

Illinois Department of Public Health

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S0000                                                        | Initial Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |  | S0000                                                                                                  |                                                                                                                          |                                                     |                            |
|                                                              | Complaint Investigation 2961422/2693464                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
| S9999                                                        | Final Observations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |
|                                                              | Statement of Licensure Violations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | 300.610a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | 300.1210b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | 300.1220b)3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | 300.3100d)2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | Section 300.610 Resident Care Policies                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | 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.                                                                                 |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | 300.1220 Supervision of Nursing Services                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|                                                              | b) The DON shall supervise and oversee the nursing                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |  |                                                                                                        |                                                                                                                          |                                                     |                            |

Office of Primary Care and Health Systems Management

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

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 1<br/>services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>Section 300.3100 General Building Requirements</p> <p>d) Doors and Windows</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to supervise R1 who was diagnosed with Mild Dementia with moderate cognitive impairment, who was identified as incapable of unsupervised outside pass privileges, scored as high risk for elopement with exit-seeking behavior from leaving the facility unauthorized via an unknown exit/egress door, crossing a busy intersection, getting lost on a pace bus traveling approximately twelve miles to 95th and the Dan Ryan which is a high-traffic, multi-lane intersection with significant vehicle volume that includes access points to a major expressway (The Dan Ryan Expressway (I-90/I-94) is a11.47-mile, 8-to-16 lane, heavily traveled artery in Chicago, carrying over 300,000 vehicles daily from downtown to the South Side) for 1 of 3 residents reviewed for elopement in a total sample size of six.</p> <p>Findings Include:</p> <p>R1 was admitted with the diagnosis of unspecified Mild Dementia with other behavioral disturbance,</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 2</p> <p>bipolar disorder, current episode manic severe with psychotic features. Minimal Data Set (MDS) dated 3/4/26 documents: Brief interview for mental status (BIMS) score of twelve which indicate moderate cognitive impairment. Section GG (functional abilities): R1 requires supervision or touching assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) Assistance may be provided throughout the activity or intermittently) with walking ten (10) feet-once standing, the ability to walk at least ten feet in a room, corridor, or similar space. Walk fifty (50) feet with two turns and walk one-hundred fifty (150) feet.</p> <p>Nurse Practitioner note dated 2/11/26 documents: Cognitive: Alert and Oriented time two (2), mild deficits in short and long-term memory, mildly impaired attention, mildly impaired concentration.</p> <p>R1's community survival skills evaluation dated 2/13/26 documents: The resident is able to move/negotiate safety on community streets (crosses safely maintain a safe distance around cars uses sidewalk, if in wheelchair propels safely/carefully, etc. No; The resident knows the facility address, location and how to contact the facility in an emergency. No; The resident appears able to refrain from self-harm and/or socially inappropriate behavior while in the community (including abstaining from alcohol and illicit drugs, avoiding person who constitute a bad influence and is able to practice harm reduction strategies. No; The resident knows how to ask for/seek help in help in an emergent or problematic situation. No; The resident has knowledge of potentially dangerous situations, such as walking alone after dark, straying into an alley, accepting rides from strangers, carrying valuables where they are seen. No; The residents appear to be capable of unsupervised outside pass privileges at this time. No; Comments: No community pass.