STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145778	A. Building B. Wing	04/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Midway Neurological / Rehab Center	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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. Based on interview and record review, the facility failed to obtain a second witness signature for psychotropic medications consent prior to administration of psychotropic medications and failed to ensure resident signature was obtained prior to administration of psychotropic medication. These failures affected two (R1 and R2) residents reviewed for residents' rights to be informed in the total sample of five residents.Findings include:R1's admission Record documented, in part Diagnoses (include but are not limited to) COPD (Chronic Obstructive Pulmonary Disease), suicidal ideations, and psychosis. Responsible Party: Self.R1's (03/17/2026) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating R1's mental status as cognitively intact.R1's (Active Order as Of: 04/10/2026) Order Summary Report documented, in part Vistaril Oral Capsule (Hydroxyzine Pamoate) Give 100 mg by mouth three times a day for Anxiety. Active 03/17/2026. Mirtazapine Oral Tablet (Mirtazapine) Give 15 mg by mouth at bedtime related to MAJOR DEPRESSIVE DISORDER. Active 03/25/2026. Seroquel Oral Tablet (Quetiapine Fumarate) Give 50 mg by mouth at bedtime related to PSYCHOSIS. Active: 03/25/2026.R1's (03/11/2026) Psychoactive Medication Therapy Informed Consent. 1. Psychoactive Medication. Vistaril Oral 50mg by mouth three times a day. Signed by: V8 (Psychotropic Nurse/LPN). Signed date: 03/11/2026. Of note, there was no second witness signature.R1's (03/18/2026) Psychoactive Medication Therapy Informed Consent documented, in part 1. Psychoactive Medication. Vistaril Oral 100mg by mouth three times a day. Signed by: V8 (Psychotropic Nurse/LPN). Of note, there was no second witness signature.R1's (03/25/2026) Psychoactive Medication Therapy Informed Consent documented, in part 1. Psychoactive Medication. Seroquel 50mg by mouth at bedtime. Signed by: V8 (Psychotropic Nurse/LPN. Signed Date: 03/25/2026. Signed by: R1. Role Resident. Signed Date: 04/10/2026. R1's (03/25/2026) Psychoactive Medication Therapy Informed Consent documented, in part 1. Psychoactive medication: Mirtazapine 15mg by mouth at bedtime. Signed by: V8. Of note, there was no second witness signature.R1's (03/2026 and 04/2026) medication administration record documented that R1 was administered Vistaril 50mg on 03/12/2026 and 100mg beginning 03/18/2026; Seroquel 50mg beginning 03/26/2026, and Mirtazapine 15mg beginning 03/25/2026.R2's admission Record documented, in part Diagnoses (include but are not limited) to bipolar disorder, psychosis, and insomnia. Responsible Party: Self.R2's (03/19/2026) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 11. Indicating R2's mental status as moderately impaired.R2's (03/03/2026) Psychoactive Medication Therapy Informed consent for Lexapro was signed only by V8 (Psychotropic Nurse/LPN).R2's (12/30/2025) Psychotherapeutic Drug Evaluation documented, in part A. Antidepressant: 3a. Trazodone 100mg 2 tablets by mouth at bedtime. 3b. Escitalopram 10mg 1 tablet by mouth one time a day. B. Anti-anxiety. 3a. Lorazepam 2mg 1 tablet every 8hours as needed. C. Antipsychotic. 3a. Risperdal 4mg 1 tablet by mouth two times a day. H. Informed Consent. Signed by: V8 (Psychotropic Nurse/LPN). Of note, no second witness signature noted.R2's (03/2026 - 04/2026) Medication Administration Record documented that R2 was administered Lexapro 20mg one time a day beginning 03/04/2026; receiving Trazodone 100mg 2 tablets by mouth at bedtime with start date of 12/16/2025; and Risperdal 4mg 1tablet by mouth two times a day with start date of (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145778	A. Building B. Wing	04/11/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	12/15/2025.On 04/10/2026 at 4:11pm, V8 (Psychotropic Nurse/Licensed Practice Nurse) stated if the resident is responsible for self, she is expected to go over the psychotropic medications and get verbal consent from the resident and she (V8) signs the consent. This surveyor inquired what is her proof residents really consented to use of psychotropic medication if only her signature is shown in the consent. V8 stated I see what you are saying. V8 stated but there is no space for a resident to sign the consent in cloud-based Electronic Health Record (EHR) platform.On 04/10/2026 at 4:43pm, V8 stated the psychotropic medication consent should be signed by either the resident or POA or guardian. V8 stated they (R1 and R2) gave verbal consent, but the forms were not signed by them.On 04/11/2026 at 12:45pm, V2 (Director of Nursing) stated verbal consent should have a second witness signature and it should be obtained at the same time she (V8) electronically signed the psychotropic consent. The signatures for verbal consent should be obtained before administering the psychotropic medication. It is the regulation, and the facility has to follow the regulation. V2 stated the resident has the right to know the indication and side effects of psychotropic medication.The (undated) Psychotropic Drugs Usage documented, in part Policy: Psychotropic drug use is based upon the comprehensive assessment of the resident. Psychotropic medications are given as necessary to treat a specific condition that is diagnosed and documented. Residents receiving psychotropic medications will have gradual dose reductions and behavioral interventions implemented unless contraindicated. Procedure: 5. Any resident receiving psychotropic medications will have a signed informed consent for the use of the medication. Informed consents will be initiated upon the start of the medication usage and upon any additional increase in dosage. Informed consents may be signed by the resident, resident's guardian or other authorized resident representative.The (01/23/2026) Electronic signature UDA (User Defined Assessment) Completion/Consents/Contract Policy documented, in part Purpose: To establish standardized requirements and procedures for the use of electronic signatures within the cloud-based Electronic Health Record (EHR) platform eMAR (electronic medication administration record) and associated clinical documentation modules, ensuring compliance with regulatory, legal, and operational standards. Scope: This policy applies to all facility staff, contractors, and authorized users who utilize cloud-based Electronic Health Record (EHR) platform for medication administration, care planning, assessments, evaluations, and any documentation requiring electronic signatures. Policy Statement: Electronic signatures within cloud-based Electronic Health Record (EHR) platform are considered legally binding and equivalent to handwritten signatures. All electronic signing activities must be completed in accordance with system controls, user authentication requirements, and facility-defined workflows. Users are responsible for ensuring the accuracy, completeness, and timeliness of any documentation they electronically sign. Unauthorized use or misuse of electronic signatures is strictly prohibited. Definitions: Electronic Signature (e-Signature). A digital representation of a user's legally binding signature applied within cloud-based Electronic Health Record (EHR) platform. 5. Complete Electronic Signature. a. Select the assigned signer role (Resident, Nurse, Responsible Party, etc.). e. For all verbal consents obtain a second witness signature. 6. Finalize Signature. a. Ensure your signature status reflects as completed. c. If multiple signers are required, ensure handoff awareness for remaining signatures. 7. Post-Signature Responsibility. c. Ensure signatures are completed in a timely manner following assessment completion.