IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

March 08, 2019

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

RE: Complaint #: IL00108014
Survey Date: January 04, 2019
Violation Type: Level B
Docket #: 19-C0105

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 Neurological/Rehab Ctr.

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 Neurological/Rehab Ctr/January 04, 2019//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 NEUROLOGICAL/REHAB CTR, Respondent.	)	Docket No. NH19-C0105

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; 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 "B" VIOLATION(S)

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 IL0108014 Investigation conducted by the Department on January 04, 2019, at Midway Neurological/Rehab Ctr, 8540 South Harlem Avenue, Bridgeview, Illinois 60455. On March 07, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities 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 Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" 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 FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$ 2,200.00**, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)6), 300.1220b)2), 300.3240a) and 300.3240f). 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), 300.1210d)6) 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
525 West Jefferson, 5th Floor, QA
Springfield, Illinois 62761

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 "B" Violation(s); 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. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers 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 08th day of March, 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 NEUROLOGICAL/REHAB CTR, Respondent.	)	Docket No. NH 19-C0105

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); 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:	Michelle 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 08th day of March, 2019.

Sammye Geer
Administrative Assistant I
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 01/04/2019

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: 1898085/IL108014	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210 b) 300.1210d)6) 300.1220 b)2) 300.3240a) 300.3240f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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.

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.

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 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.

f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term

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S9999	Continued From page 2 care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. These requirements were not met as evidenced by: Based on interview and record review the facility failed to implement their policy for abuse prevention and have a system in place to prevent resident to resident abuse. This failure applies to 1 of 12 residents (R12) reviewed for abuse in a sample of 14. This failure resulted in R12 sustaining a nasal fracture, black eye, contusions and head Injury when R10 attacked and physically assaulted R12. Findings include: According to an incident report dated 11/19/18, R10 is a 27 year old resident with diagnoses including but not limited to: attention deficit hyperactivity disorder, schizoaffective disorder, bipolar disorder and unspecified psychosis. R10's MDS assessment dated 10-25-2018 indicated R10 mental status is intact (BIMS =15). R10's nursing progress note dated 10/14/2018 at 9:52pm documents: Resident had physical altercation with peer in the elevator. Both residents were immediately separated and placed on 1:1 monitoring. no apparent injury noted. PRN (as needed medication) given as order tolerated Well. Denies any pain at this time. MD (medical doctor) made aware, family member notify, Police department Notify.	S9999		

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S9999	Continued From page 3	S9999		

R10's social service note dated 10/16/2018 12:13pm documented: Writer spoke with resident to know how he's doing following incident with peer on the 2nd floor elevator on 10/14/18 Resident stated that he's fine and in good spirits... Resident was encouraged to seek staff if he has any issues and/or concerns and verbalize any feelings that he may have. Resident agreed to seek staff if needed...

The incident final report sent to the state agency on 10/20/2018 for the incident documented on 10/14/18 involving R10 and R15 read as follows: Incident date 10/15/2018 (no time given): Staff received report that R10 was physically aggressive towards R15. The conclusion include: The facility conducted a comprehensive investigation and the evidence does not indicate that there was any intent to harm, therefore there is no abuse or neglect.

R10's social service note dated 11/19/2018 at 9:28 pm documents: Resident was observed with bruising on hand. When resident was asked about the bruising resident became aggressive toward staff. Resident was immediately placed on 1: 1 monitoring with male staff until paramedics arrived for resident to be sent out.

R10's nursing progress note dated 11/19/2018 at 10:24pm documents: Resident was involved in physical altercation with his room mate (R12). Both residents were immediately separated and placed on 1: 1 monitoring. PRN given as order tolerated well. Police notified. MD made aware order resident to be transfer to hospital for evaluation. Paramedics redirected to another hospital due to increase heart rate.