</p> <p>Nurse Practitioner note dated 2/26/26 documents: Late entry: Neuro – Alert plus orientation times two -three (A+O x 2-3.) Forgetful.</p> <p>Facility Elopement Risk undated documents: R1's name.</p> <p>R1's elopement evaluation dated 2/26/26 documents: Category: High Risk. The resident has demonstrated or present with: "Hanging around" facility exits and/or stairways or wanders between floors. Yes. The physical ability to leave the building. Yes. Becoming easily agitated, confused and/or</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 3</p> <p>disoriented or shows poor judgement (i.e., would not be able to safely care for him/herself outside of the facility). Yes. Engaging in "theme" behavior (i.e., belief that he/she has specific responsibilities in another setting, such as going to work, returning home to care for children, driving to church, preparing dinner). Yes. Observing environmental cues (i.e., seeing staff prepare to leave, putting coats on) or "time of the year" cues, (i.e., needing to prepare for Thanksgiving or Christmas and/or becoming increasingly restless, distressed about a significant/historical time, place or person) AND/OR any known triggers/warning signs that might indicate potential elopement risk? Yes. Comments (explain why the person is or is not considered at risk for unauthorized departure/flight risk) Resident is an elopement risk.</p> <p>Social Service Note dated 3/4/36 documents: Late Entry: Resident (R1) assessed for elopement risk this shift. Resident is alert and oriented to person/place/time (modify as appropriate) with noted history of confusion/wandering/cognitive impairment. Resident ambulating independently throughout the unit and intermittently attempting to access exit doors without appropriate authorization. Resident demonstrates [poor safety awareness/impaired judgement/memory deficits], increasing risk for potential elopement. No successful elopement attempts noted at this time.</p> <p>R1's elopement evaluation dated 3/4/26 documents: Category: High Risk. The resident has demonstrated or present with: A history of unauthorized departure from health care setting and/or verbalizing a serious intent to leave the facility and/or has a history of unauthorized departure (s). Yes. "Hanging around" facility exits and/or stairways or wanders between floors. Yes. The physical ability to leave the building. Yes. Becoming easily agitated, confused and/or disoriented or shows poor judgement (i.e., would not be able to safely care for him/herself outside of the facility). Yes. Engaging in "theme" behavior (i.e., belief that he/she has specific responsibilities in another setting, such as going to work, returning home to care for children, driving to church, preparing dinner). Yes. Observing environmental cues (i.e., seeing staff prepare to leave, putting coats on) or "time of the year" cues, (i.e., needing to prepare for Thanksgiving or Christmas and/or becoming increasingly restless, distressed about a significant/historical time, place or person) AND/OR any known triggers/warning signs that might indicate potential elopement risk? Yes. Comments (explain why the person is or is not considered at</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 4<br/>risk for unauthorized departure/flight risk) Resident is an elopement risk. Resident assessed for elopement risk this shift. Resident is alert and oriented to person/place/time (modify as appropriate) with noted history of [confusion/wandering/cognitive impairment if applicable]. Resident observed ambulating independently throughout the unit and intermittently attempting to access exit doors without appropriate authorization. Resident demonstrates [poor safety awareness/impaired judgement/memory deficits], increasing risk for potential elopement. No successful elopement attempts noted at this time Elopement risk.</p> <p>On 3/24/26 at 1:03PM, V5 (nurse) said, R1 was confused and wandered the hallways on her unit (the long-term care unit) when R1 was trying to leave. V5 said R1 was able to ambulate without assistant or a device. V5 said R1 had her bags packed a couple times before and tried to leave out of the facility's front door. R1 would say her son was coming to pick her up when she was trying to leave. V5 said R1 took pictures of the exit door on her phone and showed them to staff. R1 reported she worked for the Central Intelligence Agency (CIA) while at the facility. V5 said she was not sure what R1 did with the pictures of the exit doors other than keeping them on her phone. R1 would sundown (get confused) in the evening time, pack her bags and state she was leaving.</p> <p>Progress note dated 3/18/26 documents: Writer (V5) observed resident (R1) with packed bags, headed to front entrance, in attempt to leave. Resident was escorted back to room and educated about why she couldn't leave and that this was her home. Resident became very angry and began to scream.