STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S0000	Initial Comments Annual Licensure Survey Complaint Investigation 2595226/IL194108	S0000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.610a) 300.1210b) 300.1210d)3)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 1 shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. 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. These requirements were not met as evidenced by: Based on interview and record review the facility failed to accurately assess a critical clinical sign (Battle sign) and implement their change in condition policy by failing to immediately activate EMS (emergency medical services) 911 to transport a resident with an acute change in mental status. This affected one of three residents R366 reviewed for change in condition and delay of treatment. This failure resulted in R366 being transported to the hospital and diagnosed with a large traumatic subdural bleed (collection of blood between the covering of the brain and the surface of the brain) with midline shift (displacement of the brain tissue across the midline) causing herniation. Findings include: On 6/13/25 at 10:10 AM, V17 LPN (Licensed Practical Nurse) stated that V17 worked day shift on the second-floor nursing unit on 5/21/25. V17 stated that during initial rounds V17 saw R366 in room and talked to her. V17 stated that R366 was in bed with her face covered up with a sheet; V17 did not see R366's face. V17 stated that when R366 walked to the dining room for breakfast V17 called R366 to come get her medications. V17 stated that is when he observed R366's left eye and left posterior ear discolorations. V17 stated that V17 asked R366 what happened with the left side of her face; R366 rubbed face and informed V17 that she fell last night in her room. V17 stated that R366 stated she tripped and hit the left side of her face on her dresser. V17 stated that V17 asked if R366 told the nurse, R366 stated 'no, she just went back to sleep'. V17 stated that V17 assessed R366 for any other injuries, gave R366 an ice pack, initiated neurological	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 2 checks, and paged V32 (physician). V17 stated that V32 called and was informed of the incident. V17 stated that V32 ordered a routine facial x-ray. V17 stated that R366 was still walking around during V17's shift. V17 stated that V17 informed staff that R366 cannot leave the nursing unit without a staff member. V17 stated that V17 informed on-coming nurse, V15 RN (Registered Nurse), to not let R366 leave the nursing unit alone. V17 stated that the skin surrounding R366's left eye was black. V17 stated that V17 also observed discoloration behind R366's left ear. On 6/13/25 at 10:50 AM, dietary mealtimes posted on the second-floor nursing unit notes breakfast is delivered 6:45-6:55 AM. On 6/13/25 at 10:52 AM, V17 stated that the meal trays are brought up between 6:45 and 6:55 AM and the trays are passed out in the dining room around 7:00 AM. V17 stated that is when V17 observed R366's facial bruising. R366's medical record, dated 5/21/25 at 9:35 AM, V17 LPN noted R366 was observed with discolorations around left eye and behind left ear. Upon interview with R366, R366 stated that she fell last night in the room and got herself up. R366 stated that she thought that she was fine and didn't report to anyone. V17 encouraged R366 to report incidents timely and to be mindful of her environment to prevent tripping, stated okay. R366 was assessed from head to toe and no other injury noted apart from the discolorations mentioned. R366 denied any pain or discomfort at this time. R366 was placed on observation with staff. Neurological checks were initiated and were normal. Active range of motion was completed with no issue. R366's neurological checks documentation notes it was initiated on 5/21/25 at 9:45 AM. R366's POS (physician order sheet), dated 5/21/25 at 9:50 AM, notes an order for facial x-ray due to fall. On 6/11/25 at 3:30 PM, V12 (smoke monitor) stated that he was working on 5/21/25 from 2:30 PM until 10:00 PM. V12 stated that R366 got a cigarette and sat down to smoke. V12 stated that R366 was on the patio until her smoke break was over at 5:20 PM. V12 stated that when R366 was finished smoking, R366 got up, walked over and placed cigarette butt in the discard container. V12 stated that R366 then walked around garbage can, staggered and fell to the ground hitting head. On 6/12/25 at 8:53 AM, V31 (Outside Program Employee)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 3 stated that V31 works for a program that assists residents to move back into the community. V31 stated that V31 was at the facility on 5/21/25 at 5:40 PM to visit with two residents. V31 stated that as V31 was signing the logbook at the reception desk, a security guard approached the receptionist and asked for a wheelchair and to have the nurse called because somebody fell on the patio. V31 stated that the receptionist said she would call nurse but did not know where to find a wheelchair. V31 stated that V31 informed them to get a wheelchair from the skilled therapy department. V31 stated that V31 observed R366 being pushed to the elevator; R366 had a dark red purple discoloration to left eye and was complaining her head hurt. V31 stated that V31 rode in the elevator with R366 and got off with R366 on the second-floor nursing unit. V31 