

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999 Final Observations

S9999

STATEMENT OF LICENSURE VIOLATIONS

300.1210b)
300.1210d)6)
300.3240a)

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 shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator,

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/04/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview, the facility failed to prevent a resident from entering a restricted room containing a linen chute to the facility laundry area. As a result, R1 entered the room and fell down the linen chute five stories into a laundry bin in the facility's laundry room. R1 sustained fractured bones in both legs and spine and required hospitalization and surgery.</p> <p>This applied to one out four resident (R1) reviewed for falls and supervision.</p> <p>The findings include:</p> <p>An incident report dated February 22, 2017 showed that at 2:15PM showed that R1 fell and sustained laceration to bilateral elbow and swelling to bilateral ankles. The report showed that R1 was unable to give any information. The report showed the resident was confused and disoriented. The report does not give a location of the residents fall.</p> <p>A final report sent to IDPH (Illinois Department of Public Health) dated February 26, 2017 showed that R1 was found on the floor with a laceration to bilateral elbow and bilateral ankle swelling. The outcome of the report showed that R1 was observed in the first floor laundry room. The report showed that after R1 was sent to the hospital, R1 was admitted to the hospital with hip</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>and ankle fractures.</p> <p>The history and physical from the community hospital emergency room dated February 22, 2017 at 3:15pm showed that R1 had multiple abrasions to multiple areas on the back and elbow. R1 had one laceration to the right elbow, gross deformity of both ankles, left lower extremity shorter than the right lower extremity. The diagnostic report showed that R1 had left intertrochanter fracture of the left femur, closed right proximal and distal tibial fracture closed fracture of the left calcaneus, mild compression deformity of the superior endplate of Thoracic vertebrae 12 and lumbar 1, chronic fracture to cervical vertebrae 7, lumbar 5 burst fracture and fracture of lumbar 1 through 4</p> <p>The facility investigation for this incident showed that based on findings in the investigation it was determined that R1 fell down the laundry chute from the fifth floor. The investigation showed that E1 (administrator) was asked by the community police department to review videotapes from the incident. The videotapes showed R1 going into the fifth floor laundry chute room. The investigation showed the door did not latch at that moment. The investigation showed that based on the facility findings of the investigation eight staff were suspended without pay for two days.</p> <p>On March 8, 2017 at 9:25AM, the fifth floor linen room was observed. The exterior door contains a self locking door with a linen chute located inside. The chute opening measures 18 inches by 18 inches and is approximately 5 feet above the floor, an opening that was large enough to accommodate an ambulatory resident.</p> <p>On March 7, 2017 at 11:35 in the conference</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>room E1 administrator said that R1 had entered the laundry chute room and that the door was did not latch properly. Later, on March 8, 2017 at 12:15pm in the conference room E1 Administrator confirmed that a security video tape was viewed by the community police to rule out foul play. E1 stated that R1 was seen on the video tape entering the fifth floor room that houses the linen chute. E1 stated, "that is how we knew he fell from the fifth floor." E1 said that the hospital call the police to investigate. E1 said that the police did not identify foul play. E1 stated, "R1 may have seen the door propped open. R1 could be seen entering the laundry chute room." E1 confirmed during the interview that the door to the linen chute area needs to be locked and closed at all times.</p> <p>R1 was admitted to the facility November 26, 2001 per the admission face sheet. The current physician order showed that R1 had diagnoses of psychotic disorder, hypothyroid, schizoaffective disorder schizophrenia, anemia, asthma and hypertension. The current care plans for R1 showed that R1 has problems with auditory hallucinations, poor contact with reality and poor judgment. Interventions to prevent complications from these problems in the care plan included assessment, supervision, observation and structured environment.</p> <p>The MDS (Minimum Data Set) dated September 1, 2016 showed that behaviors exhibited by R1 included hallucinations, poor contact with reality and poor judgment. The MDS for this date showed that R1 had some cognitive deficit particularly with recall and disorganized thinking.</p> <p>The nursing notes in R1's clinical showed that on February 22, 2017 at 1:30pm R1 ate 100 percent</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999

Continued From page 4

of his lunch and voiced no concerns and had no behaviors. The next entry made in the nursing notes was at 7:49pm. E2 DON documented that an attempt was made to obtain the status of R1. The note showed that R1 was still being evaluated in the emergency room at a local hospital. The next nursing note written on February 22, 2017 was at 11:12pm and showed that R1 was being admitted with the diagnosis of trauma/fall.

