

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145778	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/18/2024
NAME OF PROVIDER OR SUPPLIER  Midway Neurological / Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  8540 South Harlem Bridgeview, IL 60455	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40920</b></p> <p>Based on interview and record review, the facility failed to follow its abuse policy by failing to report an alleged violation involving a resident-to-resident sexual abuse after being notified of the allegation. This failure affected one (R1) of one residents reviewed for abuse.</p> <p>Findings include:</p> <p>R1 is a [AGE] year-old female who has resided at the facility since 2022, past medical history of Iron deficiency anemia, schizoaffective disorder current episode mixed with psychotic features, other specified disorder of muscle, unsteadiness on feet, obesity, low back pain, delusional disorders, encounter for examination and observation following alleged adult rape, etc.</p> <p>12/17/2024 at 10:00AM, R1 was observed in bed, awake, alert and oriented and stated that she was moved from the third floor to the fifth floor yesterday, she is not sure why. R1 was asked if anything happened between her and another resident (R2) and she said yes, that R2 came to her room and forced her to have sex with him. R1 said she told R2 to stop but he held her down, she asked him to use a condom, but he refused. R1 was asked what time of the day the incident happened, and she said that she cannot recall, she was not sure of the date, but added that her former roommate (R4) was in the room at the time of the incident.</p> <p>12/17/2024 at 9:30AM, V8 (Health Insurance Casemanager) stated that she was at the facility yesterday and spoke to R1 in the presence of the administrator, DON (Director of Nurses), and social worker regarding the sexual abuse allegation made by R1 against R2. V8 added that R1 did not mention the sexual allegation at first but when V8 asked R1 if she called in a complaint to the health insurance company, R1 repeated the sexual abuse allegation and even mentioned the name of the accused resident.</p> <p>Per record review on 12/17/2024, there was no documentation of the meeting between R1, health insurance case manager, and management in medical record. A review of the facility reportable did not show any report of the sexual abuse allegation or any type of investigation. V1 (Administrator) later presented an initial report for the sexual abuse allegation dated 12/17/2024.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/17/2024 at 10:58AM, V3 (DON) said that himself, the administrator, and someone from the health insurance company met with R1 yesterday (12/16/2024). R1 had a lot of allegations, the biggest one was sexual allegation. Initially R1 alleged that the abuser was unknown and then mentioned a resident's name when she was prompted by the lady from the health insurance company. The facility did not initiate an investigation or report the incident because R1 was all over the place, she was moved to another floor after the meeting because she wanted to move.</p> <p>12/17/2024 at 11:22AM, V2 (Assistant Administrator) said that R1 made a complaint of sexual abuse to the health insurance company. On 12/16/2024, they met with R1, and she started talking about her roommate pooping on the floor and that she wants a room change. R1 admitted to the making a sexual abuse allegation when V8 asked her if she made such complaint., and she later said that nothing happened after V8 left. V2 added that R1 has not accused anyone of sexual abuse before as far as she knows.</p> <p>12/17/2024 at 3:50PM, V1 (Administrator) said that a staff from health insurance company came to the facility yesterday (12/16/2024) and presented that she received a call from R1 stating that she was sexually abused. V1 met with R1 in the presence of V8 and that R1 did not mention the sexual abuse until V8 asked her about it. R1 admitted to making the sexual abuse allegation. V1 agreed that they were made aware of the allegation on 12/16/2024 and it should have been reported.</p> <p>Abuse policy revised 11/21/2020 stated in part that its the policy of the facility to prevent abuse, neglect, exploitation, mistreatment, and misappropriation of resident property. The following procedures shall be implemented when an employee or agent becomes aware of .or an allegation of suspected abuse or neglect of a resident by a 3rd party.</p> <p>Under abuse reporting policy, the document states in part, when an alleged or suspected case of abuse, neglect or exploitation is reported to the facility, the administrator or DON in the absence of the administrator will notify the following persons or agencies of such incident immediately.</p> <p>1. State licensing and certification agency (i.e., IDPH). 2. Resident representative. 3. Attending physician.</p> <p>Abuse allegation involving one resident upon another resident will be reported to IDPH.</p>		