IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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February 07, 2019

Michele Bush, Registered Agent
Midway Neurological and Rehabiliation Center, L.L.C.
240 Fencl Lane
Hillside, Illinois 60162

RE:	Complaint #:	IL00107001, IL00107546
	Survey Date:	December 12, 2018
	Docket Type:	Level A
	Docket #:	19-C0048

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Midway Nuerological/Rehab Center.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Midway Nuerological/Rehab Center/December 12, 2018//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. MIDWAY NEUROLOGICAL AND REHABILIATION CENTER, L.L.C., D/B/A, MIDWAY NUEROLOGICAL/REHAB CENTER, Respondent.	)	Docket No. NH 19-C0048

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Complaint IL00107001 and IL00107546 Investigation conducted by the Department on December 12, 2018, at Midway Nuerological/Rehab Center, 8540 South Harlem Avenue, Bridgeview, Illinois 60455. On February 05, 2019, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Midway Nuerological/Rehab Center, 8540 South Harlem Avenue, Bridgeview, Illinois 60455 on August 23, 2018. The Facility's current license number is 0047175. The term of the conditional license shall be from March 05, 2019 to September 04, 2019. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON MARCH 05, 2019.

The Conditional License will be withdrawn and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.1210b), 300.1220b)2) and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulation

Dated this 7th day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. MIDWAY NEUROLOGICAL AND REHABILIATION CENTER, L.L.C., D/B/A, MIDWAY NUEROLOGICAL/REHAB CENTER) Respondent.	)	Docket No. NH 19-C0048

PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Michele Bush
Licensee Info:	Midway Neurological and Rehabiliation Center, L.L.C.
Address:	240 Fencl Lane Hillside, Illinois 60162

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 7th day of February, 2019.

Sammye Geer
Administrative Assistant
Long Term Care- Quality Assurance
Office of Health Care Regulations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003826	A. BUILDING: _____ B. WING _____	C 12/12/2018

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
S 000	Initial Comments Complaint Investigation: 1897149/IL107001 1897651/IL107546	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1210 b) 300.1220 b)2) 300.3240 a) 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a resident is free from physical abuse by a staff member for one of seven residents (R8), reviewed for abuse in the sample of 16.

V14's actions during a resident to resident altercation provoked R8, resulting in increased agitation and a forcible takedown by multiple staff. While the resident was on the floor, staff inflicted additional physical abuse by kicking the resident in the face.

This failure resulted in R8 experiencing agitation and restlessness and verbalizing homicidal ideation's requiring inpatient hospitalization.

Findings include:

Review of R8's ambulance run sheet narrative (11.26.2018, written by V4, EMT-Emergency Medical Technician) documents: "In summary (BLS-Basic Life Support Ambulance) was dispatched for a (R8) to be taken from (facility) to (hospital) for a psych (psychiatric) evaluation for getting into a fight with residents and staff. UA

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S9999	Continued From page 2	S9999		

(upon arrival) on scene EMS (Emergency Medical Services) crew makes contact with nursing home nursing staff. While trying to gain report from nurse, physical fight breaks out between residents and staff members with one nurse grabbing who wound up to be our pt (patient) but we didn't know at the time grabbing by the throat and staff taking pt to the ground and separating everyone. Once fight is broken up report given to EMS crew (?) who pt was at that time.

He was being sent for getting into fights with pt (patient's) girlfriend and fighting with staff. Staff also states that pt has snuck in alcohol and was drunk. Pt continues to be verbally loud and threatening to anyone who (?) and speaks to pt. Nursing home calls PD (Police Department) for assistance. EMS crew waits for PD to arrive on scene and assist with trying to talk pt into getting onto stretcher. Once PD arrives they try and help talk pt onto stretcher and are unable to talk onto stretcher. They do get pt to say that he wants to bring all of pt's (patient's) with if he does leave. At this point (PD) says that they can not force pt to leave and this isn't a law enforcement issue and PD leaves. Pt is back in pt('s) room. Pt is talking with members of staff.