Notes written by Z2 (NP -Nurse Practitioner) on February 22, 2017 showed that R1 had a complaint of anxiety. Psychiatric review of systems showed R1 was positive for anxiety, hyperactivity, irritability, agitation, combativeness, impulsiveness and paranoia. The mental exam done by E NP showed that R1 had impaired judgment, insight and impulse control. The exam showed that R1 was disoriented to person, disorganized thought process, moderate flight of ideas, perceptual disturbances and delusional material was expressed.

On March 7, 2017 at 2:45pm in the conference room E3 DON (Director of Nursing) said that the incident happened somewhere between 12:00pm and 1:00pm. E3 said a code was called for all nurses to go to the laundry room. E3 said R1 was found in a bucket that receives the laundry. E3 said that a wound could be seen by the right elbow. E3 stated, "Someone had already called 911. There was a pillow to immobilize feet. I could not see where the blood was coming from." E3 also confirmed that the linen chute room door should be closed and locked at all times.

On March 7, 2017 at 3:25pm in the conference room E5 LPN (Licensed Practical Nurse) said that he was assigned to work on the second floor.

S9999

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999 Continued From page 5

E5 said the last he saw R1 was around 12:30pm for having lunch. E5 said the last he saw him was around 12:45pm. The next time he saw him was after the fall. E5 reported that he did the transfer papers to go with R1 to the hospital. E5 stated, "I could see blood coming from the back area and a laceration by the elbow, I don't remember which one. Somebody stabilized and neck and we were able to remove R1 from the bin." E5 also stated that the linen chute room should be locked at all times.

On March 8, 2017 at 9:05am in the conference room E8 CNA said that the laundry chute/linen room doors are to be locked. E8 stated, "It's only since the incident that the chute itself is also padlocked." E8 went on to add that if R1 was able to get into the room, the door would have been propped open.

On March 8, 2017 at 9:10am in the conference room E14 LPN wound nurse said that on February 22, 2017 he was working and heard an announcement. E14 was not sure what was said but saw all of the nurses running so he followed. E14 said they went to the first floor laundry area and they found R1 in a laundry bin. E14 said that R1 was not talking but was trying to move. E14 stated, "I saw spattered blood coming from the bottom of the bin. I couldn't tell where it was coming from. R1 was trying to move his arms. We told him to hold still. R1's ankles looked deformed. R1 had a deep laceration to the right elbow and superficial lacerations to both wrists." E14 said that after R1 was taken away by the ambulance the staff received an in-services on keeping the doors locked.

On March 8, 2017 at 10:23am E9 said that if she saw R1 on the fifth floor she would direct back to his own unit. E9 stated, "The door to the linen

S9999

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003826	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/15/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 8540 SOUTH HARLEM BRIDGEVIEW, IL 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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>room where we put the soiled linen should be locked. We put linens in a bag and put it down the chute. Only nurses and CNA's have keys to the room."</p> <p>On March 8, 2017 at 10:37am in the conference room E10 LPN said that the linen chute room door was to be locked at all times. E10 stated, "Only the nurses and CNA's have the keys. The residents do not have keys for those areas."</p> <p>March 8, 2017 at 11:14am in the conference room E13 LPN (Licensed Practical Nurse) said that R1 lived on the second floor. E13 said that on the day of the incident she was working on the fifth floor. E 13 did not remember seeing R1 as she was providing patient care in another resident's room. E13 said that a few days after the incident the entire fifth floor staff was suspended. E13 stated, "The administrator said we were suspended as the doors were not locked properly. We were suspended for two days."</p> <p>(A)</p>	S9999		
-------	--	-------	--	--