

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 01/31/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34072</p> <p>Based on interview and record review, the facility failed to schedule outside appointments and testing for one resident (R1) out of three residents reviewed for resident rights in a sample of 6.</p> <p>Findings include:</p> <p>R1's POS (physician order sheet) notes the following orders:</p> <p>11/16/23, R1 to have CT (computed tomography) with contrast of lungs related to COPD (chronic obstructive pulmonary disease).</p> <p>11/28/23, R1 to have CT with contrast of lungs related to COPD.</p> <p>12/5/23, R1 to have CT with contrast of lungs related to COPD.</p> <p>12/8/23, R1 to have CT with contrast of lungs related to COPD.</p> <p>2/7/24, Schedule to see pulmonologist for evaluation and treatment, diagnoses COPD, chronic cough, and repeated upper respiratory infections.</p> <p>3/27/24, Pulmonologist appointment 7/11/2024 at 2:45PM.</p> <p>On 1/30/25 at 9:55AM, R1 stated that R1 has not seen a pulmonologist yet or had the CT (computed tomography) scan done yet. R1 stated that R1 has asthma. R1 stated that R1 has waited a long time to see a pulmonologist.</p> <p>On 1/30/25 at 9:00AM, V4 (Appointment Scheduler) stated that the nurse has to notify V4 and give copy of order for outside appointments and diagnostic testing. V4 stated that R1's insurance denied CT scan because not enough information was provided to justify the need for CT scan. V4 stated that V4 does not have access to document in the resident's electronic medical record so she has to let nurses know when insurance approves or denies outside appointments and/or testing. V4 stated that the nurse is responsible for notifying the physician. V4 stated that the nurse is responsible for documenting in the resident's medical record if the resident refuses to go to appointment and informing V4 so it can be rescheduled.</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
---	-------	-----------

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 01/31/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/30/25 at 10:00AM, V2 Director of Nursing (DON) reviewed R1's medical record and stated that there is no documentation noting R1 refused to go to pulmonology appointment last July. V2 stated that V6 Nurse Practitioner (NP) noted on 8/14/24 that R1 missed pulmonology appointment and it needs to be rescheduled. V2 acknowledged that appointment was not rescheduled. V2 stated that he spoke with one pulmonology office and it would not accept R1's insurance. V2 stated that they have tried many times to schedule R1's appointments and CT scan. V2 stated that there should have been notes in R1's medical record noting this. V2 reviewed R1's medical record and stated that V2 does not see anything documented regarding appointments. V2 stated that all these orders are still active in R1's electronic medical record.</p> <p>V6 (NP) noted on 8/14/24, plan of care reviewed with nursing staff- nurse on duty aware R1 missed appointment with pulmonologist in July and needs to be rescheduled.</p> <p>There is no further documentation found in R1's medical record noting appointment rescheduled.</p>		

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 01/31/2025
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 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>34072</p> <p>Based on interview and record review, the facility failed to follow their physician services policy and ensure the attending physician conducted face-to-face visits with residents within the first 30 days of admission/re-admission and/or at least once every 60 days. This affected four of four residents (R1, R4, R5, R6) reviewed for physician visits.</p> <p>Findings include:</p> <p>On 1/30/25 at 10:00AM, V2 DON (Director of Nursing) stated that physicians see residents monthly. V2 stated that some physicians still do paper charting, most document in the resident's electronic medical record. V2 stated that V5 (Attending Physician) documents in the resident's electronic medical record. V2 reviewed R1's medical record and stated that R1 was last seen by V5 in 2022. V2 reviewed R4's medical record. V2 stated that there are no notes by V5. V2 reviewed R5's medical record. V2 stated that R5 was seen in December 2024. V2 acknowledged that the previous visit by V5 was in 2022.</p> <p>R1 was admitted to this facility on 3/31/2022.</p> <p>V5 conducted face-to-face visits with R1 on 4/1/22, 5/9/22, 7/5/22, and 8/27/22.</p> <p>R4 was admitted to this facility on 8/17/2023.</p> <p>There is no documentation found in R4's medical record noting V5 has conducted any face-to-face visits with R4.</p> <p>R5 was admitted to this facility on 6/29/2022.</p> <p>V5 conducted face-to-face visits with R5 on 6/30/22, 7/5/22, 8/27/22, 12/31/22, and 12/31/24.</p> <p>R6 was admitted to this facility on 11/1/2023.</p> <p>There is no documentation found in R6's medical record noting V5 has conducted any face-to-face visits with R6.</p> <p>The facility's physician services policy, undated, notes the residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 thereafter. All required physician visits will be made by the physician personally.</p>		