

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
---	--

(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	<p>Initial Comments</p> <p>Complaint Investigations: 2292181/IL144816 2291943/IL144511 2293405/IL146427</p> <p>Investigation of Facility Reported Incident: FRI of 02.22.22/IL144023 FRI of 02.24.22/IL144300 FRI of 02.24.22/IL144560 FRI of 03.06.22/IL144627 FRI of 01.29.22/IL143706 FRI of 02.15.22/IL144542 FRI of 04.15.22/ IL146056</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations I of III: 300.610 a) 300.1210 b) 300.1210 d)6) 300.3210 t)</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>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>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.</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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their abuse policy by not ensuring 5 of 5 (R9, R11 R14, R24 and R27) were free from abuse. This failure resulted in R9 sustaining a left third distal phalanx (finger) comminuted tuft (tip) fracture and laceration requiring seven sutures. In addition, R11 sustained a nasal fracture.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>Findings Include:</p> <p>Facility abuse prevention program policy revised 01/2019 documents: It is the policy of the facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and crime against a resident in the facility. Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including a caretaker of goods and services that are necessary to attain or maintain physical, mental psychosocial well-being. Willful, means the individual must have intended to inflict injury or harm. Physical abuse: hitting, slapping, pinching, kicking, etc.</p> <p>R9 was admitted to the facility in 4/18/2014 with a diagnosis of lack of coordination, bipolar disorder, obsessive compulsive disorder, major depressive disorder, schizoaffective disorder, weakness, and unsteadiness on feet. R9's brief interview for mental status dated 1/1/22 documents a score of 15/15 which indicates cognitively intact.</p> <p>On 4/13/22 at 12:35 pm, R9, who was alert and oriented at time of interview, said he was attacked by roommate identified as R10. R9 denies any negative interactions with R10 prior to the incident. R9 said R10 hit him with a metal rod from the closet and R9 was using his arm and hands to protect his head. R9 said he sustained a laceration on his hand and had to go to the emergency room. At 1:44 pm, R9 said he felt scared of R10 at the time and unsure why R10 hit him.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
---	--

(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
S9999	<p>Continued From page 3</p> <p>On 4/13/22 at 12:50 pm, R22 (roommate of R9 and R10 at time of incident) who was alert and oriented at time of interview, said he saw R10 hit R9 multiple times with a metal rod from the closet. R22 said R10 had the rod within his wheelchair and there were no negative interactions with R9 or R10 prior to the incident. R9 was near his bed at time of incident and was unprovoked incident.</p> <p>On 4/13/22 at 4:41pm, R10 who was alert and oriented at time of interview, said he hit R9 with a metal rod because he was trying to touch his penis. R10 said he got metal rod from closet.</p> <p>On 4/19/22 at 4:39 pm, V6 (security) said he was on the unit when he heard R9 and R10. R10 admitted to hitting R9 with a metal rod. R9 was in the hallway saying he got hit in the hand with a pole. V20 (Nurse) said R10 was unable to say why he hit R9, and the metal pole was removed from his possession. V20 said he threw the pole in to the dumpster outside.</p> <p>R9's hospital record dated 2/23/22 documents: R9 presenting today for evaluation from nursing home after being attacked by another person at the nursing home. R9 states today was his birthday, and he was having a great day, after dinner he wanted to go into his room and one of the other patients at the nursing home came in and attacked him. He states that he was hit in the shoulder, he fell, he did not hit his head, but the other person took a metal rod and began to beat him with it. He tried to cover himself with his hands and he was screaming for help. He states he did not provoke attack. Under exam: patient has dried blood on the left side of his face with no abrasions, tenderness present in bilateral lower arms, wrist, and hands. Left hand: laceration</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

MIDWAY NEUROLOGICAL / REHAB CENTER **8540 SOUTH HARLEM BRIDGEVIEW, IL 60455**

(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
