 IL stated police registry, IL Department of corrections, National sex offender run on 3/09/2026- No hits. CHIRPS run on 3/24/2026. Supposed to be run within 24 hours of admission. No records were found. R62 was admitted on 3/09/2026 IL stated police registry, IL Department of corrections, National sex offender run on 3/02/2026- No hits. CHIRPS run on 3/24/2026. It is in progress. It is supposed to be run within 24 hours of admission. R29 was admitted on 2/19/2026 IL stated police registry, IL Department of corrections, National sex offender run on 2/11/2026- No hits. CHIRPS run on 3/24/2026.CHIRPS is supposed to be run within 24 to 48 hours of admission. R30 was admitted on 2/18/2026 IL stated police registry, IL Department of corrections, National sex offender run on 2/17/2026- No hits. CHIRPS run on 3/24/2026.CHIRPS is supposed to be run within 24 to 48 hours of admission. R65 was admitted on 2/13/2026 IL stated police registry, IL Department of corrections, National sex			S9999			04/10/2026

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S9999	Continued from page 2 offender run on 2/11/2026- No hits. CHIRPS run on 3/25/2026-still in progress. CHIRPS is supposed to be run within 24 to 48 hours of admission. R141 was admitted on 2/19/2026 IL stated police registry, IL Department of corrections, National sex offender run on 2/06/2026- No hits. CHIRPS run on 3/24/2026.CHIRPS is supposed to be run within 24 to 48 hours of admission. R115 was admitted on 2/05/2026 IL stated police registry, IL Department of corrections, National sex offender run on 3/25/2026- No hits. CHIRPS run on 3/24/2026.CHIRPS is supposed to be run within 24 to 48 hours of admission. On 03/25/2026 at 12:58PM V18 (Human Recourses Director) stated the previous administrator who left the facility in October 2025 was doing resident background checks. After the previous administrator left, the admissions director was doing background checks on new residents, but she too left the facility in the middle of December 2025. After that, new resident background checks fell through the loops and were not being completed. V18 stated last night, (03/24/2025), V1(administrator) asked me if I was doing new admissions background checks. I told her no. V1 then told me to start doing them. I did them yesterday. The importance of background checks is to make sure the residents don't have sex offender history, and if they do, they have to be placed in a separate room by themselves. Criminal history background checks are done to see if the new resident has any criminal or violent history. This lets the facility know if the resident is safe to be admitted to the facility. I just ran the background checks and gave them to V17 (Social Services Director). V1 lets me know which residents to run background checks for. On 03/25/2026 at 1:57PM, V1(Administrator) stated resident background checks are started by admissions director. The current Admissions Director (V19) is new. I started working at the facility less than a month ago. Prior to V19 starting here, it was my understanding thatV18 (Human Resources Director) and V17(Social Services Director) complete background checks. We dropped the ball. I take full responsibility for it. If we are not doing background checks, we do not know what type of resident we are admitting in the building. It could cause possible inappropriate harm to residents. Background checks should be completed prior to resident admission. If background checks come back with low level issues (hit) on the resident, the facility should follow up			S9999			04/10/2026

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S9999	Continued from page 3 with finger printing. Identified Offender Facility Policy and Procedure 2011 documents: -Conduct a Criminal History Background Check: Within 24 hours of admission. (C) 2 of 3 300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement is not met as evidenced by: Based on interview and record review the facility failed to ensure resident safety by allowing an employee access to residents without verification of the employees' background. This failure has the potential to affect all 142 residents that reside in the facility. Findings include: 3/25/26 at 4:19 PM, reviewed healthcare worker background checks with V18 (Human Resources Director). V18 stated V16 (Certified Nursing Assistant/Restorative Aide) start date/date of hire was 3/16/26 and V16's employee background checks were run on 3/12/26. V16 oriented on the floor with restorative on 3/16/26. V16 was working alongside another staff member. V16 was a rehire. V16 had 10 years of CNA experience. V16 was orienting as a restorative CNA with another staff starting 3/16/26 for 3 days. V16 started working on the floor alone on 3/19/26. V16 did human resource orientation, paperwork, taxes, educated on abuse/neglect, resident rights on 3/12/26. Upon further investigation, it was found that V16's background search was conducted 3/16/26 5:21:37 PM. V18 stated the search was conducted after V16 was orienting. V18 stated "I should have run them before being hired." According to V16 Personal Summary, V16 Employed since 03/12/2026. According to V16 Time Care Report, V16 clocked in	S9999				04/10/2026	