The facility had another final incident report dated

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S9999	Continued From page 4	S9999		

11/24/2018 regarding a resident to resident altercation between R10 and R12 on 11/19/2019. The reports had the following information: Incident date 11/19/2018 time 3:45pm, Resident (R12) was observed exiting his room with multiple bruises and swelling to facial area. Upon entering room, roommate (R10) was observed with bruises to hand. The conclusion of the investigation included but not limited to the following information. The facility conducted a comprehensive investigation and concluded the evidence does not indicate that there was any intent to harm, therefore there is no abuse or neglect. Also staff interviewed R12 who stated: " I was hit by a truck." R10 stated he went over to check on R12 because because "he sometimes bothers me. I made him (R12) hit himself with his own hands." R16 was in the room during the altercation and was able to confirm that R10 hit R12. R16 stated he was asleep and awakened by the sound of scuffling coming from R12's sleeping area. R16 further reported the privacy curtain was closed, therefore he was unable to view how the incident began. R10 was re-assigned to another room. R12 had a diagnosis of small closed fracture of the nasal bone and small laceration under left eye. R10 has been counseled on the need to maintain appropriate verbal and physical boundaries with peers.

R12's hospital records dated 11/19/18 reads "Patient states another resident struck him for no reason."
Hospital discharge summary for R12 dated 11/19/18 reads 1. Nasal Fracture 2. Black Eye 3. Contusion in Adults 4. Head Injury

R10's hospital records dated 11/20/18 reads Reason for Assessment: "There was an

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argument or something. I got mad, confrontation, violence."

On 12/28/18 during interview at 2:14pm, R10 said he controls what his hands do. No additional information was offered regarding the incident of 11/19/2018 involving R12.

The surveyor attempted to interviewed R16, the roommate of R10 and R12, and was not successful in obtaining any additional information beyond the incident report.

On 1/2/19 at 12:20PM , R12 said" R10 punched me in the face" and he said he is still sore and pointed to under his left eye. R10 indicated ,with closed fist, that R10 had hit him in the upper right rib area and lower left rib area. R12 said if he saw R10, he would feel afraid.

On 1/3/18 at 10:25AM during interview, in the presence of V2, Director of Nursing, R10 said "I got mad" and "I think I hit him."

On 1/3/18 V1, Administrator, and V12, Psychosocial Rehabilitation Services Director, said neither R10 or R12 told them what exactly happened. V1 said the investigation is based on what R10 and R12 told them. V1 said exactly what the resident said is what is written in the investigation and conclusion. During phone interview on 1/3/18 V12 said "It was implied that R10 hit R12's face."

R10's care plan with an original initial date of 4/25/2018 and target of 1//25/2019 had no indication of changes or revision for agitation and aggressive behavior that could lead to abuse after the incidents involving altercations with peers on 10/14/2018 and 11/19/2018. This

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S9999	Continued From page 6 included but not limited to how staff would monitor the resident for possible abusive behaviors. Facility Policy for Abuse reads: It is the policy of this facility to prevent resident abuse, neglect , mistreatment and misappropriation of resident property. The facility's definition of abuse: 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 care taker, of goods or services that are necessary to attain or maintain physical, mental psychosocial well-being. The prevention of abuse the policy includes but not limited to the following: -As part of the social history assessment and MDS assessment, staff will identify residents with increased vulnerability for abuse, neglect, mistreatment, or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify and problems, goals and approaches which would reduce the chances of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis. -On a regular basis, supervisors will monitor the ability of staff to meet needs of residents; staff understanding of individual resident care needs, and situations such as inappropriate language, insensitive handling or impersonal care will corrected as they occur. Incidents short of willful abuse (willful infliction of injury according to the facility's definition) will be handled through counseling, training and if necessary or repeated , the facility's progressive discipline policy. (B)	S9999		

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LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: MIDWAY NEUROLOGICAL/REHAB CTR COMPLAINT #: 0108014
LIC. ID #: 0047175
DATE COMPLAINT RECEIVED: 12/12/18 14:50:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	3
132	SEXUAL ASSAULT RES TO RES	3
409	POLICY AND PROCEDURES	2

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.