stated that staff parked wheelchair with R366 at the nurses' station and the nurse was attempting to obtain R366's blood pressure. V31 stated that V31 visited one resident for 20 minutes. V31 stated that R366 was still in wheelchair at nurses' station with the nurse. V31 stated that V31 left the nursing unit to see another resident. V31 stated that about 6:15 PM V31 heard a code blue paged overhead. V31 stated that afterwards V31 approached the receptionist desk to sign out before leaving facility. V31 stated that V31 saw EMS (emergency medical services) crew arriving at facility. V31 stated that V31 asked the receptionist if the crew was here to get R366 and was informed 'yes'. On 6/11/25 at 12:35 PM, V16 CNA (Certified Nurse Aide) stated that he worked evening shift on 5/21/25. V16 stated that R366 went down to the patio for smoke break. V16 stated that R366 can leave the nursing unit independently to smoke on the patio. V16 denied any staff member that accompanied R366 on that day. V16 stated that V16 does not recall what time it was when V15 RN (Registered Nurse) assessed R366 and screamed call EMS 911. V16 denied calling 911. V16 was unsure who did call 911. V16 denied any other staff coming to the nursing unit to assist V15. On 6/11/25 at 3:12 PM, V15 RN stated that V15 was coming out of the medication room and escorted R366 to R366's room and immediately assessed R366; R366 had a gash to the left side of her head. V15 stated that V15 obtained vital signs, R366 was lethargic. V15 stated that R366's vital signs were abnormal, oxygen saturation level was decreasing to 87% on room air. V15 stated that she placed R366 on oxygen 2 liters via nasal cannula and oxygen saturation level increased to 95%. V15 stated that EMS crew arrived 10 minutes later.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 4 R366's vital sign documentation, dated 5/21/25 at 5:55 PM, notes blood pressure 104/68, pulse 104 beats/minute, respirations 18 per minute, and oxygen saturation level 87% on room air. At 5:58 PM, oxygen saturation level 95% on oxygen. R366's EMS run sheet, dated 5/21/25 notes the facility contacted EMS at 6:12 PM for an unresponsive resident. EMS crew was en route to the facility at 6:14 PM, arrived at 6:18 PM, and were at R366's bedside at 6:21 PM. The narrative notes crew dispatched to patient unresponsive with CPR (cardiopulmonary resuscitation) in progress. Upon arrival, R366 laying supine in bed unresponsive with CPR being performed by nursing home staff. Crew advised staff to pause CPR and perform a pulse check on R366. Crew noted R366 had a pulse and was breathing. Crew placed defibrillator pads on R366 and cardiac monitor showed sinus rhythm. CPR discontinued. Staff reported R366 was downstairs outside of facility when she fell and hit her head. Staff reported they brought R366 back to her room in a wheelchair while she was alert and orientated x3 per her normal. Staff reported R366 became unresponsive when getting back to room. Staff reported they put R366 on the bed and initiated CPR because R366 was not breathing. Crew noted hematoma to back of R366's head. R366 presented with battle sign behind left ear. Crew noted R366 had swelling with black and blue discoloration to left eye. Staff reported R366 had a previous fall approximately one day prior to crew arrival. R366 transferred to ambulance. ALS (advanced life support) care initiated. Cardiac monitor showed sinus rhythm. Crew administered oxygen via nasal cannula at 6 liters/minute. Crew noted decreased lung sounds in lower fields bilaterally and some snoring respirations bilaterally in upper fields. R366 presented with dilated pupils. R366 arrived at closest hospital at 6:48 PM. R366's hospital record, dated 5/21/25 at 6:51 PM, R366 presented unresponsive to the hospital. R366 was noted to have bruising around left eye and around left mastoid. R366 noted to have a large scalp hematoma (swelling). R366 is minimally responsive. R366 is breathing on own but does not respond to pain or voice, does not open eyes. Pupils are fixed and dilated. Given exam, signs of trauma to the head, Battle sign, bruising over the mastoid, R366 was emergently taken for CT (computerized tomography) of head. R366 noted to have a large traumatic subdural with shift causing herniation. There was concern for catastrophic injury. At 7:00 PM, neurological checks noted corneal reflex absent to both eyes. R366 was seen by neurosurgeon who deemed that R366's prognosis was very poor without any	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 5 chance for any significant functional outcome. The CT scan of R366's head showed a large right cerebral convexity acute subdural hematoma measuring up to 3 cm (centimeters) with severe 1.7cm leftward midline shift, subfalcine and uncal herniation and enlargement of the left lateral ventricle concerning for developing entrapment. R366 expired on 5/23/25 at 4:40 PM. R366's death certificate was not available for review during this survey. On 6/12/25 at 3:05 PM, V3 DON (director of nursing) stated that R366's facial Xray was not completed prior to R366 being transferred to the hospital. V3 stated that it was not ordered to be done urgently. V3 acknowledged that given the bruising to R366's left eye and posterior left ear, R366 should have been transferred to the hospital when staff first noted injury earlier in the day. The National Library of Medicine, dated 6/26/23, notes Battle sign is bruising over the mastoid process and typically requires significant head trauma and may indicate significant internal injury to the brain. It takes Battle sign 1-2 days for the sign to appear. Battle sign is a clinical sign. The facility's change in resident's condition or status policy, undated, notes except in medical emergencies, physician notification will be made within 24 hours of a change occurring in the resident's condition or status. During medical emergencies 911 will be notified for transport to the hospital. (A) 2 of 3 300.610a) 300.615e) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 6 annually by this committee, documented by written, signed and dated minutes of the meeting. 