S9999	<p>Continued From page 4</p> <p>(base of thumb-minimal bleeding, third digit actively bleeding. Seven sutures were placed to left palm wound measuring 4 cm in length. Under radiology results documents a left third distal phalanx (finger) comminuted tuft (tip) fracture.</p> <p>R11 R11 was admitted to the facility on 3/5/2020 with a diagnosis of dementia with behavioral disturbance, schizoaffective disorder, anxiety, and weakness. R11's brief interview for mental status score dated 12/10/21 documents a score of 3/15 which indicates severely cognitively impaired.</p> <p>R11's hospital record dated 3/6/22 documents: On discussing with nursing home staff, patient was wandering into the room of another resident. He got into an altercation with another resident, the resident pushed him, and he fell and struck his face. CT of facial bones documents a naso-orbital-ethmoid fracture. Under physical exam: left parietal scalp abrasion, posterior occiput abrasion, punctate laceration inferior to left orbit, bilateral periorbital ecchymosis, oozing from bilateral nares, 0.5cm lower lip laceration.</p> <p>R12 was admitted to the facility on 11/5/2020 with diagnosis of paranoid schizophrenia, delusional disorders and psychosis. R12 has a brief interview for mental status score dated 2/11/22 documents a score of 15/15 which indicate cognitively intact.</p> <p>On 4/27/22 at 2:10 pm, R12 who was alert and oriented at time of interview, said R11 had a history of taking items from his room at night and urinating within his room. On day of the incident, R12 said he observed R11 in his bathroom urinating on the floor. R11 would not leave his</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>room and was mumbling something in Spanish. R12 said he hit R11 in the back of head and punched him the stomach. R12 said R11 began lifting his leg and it got caught between the footboard and frame causing him to fall. R12 said he dragged R11 out into the hallway by his legs.</p> <p>R12's incident report dated 3/6/22 documents: R12 had no injury sustained.</p> <p>R12 hospital record dated 3/7/22 documents: Resident admitted due to verbal and physical aggression towards other residents at the nursing home.</p> <p>R14/R15 R14 has the diagnosis of Schizoaffective and bipolar disorders, psychotic disorder with hallucinations. Minimal Data Set (MDS) section C (cognitive patterns) documents a score of fifteen which indicates cognitively intact. Nursing note dated 2/24/22 documents: R14 was observed presented with agitation due to a peer being disrespectful towards R14's boundary.</p> <p>R15 has the diagnosis of schizoaffective disorders. MDS section C (cognitive patterns) documents a score of fifteen which indicates cognitively intact. Psychiatric progress note dated 2/24/22 documents: the nurse reports that R15 hit another resident (R14). The other resident (R14) was near or taking to his girlfriend (R21) of seven months.</p> <p>On 4/13/22 at 1:00 pm, R15 who was assessed to be alert to person, place and time said, we were standing in line for a smoking break. R14 was standing very close to R21. I asked R14 to move over a little bit to the right. R14 replied by hitting me in the face, knocking my mask off. I hit</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 6</p> <p>R14 back in the face. I stopped myself from fighting R14. Staff didn't see what happen because they were at the nursing station, we were at the end of the hallway around the corner.</p> <p>On 4/14/22 at 12:48 pm, V3 (Director of Nursing) said, R15 thought R14 was trying to talk to his girlfriend (R21). There wasn't a physical altercation between R15/R14.</p> <p>On 4/14/22 at 1:48 pm, R14 who was assessed to be alert to person, place, and time, said, R15 asked me to move away from (R21) his female friend. I didn't want to move. I didn't feel like I had to move. R15 started hitting me in the face with his fist. I just stood there, let R15 hit me. I was hit five times in the face. My eyes were blacked and my nose was bleeding. No staff intervene. It took me weeks to heal.</p> <p>On 4/19/22 at 4:18pm, R21 who was assessed to be alert to person, place and time said, R14 was standing behind me very close. I felt like R14 was trying to touch my buttock. R15 asked R14, to move back away from me twice. R14 hit R15 in the face knocking off R15's face mask. R15 in returned punch R14 in the face multiple times. Staff was not present. R15 stop hitting R14 by himself. R14 had two purple eyes and a bloody nose.</p> <p>On 4/19/22 at 4:48 pm, V6 (security aide) said, a code gray was call. I went to the code gray. R15 and R14 was having a verbal altercation. It happened around 6pm which was smoke time. I'm not sure what happen to R15 that night, but he is not usually aggressive. R15 swung at me and made contact with my arm.</p> <p>Hospital records dated 2/25/22 documents: R15</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 7</p> <p>was admitted because he was increasingly aggressive involving in a physical altercation with another peer at the nursing home. R15 state he had an argument with him (R14) and R15 punched his (R14) face then eventually pulled back.</p> <p>R24/R23 R24 has the diagnosis of Vascular Dementia with behavioral disturbance, psychosis, delusional disorder and violent behavior. Minimal Data Set (MDS) section C (cognitive pattern) dated 4/11/22 documents a score of six which indicates serve impairment. Nursing note dated 4/15/22 documents: R24 was involved in a verbal argument with her roommate that quickly escalated into a physical altercation in the room. R24 was noted with a left eye discoloration. R24 as discharge to the hospital for medical evaluation. Incident report dated 4/15/22 documents: R24 was confused/disoriented, unable to give a description. R23 stated, R24 tried to take her blanket and pillow.