| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000901 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 09/05/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **Nexus at Palos** | **10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465** |

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| S0000 | Initial Comments<br><br>Annual Health Licensure Survey<br><br>Complaint Investigation 2598331/2604882 | S0000 | | 09/06/2025 |
| S9999 | Final Observations<br><br>Statement of Licensure Violations (1 of 3):<br><br>300.1210b)<br><br>300.1210c)<br><br>300.1210d)6)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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.<br><br>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.<br><br>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:<br><br>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 | S9999 | | 09/06/2025 |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | Continued from page 1<br>accidents.<br><br>These requirements were not met as evidenced by:<br><br>Based on interview and record review the facility failed to ensure two staff member were at bedside during incontinence care for one resident who was high risk for falls and required two person assistance with turning and repositioning. This affected one of three residents (R4). This resulted in R4 sustaining a fall, being transferred to the local hospital with a diagnosis of scalp hematoma.<br><br>Findings include:<br><br>R4 was admitted to the facility on 7/29/25 with a diagnosis of end stage renal disease, weakness, and difficulty walking. R4 fall risk evaluation dated 7/29/25 documents a score of 10. Facility fall prevention policy dated 8/2024 documents a score of 10 or greater indicates resident is at high risk for falls. R4's<br><br>R4's incident report dated 8/7/25 documents while receiving Activities of daily living (ADL) care patient slid out of bed.<br><br>R4's functional ability and goals assessment dated 7/30/25 documents under toileting: Hygiene and roll left to right substantial/maximal assistance which indicates helper does more than half the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.<br><br>R4's task list date 7/30/25 documents turn and reposition resident two person assist at all times.<br><br>On 9/4/25 4:49pm V2 (DON) said she was present during the fall for R4. V2 said she was assisting V19 (CNA) with R4's care. V2 was on one side of the bed and V19 (CNA) was on the other side of the bed. V2 said she stepped away from the resident to move or get the garbage can at the same time V19 (CNA) wiped R4 causing her to jerk and start to slide off the bed. V2 said she was unable to stop R4 from falling.<br><br>On 9/5/25 at 3:43PM, V19 (CNA, Certified nursing assistant) said she was assisting V2 (DON) with incontinence care for R4. V19 said R4 is total care and requires two people for all care. V19 said R4 was on her side and was cleaning her buttocks. V2 (DON) was on the other side and went to get the garbage can by the | S9999 | | |

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| S9999 | Continued from page 2<br>door when R4 starting to go forward because she could hold her weight. R4 fell to the ground.<br><br>On 9/4/25 at 4:30PM, V16 (restorative nurse) said R4 requires two staff members be present during care for safety. V16 said staff should never leave the bedside when providing care and all items should be at bedside prior. V16 said staff should have never left the resident bedside during care. V16 said she provided reeducation to staff about ensuring all items are at bedside prior to starting care.<br><br>R4's progress note dated 8/7/25 documents: While receiving ADL care patient slid to floor, head to toe and ROM assessed without deformities or complaints of pain, patient positioned back to bed with 2 person assist using a mechanical lift, lump to left frontal lobe noted, pain medication administered by mouth for pain, ice pack applied to head. Doctor and nurse notified, new order: send to hospital for evaluation and treat.<br><br>R4's hospital discharge paperwork dated 8/7/25 indicates fall with scalp hematoma. (B)<br><br>2 of 3:<br><br>Section 300.2860 Nursing Unit<br><br>c) Resident Bedrooms<br><br>1) Single resident bedrooms shall contain at least l00 square feet. Multiple resident bedrooms shall contain at least 80 square feet per bed. Minimum usable floor area shall be exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, vestibules, or clearly definable entryways.<br><br>These requirements were not met as evidenced by:<br><br>Based on interview and record, the facility failed ensure that 24 out 193 rooms measured at least 80 square feet per resident living space.<br><br>Findings Include:<br><br>On 9/5/25 at 10:48am, V1 (administrator) said, we have room that does not meet the eight (80) feet per square footage per resident. V1 said, we have a wavier for multiple rooms measuring seventy feet (70).<br><br>On 9/5/25 at 12:48pm, V21 (regional manager) measured, room 306 bed 3 resident space. Room 306 bed 3 was | S9999 | | |

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| S9999 | Continued from page 3<br>measured 66 feet (11foot X 6 foot).<br><br>Illinois Department Public Health Provider number 45650/0051136 dated 8/30/2013 documents: Approved your request for a waiver of T19 rooms: 305, 306, 307, 308, 311,313, 315, 316, 317, 318, 320, 321, 322, 323 and 324. F458.483.70 Resident Room (Room Waiver) Bedrooms must measure at least eight (80) square feet per resident in multiple resident bedroom and at least 100 square feet in single resident rooms. Rooms 305, 306, 307, 308, 311,313, 315, 316, 317, 318, 320, 321, 322, 323, 324, 110, 111, 112,113, 115, 122,123, 126 and 127. Requesting a room size waiver for 70 square feet.<br><br>Room size policy dated 9/2024 documents: Multi-bedrooms must provide at least 80 square feet per bed, excluding similar non-living space areas. (C)<br><br>3 of 3:<br><br>Section 300.2420 Equipment and Supplies<br><br>b) Privacy Screens and Curtains<br><br>1) At least one privacy screen shall be available in the facility for emergency use when resident privacy is needed.<br><br>2) Each multiple-bed resident room shall be designed or equipped to assure full visual privacy for each resident. Full visual privacy means that residents have a means of completely withdrawing from view while occupying their beds (e.g., curtains, movable screens).<br><br>These requirements were not met as evidenced by:<br><br>Based on observation, interview and record review, the facility to follow their privacy policy for R1 by not provide a privacy curtain for 1 of 3 resident reviewed for resident rights.<br><br>Findings Include:<br><br>On 9/2/25 at 12:01pm, R1 was observed in bed with a blanket over his shoulder, abdomen area and adult brief exposed. R1 gown was observed on the foot near his left foot. R1 did not have a privacy curtain.<br><br>On 9/2/25 at 12:24pm, V3 (assistant administrator) said, R1 should have a privacy curtain.<br><br>On 9/2/215 at 3:04pm, V6 said, R1 has a history of removing his clothing. | S9999 | | |

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| S9999 | Continued from page 4<br><br>Privacy Policy dated 6/2015 documents: All residents have the right to privacy in their own rooms. (C) | S9999 | | |