Pt was still screaming and being loud with staff but not physical. At this point a nurse called (V14) by staff and residents gets into pt('s) face and then proceeds to punch pt in face and throat. Pt then wrestled (to) the ground by 3 staff members. Then same nurse who punched pt also kicks pt in the face while pt laying on the ground restrained by staff. EMS crew call dispatch and medical control to keep them informed of situation and decision made (?) point that if pt is taken he will be taken to nearest hospital which would be (local hospital). After approximately 20 minutes pt able to be talked into getting on stretcher and pt is

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S9999	Continued From page 3 secured x 8..." Review of the facility's final incident report (12.04.2018) documents: "Facility received a call from (hospital RN-Registered Nurse) reporting that (hospital) received report that staff member, (V14, LPN-Licensed Practical Nurse) was physically aggressive towards resident (R8) during crisis prevention intervention." Review of R8's hospital record (Emergency Room Record Progress Notes, 11.27.2018) documents R8 "(Under Chief Complaint) "HPI (History of Present Illness) patient transferred from nursing home for psychiatric evaluation. Patient presumably got into argument with the staff and patient got upset and subsequently states that he wants to kill everyone at the nursing home...Patient states he was struck in face..." R8's final diagnoses were: Restlessness and agitation, and Homicidal ideation's. Per Social Service Notes: "Discharge to inpt (inpatient) psych unit." V4 (EMT, 12.04.2018 at 5:09 PM) stated when he arrived at the facility (11.26.2018) he observed a fight going on between residents (including R8) and staff at the Nurses Station. V4 said he saw V14 grabbing R8 by the throat and additional unidentified staff grabbing R8. V4 said he later saw V14 "square off and punch" R8. V4 said three additional staff members (unnamed/unidentified) got R8 on the floor and, while restrained on the floor, V14 kicked R8 in the face. V4 said he never saw or heard staff intervene to stop the abuse nor did he see R8 become physical with V14. V5 (EMT, 12.04.2018 at 6:03 PM) stated when he got off the elevator on the second floor	S9999		

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S9999	Continued From page 4	S9999		

(11.26.2018), he observed a fight between residents and staff. He said a staff member (later identified as V14) had a resident (later identified as R8) by the throat. V5 said R8 was heard yelling at V14 and, V14 punched R8 twice. V5 said three staff members tackled R8 and V14 kicked R8 in the face while he (R8) was on the floor. V5 said he never heard or saw staff intervene when V14 punched or kicked R8. V5 stated R8 was verbally abusive toward staff but was never physically abusive.

R8's written statement, obtained by V1 (Administrator) on 11.28.2018 documents: "I recognize that I had been drinking and I wanted to take my meds. I asked (V9, LPN-Licensed Practical Nurse) for my meds and he said no. I got angry and we sort of argued and we was arguing for a minute then I seen the ambulance come and that's when I got mad. Then, the police came but they left. I told them "I wasn't going to the hospital." I told them to let me go AMA (Against Medical Advice). They told me they where (were) going to call you (V1) and we kept arguing, then they all grabbed (me) and (V14) hit me while I was down on the ground.

R5 (12.05.2018 at 12:58 PM) said that he saw staff grabbing R8, "(staff) were trying to bring him down, they were grabbing at him, his head, his neck, everyone was grabbing a part of him."

R16 (12.05.2018 at 11:57 AM) said: "(V14) punched (R8) and kicked him in the face."

V1 (Administrator, 11.30.2018 at 11:30 AM and 2:02 PM) said that the facility does have security cameras, however, it's taped over every 24 hours. V1 also said that it's never appropriate for staff to react in a physical way towards a resident. "My

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S9999	Continued From page 5 staff, any staff at any facility, should never put hands on a resident in an inappropriate manner nor retaliate against a resident. (A)	S9999		

LTC07202

COMPLAINT DETERMINATION FORM

FAC. NAME: MIDWAY NEUROLOGICAL/REHAB CTR COMPLAINT #: 0107546
LIC. ID #: 0047175
DATE COMPLAINT RECEIVED: 11/27/18 09:57:00

IDPH Code	Allegation Summary	Determination
101	PHYSICAL ABUSE	1
133	PHYSICAL ASSAULT RES TO RES	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202

COMPLAINT DETERMINATION FORM

FAC. NAME: MIDWAY NEUROLOGICAL/REHAB CTR COMPLAINT #: 0107001
LIC. ID #: 0047175
DATE COMPLAINT RECEIVED: 10/31/18 11:53:00

IDPH Code	Allegation Summary	Determination
101	PHYSICAL ABUSE	1

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

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