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) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to follow their abuse policy by not completing their pre-admission screening by checking the Illinois sex offender and the Illinois Department of Corrections sex registry for 1 of 10 (R115) residents reviewed for background checks. Findings Include: On 6/11/25 at 2:44pm V7 (assistance social service director) said, R115 was not checked on the Illinois sex offender registry or the Illinois department of Corrections registry. V7 said, we don't have any of the two registry checks with in twenty-four hours of admission. V7 said, he just took over the background checks for new admissions. V7 said, the previous social service director was responsible for ensuring the resident were screened. R115's face sheet documents original admission date 9/11/2010. R115 did not have Illinois sex offender or the Illinois Department of Corrections with a printout date of 2010 in his original background documentation submitted by the facility. After surveyor, reviewed R115's paperwork with V7, V7 presented the three sex registry checks dated 6/11/25. Search Public Sex Offender Registries documents: search performed	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 7 6/11/25, 4:30 PM Central Daylight Time. Abuse Policy dated 3/25/16 documents: Pre-admission Screening of Potential Residents. The facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions prior to the admission of a new resident to the facility, this facility will: Check for the resident's name on the Illinois sex offender registry. Check for the resident's name on the Illinois Department of Corrections sex registrant. (C) 3 of 3 300.610a) 300.625a) 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 300.625 Identified Offenders a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks. c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 8 Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow their abuse policy by not initiate fingerprints within 24 hours for (R616, R620, R224, R76 and R363) residents whose were all identified as newly admitted with in the last thirty days for 5 of 10 residents reviewed for background checks. Findings include: R616's face sheet documents original admission date 5/30/25. On 6/11/25 at 2:44pm V7 (assistance social service director) said, R616 did not have fingerprints completed. On 6/12/25 at 4:41pm, V7 said, he was informed the facility needed to get a new finger printing company. The new company is coming on Tuesday 6/17/25 to complete fingerprints. Abuse Policy dated 3/25/16 documents: The facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Within 24 hours after admission of new resident to the facility, this facility will: Initiate a Criminal History Background Check according to the facility Identified Offender Policy and Procedure. While the background or fingerprint checks, and/or Identified Offender Report and recommendation are pending, the facility shall take steps necessary to ensure the safety of resident. R620's face sheet documents original admission date 6/9/25. On 6/11/25 at 2:44pm V7 (assistance social service director) said, R620 did not have fingerprints completed. R224's face sheet documents original admission date 5/23/25. On 6/11/25 at 2:44pm V7 (assistance social service director) said, R224 did not have fingerprints	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047175	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY NEUROLOGICAL / REHAB CENTER	8540 SOUTH HARLEM , BRIDGEVIEW, Illinois, 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) COMPLETION DATE
S9999	Continued from page 9 completed. R76's face sheet documents original admission date 5/22/25. On 6/11/25 at 2:44pm V7 (assistance social service director) said, R76 did not have fingerprints completed. R363's face sheet documents original admission date 5/12/25. On 6/11/25 at 2:44pm V7 (assistance social service director) said, R363 did not have fingerprints completed. On 6/12/25 at 4:41pm, V7 said, he was informed the facility needed to get a new finger printing company. The new company is coming on Tuesday 6/17/25 to complete fingerprints. Abuse Policy dated 3/25/16 documents: The facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. Within 24 hours after admission of new resident to the facility, this facility will: Initiate a Criminal History Background Check according to the facility Identified Offender Policy and Procedure. While the background or fingerprint checks, and/or Identified Offender Report and recommendation are pending, the facility shall take steps necessary to ensure the safety of resident (C)	S9999		