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S9999	Continued from page 4 at 11:00 AM and clocked out at 3:00 PM. 3/26/26 at 4:06 PM, V1 (Administrator) stated employee background checks should be run prior to them starting work. We want to make sure the person is appropriate for the job based on the background, negative or positive. Before running background checks the employee should not have access to the residents. 3/27/26 at 4:14 PM, V18 (Human Resources Director) stated the purpose of healthcare worker background checks is to make sure the potential employees don't have any reasons they can't work for us, like abuse or felonies on their record. There is nothing bad in their background so they can work with our residents. Background checks should be run prior to employment and prior to access to the residents. If the background checks are not run timely there is potential for residents to be abused or harmed by the employee. I should have run the background check sooner, but I was going off of her previous employment file. She was a rehired. She worked for the facility approximately six months prior. I knew she was an excellent worker and there was nothing on her background previously. Facility policy Background Check Guideline, no date, reads in part: All offers of employment are contingent upon clear results of a thorough background check. Background checks will be conducted on all final candidates and on all employees who are promoted, as deemed necessary. The HR Director will ensure completion of Background Checks for all new employees and as required by the respective State of Center operation. (C) 3 of 3 300.610a) 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			S9999			04/10/2026

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S9999	Continued from page 5 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 t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These Requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to protect residents from verbal aggressions which affected two residents (R37, R66) of seven residents reviewed for abuse in a total sample of 28 residents. The escalating verbal aggressions resulted in verbal and physical assault which caused R37 to suffer psychosocial harm exhibited by increased depression, increased feeling of mania and feeling unsafe in her private space. Findings include: R66'S medical record documents, in part, the following medical diagnoses: Schizophrenia and Major Depressive Disorder. A Minimum Data Set (MDS) dated 2/17/26 documents that R66 is Cognitively Intact. R66's care plans include concerns with behavioral symptoms, physical and verbal aggressions towards others and depression. There is a care plan that documents that R66 is at a high risk for abuse due to impaired decision making and verbally aggressive behavior. R37's medical record documents, in part, the following medical diagnoses: Bipolar Disorder and Major Depressive Disorder. An MDS dated 1/20/26 documents that R37 is Cognitively Intact. R37's care plans include concerns with bipolar disorder for which R37 is prescribed an antipsychotic medication,			S9999			04/10/2026

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S9999	Continued from page 6 behavioral symptoms, verbal aggressions towards peers and depression. On 3/23/26 at 11:37 AM, R37 stated, "I was just assaulted by (R66). It just happened an hour ago. A nurse came running into my room when I screamed and they immediately removed (R66) from the room." R37 was visibly shaken and crying on and off. At 11:40 AM, V36 (Activity Aide) entered the room and briefly talked to R37. R37 again started crying as she recalled the assault that took place. At 11:43 AM, V36 indicated she would report the incident to personnel. R37 continued to state, "(R66) has been verbally saying things to me for the last week. I really don't think she likes me. It has gotten to the point where (R66) assaulted me. She came in contact with my left arm." R37 was asked if R66 hit her. R37 stated, "Any unwelcome contact with my body is considered assault, is it not? We have had several instances of disagreement with verbal altercations because she is constantly opening and closing the privacy curtain. I'm over here minding my own business. There's no reason to move the separation between us. That's just plain disrespectful. All the staff knows about what has been going on. I even had staff from the therapy (social services) department come and talk to me about these altercations." R37 continued, "Something like this was bound to happen because she's been at me all week. I don't feel safe. I feel like I cannot even close my eyes." R37 stated, "For me to feel unsafe in my personal space is not good. I do feel unsafe. I've been asking to be moved from this room. The incessant belligerent attitude is making me feel manic and not right in my head." R37 clarified that it did not make her feel like being physically aggressive towards R66 but made R37 feel increased confusion in her own head. Then R37 switched to speaking of herself in 3rd person and stated, "It makes me think like what did (R37) do in her lifetime to make someone want to assault her." On 3/24/26 at 11:52am, R66 was sitting in the day room on the 3rd floor due to staff removing her from the room after the altercation. R66 refused to talk. On 3/27/26 at 4:00 PM, V20 (Psychiatric Doctor of Nursing Practice (DNP) stated, "When angry, persons with bipolar disease will experience a change in mood. Bipolar moods swing based on how things are going around you. With increased anger, this can cause manic feelings. Patients do not necessarily need to be monitored closer but may need a re-evaluation and a medication adjustment."			S9999			04/10/2026

