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	06/25/2026

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure the immediate availability of essential emergency resuscitation equipment for a resident designated as Full Code. Specifically, staff did not have an ambu bag (manual resuscitation device) readily available when a resident was identified as unresponsive and not breathing during a Code Blue event. This deficient practice affected one of three residents (R3) reviewed for cardiopulmonary resuscitation (CPR). As a result, staff were unable to immediately provide rescue ventilations while CPR was initiated.Findings include:On [DATE] at 3:44PM, V15 (nurse) said he responded to R3's code blue. V15 said he provided chest compression during the code. V15 said when he arrived to R3's room other staff were conducting compressions but unsure which staff. V15 said R3 had a non- rebreather mask on and observed that there was no ambu-bag in use. V15 said he asked for staff to get an ambu bag from another floor. V15 denied any delay in R3 receiving care. V15 was familiar and knowledgeable with code blue procedures. V15 said they sign off on the crash cart every shift.On [DATE] at 12:55PM, V18 (nurse) said she was working on another unit when she heard the code blue called. V18 said when she arrived to R3's room staff were providing chest compressions but unclear who was utilizing ambu-bag. V18 said she recalls staff looking for the ambu-bag and it was not readily available at start of R3's code but someone brought one in prior to emergency medical service (EMS) arrival.On [DATE] at 2:05 PM, V22 (Medical Doctor) stated an ambu bag is an important component of emergency resuscitation because it delivers positive-pressure ventilations to a person who is not breathing. V22 stated a non-rebreather mask requires spontaneous respirations and does not provide the same function as an ambu bag. V22 stated oxygenation and ventilation are essential components of effective life-saving measures during a resuscitation event.On [DATE] at 11:26AM, V23 (Director of Nursing - DON) said, he expects his staff to respond immediately in an organized manner with all necessary equipment to assist with the code blue. V23 said the equipment needed can consist of a board, ambu-bag, oxygen and IV starter kit. V23 said he was not aware supplies were not available during a code blue. V23 said the code cart is checked daily, we have supply staff that restocks the code cart, but it is the nurse's responsibility to ensure all the supplies are on the cart and available for use during an emergency. V23 said ambu-bag should be use with chest compression to provide oxygenation to the resident. V23 said a non-rebreather mask will not work in the place of an ambu-bag. Ambu-bags are the recommended device to use to assist a resident with resecure breaths. Nurses note dated [DATE] documents: The resident (R3) was noted in bed to be unresponsive to tactile stimuli he was last seen at 1:00PM. Vitals were undetectable, code blue protocol was immediately initiated, and CPR continues until 911 paramedics arrived and took over CPR.Facility Crash Cart Stock List no date documents: Top of Cart: 1 (one) Ambu-bags. Medical Emergency Policy dated [DATE] documents: To provide care and service to residents in accordance with Advance Directive that have been discussed with the resident's legal representative in advance of medical emergencies including medical interventions used to restore circulatory and respiratory function.Guidelines for Cardiopulmonary Resuscitation-CPR no date Intent: it is the intent of the facility to ensure that it is able to- and does-provide emergency basic life (continued on next page)

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

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F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	support immediately when needed, including cardiopulmonary resuscitation (CPR), to any resident requiring such care prior to the arrival of emergency medical personnel in accordance with related physician order, such as DNR (Do Not Resuscitate) as well as a resident's personal Advance Directives. Cardiopulmonary Resuscitation (CPR) -refers to any medical intervention used to restore circulatory and/or respiratory function that has ceased.