</p> <p>R23 has the diagnosis of Schizoaffective and Bipolar disorder. MDS section C dated 4/1/22 document a score of 12 which indicates moderate impairment. Incident report dated 4/15/22 documents: R23 was agitated/anxious. R24 told me that R23 hit her.</p> <p>On 4/21/22 at 12:41 pm, R24 was observed with the sclera (white layer of the eye) bright red in color. R24, who was alert to self, said it hurts (unable to rate pain). A girl hit me. I was angry. I didn't hit her back. I got up and put my clothes on and left.</p> <p>On 4/21/22 at 1:03 pm, R23 who was assessed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 8</p> <p>to be alert to person, place and time said, R24 let me see an empty bottle, then pull back, I went forward. R24 thought I was taking the bottle from her. R24 attempted to punch me with a closed fist. I blocked R24's punch twice. Then staff came in and said, R24 had a black eye. I did not hit R24.</p> <p>On 4/21/22 at 1:26pm, V17 (Nurse) said, R24 said R23 slapped her. R24 had a redness in the bottom right corner of her eye. R24 was very agitated. R24 eye look like it was hit with a fist.</p> <p>On 4/22/22 at 1:52pm, V33 (Certified Nurse Assistant) said, I was at the nursing station when I heard, R24 say that mines, mines. I ran to R24's room, saw R23/R24 tussling/pulling a pillow. I separated both resident. I did not see any injuries on R24 until Saturday. R24 had a reddened area in the eye. R24 will take items from other residents without provocation.</p> <p>Final Reportable dated 4/21/22 documents: Interview view with R26 who witnessed the incident said, R24 took R23's pillow and they started to fight. R23 was lying in bed. R24 attempted to take R23's pillow which led to a physical altercation. R23 refused to give up her pillow. R24 was sent to the hospital for evaluation due to discoloration to the left eye.</p> <p>R27/R23 R27 had the diagnosis of blepharitis right eye, Schizophrenia, Anxiety Disorders. Minimal data set section C (cognitive status) dated 4/5/22 documents a score of fifteen which indicates cognitively intact. Incident report dated 5/3/22 documents: R27 said, I came out my room. R23 struck me in the face. I hit R23 but not sure if I made contact, but I pushed R23. R23 said, I</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>didn't punch anyone and declined further interview.</p> <p>On 4/29/22 at 10:11am, R27 was observed with dark circles under both eyes. R27 had a darker bruised area that was semi-crescent in shape under the left eye slightly off to the side consistent with a black eye. R27 who was assessed to be alert to person, place and time said, I was in the hallway with a bottle of tea. R23 asked me to give her my raspberry tea. I told her no. R23 hit me in the eye with a closed fist. R23 was so fast. I was stung for a minute. R23 kept coming after me. I had to out push R23 down to the floor keep her from hitting me again. R23 thought I stole her tea. I had left eye discoloration. I don't feel safe or comfortable on this floor.</p> <p>On 4/29/22 at 1:41pm, R23 who was assessed to be alert to person, place and time said, I asked R27 to let to me see an empty tea bottle. I was interested the bottle because I've purchased one three months ago. R27 swung at me, I fell down. I got myself off the floor. R27 thought, I was taking the bottle from her. R27 attempted to punch me with a closed fist. I blocked R27's punch twice. Then staff said, R27 had a black eye. I did not hit R27. On this floor we get into arguments and fights every day.</p> <p>On 5/4/22 at 2:02pm, R30 said, I heard R23 and R27 arguing in the hallway while in my room. I walked into the hallway and saw R23 getting up off the floor. R27 had a black eye. R27's eye was black the day of the incident and multiple days afterwards.</p> <p>Incident report dated 5/3/22 documents: R27 said, I came out my room. R23 struck me in the face. I hit R23 but not sure if I made contact. I</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 10</p> <p>pushed R23. R23 said, I didn't punch anyone and declined further interview. R23 ' s census does not document discharge/stop billing.</p> <p>"A"</p> <p>Statement of Licensure Violations II of III: 300.1210 d)2)3)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>2) All treatments and procedures shall be administered as ordered by the physician.</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>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow physicians order to obtain a stat x-ray post fall for one of one resident (R18) reviewed for physician orders. This failure resulted in R18 having a delay of over 13 hours before being sent to the hospital, where it was determined R18 had a left humerus fracture. This failure resulted in harm that a reasonable person would have pain with a fracture.