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S9999	Continued from page 7 On 3/24/26, R37 was sent to the hospital. On 3/27/26 at 4:00pm, V20 confirmed that R37 was sent out for a psychiatric evaluation and a medication adjustment after V20 was notified of R37's verbal/physical altercation with R66 and a verbal altercation with R147 on 3/24/26. On 3/24/26 at approximately 11:00am, V7 (Staffing Coordinator) and V22 (Medical Records Director) confirmed that they were assisting on the 3rd floor and they heard the verbal altercation between R37 and R66. On 03/24/2026 at 11:16 AM, this surveyor heard/observed R37 (as R37 walked to the nurse's station) shouting out that R66 had slapped R37 on her arm with R66's clothes. R37 was visibly upset. R66 walked out of their room (R37 & R66). As staff separated R66 and R37, R66 flipped middle finger to R37 as R66 displayed mouthing of words "fuck you". Separate staff remained with R66 and R37 in different locations. On 3/25/26 at 9:46am, R66 stated, "(R37) was on the edge since she came in here. (R37) did not like that I would open and close the curtain. (R37) didn't like that I walked past her bed all the time. So, we have had words with each other almost every day. I guess she didn't like that I would talk back. I hardly talk to people. I keep to myself. I don't feel comfortable talking to people." R66 continued to state that they would verbally fight with swear words and back and forth arguing but nothing physical. R37's electronic record documents that R37 was moved into R66's room on 3/13/26. Their first altercation was documented on 3/15/26 at 4:30am. R37's progress notes authored by V30 (LPN-Licensed Practical Nurse) document, "Resident noted verbally arguing with roommate in shared room." Residents separated from each other and spoken to on 1:1 basis to de-escalate the situation. It is not documented that the Abuse Coordinator was notified. R37 and R66 remained in the same room. A second altercation was documented on 3/23/26 in R37's progress notes and authored by V32 (LPN). It reads: Resident observed engaging in verbal altercation with roommate, with both residents displaying verbally aggressive behavior toward one another. Staff intervened promptly and attempted to de-escalate the situation; however, redirection was not effective at that time. "Resident remains on continuous monitoring for safety and behavioral			S9999			04/10/2026

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S9999	Continued from page 8 observation." R37's Continuous monitoring documentation was requested and not received. It is not documented that the Abuse Coordinator was notified. A third altercation occurred on 3/24/25 as R37's progress notes which were authored by V31 (LPN) document at 12:06pm, Resident alleged that (R66) hit her on the left arm during a verbal altercation, in which the roommate denies. Reports from staff stated they heard/observed a verbal altercation between the two. R37 and R66's medical records document only three verbal altercations despite multiple staff members indicating that verbal aggression between the two residents happen often. R37 and R66 indicated that their verbal arguments happen every day. On 3/25/26 and 3/26/26, V28 (CNA), V29 (LPN), V33 (CNA) and V34 (CNA) all indicated that they are often scheduled to care for R37 and R66. All confirmed that R37 and R66 are verbally confrontational with each other. R37's progress notes dated 3/23/26 documents that R37 complained about certain actions that R66 does that cause her agitation. On 3/25/2026 at 10:35am, V28 (CNA) stated, "One of them wants curtain pulled. (R37) didn't want (R66) to pull curtain. I had to explain that she has right to do that. There was no physical altercation. They never had verbal issues when I took care of them. Both just said they need to get out of that room - meaning they needed to be moved out of room. I didn't tell anyone. I was able to talk to both of them." On 3/25/2026 at 10:42am, V34 (CNA) stated, "I am familiar with them. I take care of them regularly. They've only been in that room together less than 30 days. They argue a lot. They have a lot of verbal altercations at night. The issue is that they don't want to be in the room together. (R37) does not like being in the room with (R66). They are arguing back and forth all the time. I have come in to diffuse their arguments. I cannot remember specifically when." V34 continued to state that he can hear the verbal confrontations from the hallway. " I'll come in and they will calm down. But (R37) will say she doesn't want to be in room with (R66) and walk out." V34 stated that he let V29 (LPN-Licensed Practical Nurse) know about their altercation and did not let			S9999			04/10/2026

