

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 07/30/2020
NAME OF PROVIDER OF SUPPLIER MIDWAY NEUROLOGICAL / REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 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 0558 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview and record review, the facility failed to answer the call lights in a timely manner of two residents (R5 and R6) reviewed for call lights. Findings include: On 7/29/2020 at 11:09 AM, R5's call light was observed on from the hallway. During the course of the observation from 11:09AM to 11:23AM, two staff were observed walking in the same hallway without acknowledging call light. At 11:24 AM, writer went inside R5's room. R5 was observed in bed, in semi upright seating position. R5 said the he put on the call light. I would like to get up. I need the CNA (Certified Nursing Assistant). From 11:09AM to 11:27 AM, no staff went to R5's room to acknowledge call light. On 7/29/2020 at 11:28 AM, V5 (Licensed Practical Nurse-LPN) and V7, LPN were observed working on the computer at the nursing station. A beeping sound was heard and a red light was noted on the call light panel at the nursing station. Per V5 the beeping sound was from a call light. V5 was informed that R5's call light has been on. V5 then sent V7 to go answer the call light. On 7/29/2020 at 11:31 AM, after coming back to answer the R5's call light, V7 said that call lights should be answered right away, and any staff can answer call lights. On 7/29/2020 at 10:46 AM, observed R6's call light was on. Observed V16 (LPN) was by the door next to the medication cart but did not acknowledge call light. At 10:56 AM, V14, CNA answered call light and talked to R6. A 10 minutes gap passed before call light was answered. On 7/29/2020 at 10:28 AM, R4 was asked how long do staff answer call lights, R4 said sometimes 10 minutes, sometimes 30 minutes. On 7/29/2020 at 11:46 AM, V3 (Director of Nursing) stated, Call lights should be answered immediately, meaning right now, unless there is a medical emergency going on. Anyone can answer call light. Policy and Procedure titled Call Lights dated 6/20 stated in part; 1. All facility personnel must be aware of call lights at all times. 2. Answer all call lights promptly whether or not the staff person is assigned to the resident.</p>		
F 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to provide timely incontinence care for a resident who is incontinent of bladder and bowel incontinence. This failure affected one resident (R6) reviewed for bladder and bowel care. Findings include: Per R6's most recent MDS (Minimum Data Set) assessment dated [DATE], R6 is a [AGE] year old resident originally admitted to the facility on [DATE]. R6 has a BIMS (Brief Interview for Mental Status) score of 15 which indicates cognitively intact. R6's Medical [DIAGNOSES REDACTED]. [MEDICAL CONDITION]. Toilet Use: Limited Use / One person physical assist. Personal Hygiene: Limited assistance/ One person physical assist. Frequently incontinent. On 7/29/2020 at 10:15 AM R6 was observed in bed with adult incontinence brief wet and full of feces. There was a pervasive odor in the room. R6 stated that she was told by staff that she needs to change her own incontinence brief. On 7/29/2020 at 11:48 AM V3 (Director of Nursing/ DON) stated that incontinence care should be rendered as soon as possible, rounds should be done every 2 hours and if residents need incontinence care, it should be done immediately. On 7/29/2020 12:40 PM, V8 (Certified Nursing Assistant/CNA) stated that she always provides assistance to R6. V8 (CNA) stated that she changed R6's incontinence brief at 10:30am and that she was going to check R6 again after lunch. Surveyor monitored R6 from 10:30am - 10:57am and during that period of time, (R6) was not provided incontinence care and was still wearing incontinence brief soiled with urine and feces. Facility policy titled, Incontinence Care (dated 5/20), documents: 4. Residents who are incontinent will be changed in a timely manner and moisture barrier applied as appropriate.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.