</p> <p>Findings include:</p> <p>R18 was admitted to the facility on 11/04/2004</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 11</p> <p>with a diagnosis of dementia, diabetes type II, lack of coordination, hypertension, cerebrovascular disease, schizophrenia, anxiety, dysphagia restlessness and agitation. R11's brief interview for mental status score dated 11/12/21 documents a score of 3/15 which indicates severely cognitively impaired.</p> <p>R18's incident report dated 1/29/22 at 7:23 pm documents: R18 stated left arm pain 5/10 and Tylenol 325 mg was given.</p> <p>R18's medication administration record does not document any pain medication administrated.</p> <p>R18's physician orders does not document any Tylenol orders or pain medication orders prior to 1/30/22.</p> <p>A review of the R18's physician order details dated 1/29/22 at 10:28 pm documents: stat x-ray to left arm to rule out fracture.</p> <p>R18's medical record did not document any follow up or notification to the doctor of x-ray not being completed within 4-hour timeframe or any follow up to local x-ray company on update of estimated time of arrival.</p> <p>R18's progress note dated 1/30/22 at 9:35 am documents: Resident left shoulder noted this morning swelling, small discoloration on the lateral side. Resident complains of pain. X-RAY ordered is not yet done. MD contacted to send to local emergency room. Resident left the facility at 9:20 am with two (company name) attendants.</p> <p>R18's local hospital record dated 1/30/22 documents: patient was not moving his left arm secondary to pain. X-ray of shoulder documents:</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
---	--

(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
S9999	<p>Continued From page 12</p> <p>mildly comminuted, mildly displaced and angulated transverse fracture of the left proximal humerus metaphysis.</p> <p>On 4/26/22 at 11:59 am, V42(Nurse Practitioner) said if the stat x-ray was not able to be performed he would expect the facility to notify them of delay and would have requested for the resident to go hospital for evaluation. V42 does not recall being notified by the facility of any delay or x-ray not being done.</p> <p>"A"</p> <p>Statement of Licensure Violations III of III: 300.610 a) 300.1210 b) 300.1210 d)3)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 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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 13</p> <p>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>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 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 observation, interview, and record review, the facility failed to follow their fall prevention and management program, ensure interventions were implemented, and failed to supervise and monitor a resident with known wandering behaviors. This affected 2 of 5 (R11, R20) residents reviewed for avoidable accidents and supervision. These failures resulted R20 falling and sustaining a laceration to the back of the head requiring treatment/staples at the local hospital. These failures also resulted in R11 wandering into another resident's room and being physically assaulted sustaining a nasal fracture.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 14</p> <p>Findings include:</p> <p>R20 R20 has the diagnosis of Epilepsy, Unsteadiness of feet, Weakness, Convulsions, Sarcopenia (muscle loss/atrophy). Minimal data set (MDS) section C (cognitive pattern) date 4/1/22 documents a score of twelve which indicates moderate impairment. Nursing note dated 2/15/22 documents: R20 fell in his room while attempting to climb his closet. R20 had a skin tear and swelling noted to posterior side of the head and a swelling to the left upper arm.</p> <p>On 4/14/22 at 12:41 pm, V3 (Director of Nurses) said, R20 was trying to get something on top of his wardrobe cabinet/closet. R20 fell from the cabinet.</p> <p>On 4/14/22 at 2:13 pm, R20 who was assessed to be alert to person and place, said, I was looking for my laundry. I usually throw it on top of the cabinet. I opened the door, step inside on the bottom of the cabinet. The cabinet started to move, I fell backwards, hitting my head on the floor. R20 was observed with a medium size dried scab area on the back of the head. Two small clear bags of clothed with names written on white paper was observed on the top of R20's wardrobe closet/cabinet.</p> <p>On 4/19/22 at 1:05 pm, V17 (Nurse) said, R20 had a fall with injury to the back of his head. R20 was trying to get something off the top of his cabinet.</p> <p>On 4/22/22 at 10:34 am, V28 (Nurse) said, I was called to check R20. R20 was confused. R20 tried to climb on the wardrobe closet/cabinet. R20 had a laceration to back head.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 15</p> <p>On 4/27/22 at 3:59 pm, V3 said, nothing should be on the top of the wardrobe cabinets. Everything should be with reach for the resident.</p> <p>Nursing note dated 2/15/22 documents: R20 fell in his room while attempting to climb his closet. A skin tear and swelling were noted to the posterior side of the head and a swelling to the left upper arm. R20 returned from the hospital with four staples to the back of the head.