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S9999	Continued from page 9 Abuse Coordinator know. On 3/26/26 at 1:39pm, V29 (LPN) indicated that she has not reported any abuse incidents regarding R37 and R66 to the Abuse Coordinator. V29 also stated that R37 and R66 "Sometimes get into it." V29 stated, "I don't remember (V34) letting me know about an altercation. Must not have been major. Major is if they are verbally aggressive towards each other and if loud and disturbing to other residents." Staff interviewed were able to recall specific instances of verbal aggressions between R37 and R66, but there was no documentation of these verbal aggressions in the progress notes and they were not conveyed to the Abuse Coordinator. As a result, multiple verbal aggressions between R37 and R66 were not reported to State and not investigated as possible abuse. V28 (CNA-Certified Nurse Assistant) and V34 (CNA) both indicated that R37 and R66 requested to be moved from their shared room. Neither CNA told any other staff members. As a result, R37 and R66 remained roommates. On 3/25/36 at 11:49am, V27 (PRSC – Psychosocial Rehabilitative Service Coordinator) stated, "(R37) has had issues with other residents. (R37) has disorganized thinking and believes that she's living by self. She does not know how to share living spaces. She is verbally aggressive towards other residents and staff. Issues started when (R37) was moved in with (R66)." V27 indicated that R37 never approached V27 about wanting to be moved. V27 also stated that staff did not come to her with knowledge about R37 and R66 wanting to be moved out of the room. V27 stated, "If we knew, we would find a new room to separate them, deescalate the situation and prevent bigger problems like what happened." V27 indicated that there is no reportable incident regarding R37 and R66. V27 stated, "If I think back to what we should have done when they were having altercations, we should have considered separating them after the first incident. If they have increased verbal discussions, and they're not separated, then they're not kept safe because it could have been prevented by removing them as soon as the first incident occurred." R37's care plan regarding behavioral symptoms and dated 1/16/26 reads: Approach: Staff will ensure environmental safety reducing the need for conflict. R66's care plan regarding psychosocial well being and dated 11/3/25 reads: Approach: Provide a			S9999			04/10/2026

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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) COMPLETION DATE
S9999	Continued from page 10 calm, structured environment with minimal stimuli to reduce frustration and agitation. Another care plan dated 11/7/24 reads: Approach: Report all instances of alleged abuse to the abuse coordinator. R66's care plan regarding behavioral symptoms and dated 11/7/24 reads: Approach: Maintain a calm environment and approach. The facility originally provided R37 and R66's progress notes on 3/24/26. As the abuse investigation progressed, R37 and R66's Progress Notes were edited as evidenced by the several notes in italics. It reads at the bottom of each document, "Notes marked in italics indicates that a note has been marked invalid or is a history of the note edited." On 3/25/26 at 11:49am, V27 (PRSC) denied that she edited R37 and R66's Social Services progress notes. On 3/26/26 at 11:42am, V27 confirmed that she had, in fact, edited R37 and R66's progress notes on 3/24/26 after the abuse incident between R37 and R66. On 3/25/26 at 2:35pm, V1 (Administrator) stated, "I am the abuse coordinator. Whenever any type of abuse occurs, they all know to call me as soon as possible. I have a 2-hour window to start an investigation and report to (State). They should separate residents, make them safe, do a physical assessment, call the family, call the doctor and the police if appropriate. With the verbal altercations, I should have been contacted immediately. Schizophrenia cannot be seen as normal and accepted behavior. It is inappropriate behavior. I do not have any reportable incidents for (R37) and (R66). I was not told about them. They should have been separated after the first verbal aggression. Different rooms and if warranted different floors. We have to separate after verbal aggressions because we never know what it is going to lead to." V1 confirmed that the only abuse investigation she has for R37 and R66 is from 3/24/26. The facility had one abuse investigation for R37 and R66 and it was dated 3/24/26. There are no other reportables for any incidents between R37 and R66. On 3/25/26, the facility submitted an undated facility policy titled "Abuse Prevention Program" which was not in accordance with the Long Term Care section of health care. Instead, it indicated that it was for the mental health division of State. This policy documents, in part: IV: Establishing a Consumer Sensitive Environment: This facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of consumer property by			S9999			04/10/2026

Illinois Department of Public Health

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S9999	Continued from page 11 establishing a consumer sensitive and secure environment. VI. Protection of Consumers: Consumers who allegedly abused another consumer will be removed from the immediate area and a determination made as to contact, if any, with other consumers during the course of investigation. The accuse consumer's condition shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his and her safety, as well as the safety of other consumers and employees of facility. VII: All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of consumer property occurred, was alleged or suspected. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of consumer property will result in an investigation. On 3/27/26 at 2:16pm, V1 (Administrator) was updated that the Abuse policy submitted was not for Long Term Care. The facility then submitted an, "Abuse Prevention Training Program" document from the Illinois Long Term Care Council dated November 22, 2017 which reads, in part: B. Internal Reporting: Employees are required to report any allegation of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator. III. Protection: B. Resident. If the alleged perpetrator is a resident, the resident will be separated from the alleged victim and the resident's condition will be evaluated as soon as reasonably possible to determine the most suitable therapy and placement for the resident. This will be done taking in consideration the safety of other residents and employees of the facility. On 3/27/26 at 3:54pm, the facility submitted a 3rd abuse policy which was undated and titled, "Abuse Prevention Policy". (B)			S9999			04/10/2026