</p> <p>Incident report dated 2/15/22 documents: R20 was observed lying on the floor beside bed. R20 said, he fell while trying to climb the closet. R20 had a laceration to the back of head and swelling to the top scalp. Interventions dated 2/18/22 documents: Reacher provided.</p> <p>Hospital paperwork dated 2/15/22 documents: R20 had the diagnosis of closed head injury, laceration of scalp and contusion to left lower extremity. R20 had a mechanical fall climbing on some furniture to get clothes from dresser, slipped backwards striking his head on the ground with loss of consciousness. R20 said, my whole body hurts especially my head and leg. R20 had a hematoma to the left occipital scalp, laceration that measured two centimeter in length and five millimeter in depth requiring wound closure with seven staples.</p> <p>Fall Prevention and Management Program undated documents: Provide appropriate intervention to prevent falls. Falls in nursing home resident are usually the consequence of a combination of intrinsic and extrinsic risk factors. Common extrinsic risk factor: Personal items - Inaccessible personal items.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 16</p> <p>R11 R11 was admitted to the facility on 3/5/2020 with a diagnosis of dementia with behavioral disturbance, schizoaffective disorder, anxiety and weakness. R11's brief interview for mental status score dated 12/10/21 documents a score of 3/15 which indicates severely cognitively impaired.</p> <p>On 4/27/22 at 2:10 pm, R12 who was alert and oriented at time of interview, said R11 had a history of taking items from his room at night and urinating within his room. On day of the incident, R12 said he observed R11 in his bathroom urinating on the floor. R11 would not leave his room and was mumbling something in Spanish. R12 said he hit R11 in the back of head and punched him the stomach. R12 said R11 began lifting his leg and it got caught between the footboard and frame causing him to fall. R12 said he dragged R11 out into the hallway by his legs.</p> <p>On 4/29/22 at 12:43 pm, R11 was observed leaving common dining room and walking the hallways without staff. R11 entered R28 and R34's room and then exited 12:45 pm. Staff then redirected R11 to common dining room.</p> <p>On 4/29/22 at 10:00 am, R27 who was alert and oriented at time of interview, said she has observed R11 in her bed and wandering the unit on varies days.</p> <p>On 4/29/22 at 12:13 pm, R34 who was alert and oriented at time of interview, said she has observed R11 in her room and wandering the unit.</p> <p>On 5/4/22 at 2:09 pm, R30 who was alert and oriented at time of interview, said R11 has urinated in his room on the floor near the door.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 17</p> <p>On 5/4/22 at 3:59 pm, V3 (DON) said R11's interventions for wandering include redirection. V3 said R11 has history of wandering behavior and they only way to stop would be to medicate him, physically restrain him, or close all the doors on the units which are not options the facility would do. The only way to prevent R11 from wandering is for R11 to move out of the facility. V3 said he would expect staff to allow R11 to walk around unit but within vision of staff, and if R11 enters another room to promptly redirect him. V3 said R11 is not violent or observed with aggressive behavior towards others.</p> <p>R11's hospital record dated 3/6/22 documents: On discussing with nursing home staff, patient was wandering into the room of another resident. He got into an altercation with another resident, the resident pushed him, and he fell and struck his face. CT of facial bones documents a naso-orbital-ethmoid fracture. Under physical exam: left parietal scalp abrasion, posterior occiput abrasion, punctate laceration inferior to left orbit, bilateral periorbital ecchymosis, oozing from bilateral nares, 0.5cm lower lip laceration.</p> <p>R11's care plan dated 3/16/22 documents: Resident wanders, rummages and hoards. Urinates in the hallways with the following interventions: Review behavioral symptoms that I display to determine strengths or abilities and needs are communicated via the behavior. Use with me interventions that address ability and needs reflected in the specific symptoms that I display; Intervene when I am observed to display any inappropriate behavior. communicate that I am responsible for exercising control over my impulses and behaviors. Use creative refocusing to alter my behavioral patterns especially if I have</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 60455
--	--

(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
S9999	<p>Continued From page 18</p> <p>dementia and am observed to be rummaging provide me drawers or laundry basket for rummaging; assess me for potential elopement; post a picture of me at/near front desk/nursing station; use electronic monitoring device; encourage me to participate in exercise programs and movement activities to help dissipate the excess energy that I may have; try to develop environment with a combination of soothing sensory props for independent activity and to help satisfy my ongoing needs for curiosity.</p> <p>"A"</p>	S9999		