</p> <p>On 3/24/26 at 1:11PM, V12 (nurse supervisor) said, R1 was on her unit walking around on 3/20/26. V12 said he gave R1 her prescribed six o'clock (6:00pm) medication. V12 said he preceded to administer medication for the rest of the residents on R1's unit. V12 said he got back to R1's room at nine o'clock (9:00pm). R1 was not in her room. V12 said, he asked V15 (agency certified nursing assistant/CNA) if she saw R1. V12 said, V15 replied she saw R1 with her items packed and sitting on R1's bed at eight o'clock (8:00pm). V12 said, V15 stated, R1 reported she wanted to leave at 8pm. V12 said, he called a code yellow and notified V1 (administrator) and V3 (director of nursing) that R1 was missing. V12 said he and other staff searched the entire building, checked the egress/exit doors looking for R1. V12 said the exit door between the long-term care unit</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 5</p> <p>and the respiratory unit is constantly used for staff to enter/exit the building. V12 said, residents like to hang around that door. V12 said he was not sure which door R1 exited when she left the building. V12 said R1 was not given permission to leave the facility by any staff members. V12 said R1 was packing her clothes a few days prior to her leaving the facility on 3/20/26. V12 said, when R1 was packing she said, she wanted to go/leave.</p> <p>Progress note dated 3/20/25 documents: Late Entry: Writer (V12) was at resident (R1) room at early (evening) PM; to give resident med, resident took the meds. At about 9:30 PM, writer went to give the resident her remaining med, but resident was not in her room. Writer called CNA assigned to resident to inquire about resident, CNA verbalized that resident packed her things and told her she was leaving the facility, resident left facility against medical advice/AMA.</p> <p>On 3/24/26 at 1:23PM, V13 (R1's family) said, R1 called him at '7ish' (7:00PM). R1 reported she did not know where she was, but she was trying to get to V13. V13 said he instructed R1 to go back to the facility at which time R1 became upset and disconnected their call. V13 said R1 was calling his daughter, and he was trying to call R1 back. V13 said he tried to call R1 back for three (3) hours with no response. V13 said around 10:15PM - 10:30PM, he received a call from a bus driver off R1's phone who reported R1 was at 95Th and the Dan Ryan. V13 said he did not recall the bus driver's name. V13 said he instructed the bus driver to put R1 on the 352 and tell that bus driver not to let R1 off the 352 bus until R1 made it to downtown Harvey where he would pick R1 up. V13 said it was 11:00pm when R1 reached Harvey. V13 said he did not receive a call from the facility until midnight when the police called about R1 leaving the facility. V13 said he asked R1 how she got to 95th street to which R1 replied she walked until she found a ride and the bus did not charge her any money. V13 said R1 was not alert enough to be outside at night walking and catching a bus. V13 said R1 has memory issues. R1 will take what she sees on television and applies it to her life. V13 said R1 has reported she works for the CIA. V13 said he does not know how R1 walked out the facility unnoticed.</p> <p>R1 was not available for a phone interview.</p> <p>On 3/24/26 at 1:53PM, during a tour with V14 (maintenance) the double door down from the dialysis unit were able to be pushed open with no</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                        |  |                                                                                                                 |  |
|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |  | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b>                                                             |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |  |                                                                                                                 |  |
| (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) |  |
| S9999                                                     |  | <p>Continued from page 6</p> <p>alarm/delay. A keypad was observed on both sides of the door located on the wall. V14 said the facility just recently installed a new code for the door down from the dialysis unit. Once through those doors there was another set of double doors to the left near the time clock that also opened when pushed without an alarm/delay that led directly outside to the alley behind the facility.</p> <p>On 3/24/26 at 2:25PM, V4 (social service) said R1 would pack her bags once a week to leave. V4 said R1 liked fresh air. V4 said when she worked and R1 packed her bags, she would take R1 outside for some fresh air. V4 said R1 left on Friday 3/20/26. R1 had a diagnosis of Dementia. R1 was an elopement risk because she had exit seeking behaviors.</p> <p>On 3/24/26 at 4:09PM, V11 said the last time she worked with R1. R1 was trying to leave the facility.</p> <p>On 3/25/26 at 8:57AM, V3 (DON) said she could not determine which door R1 exited the building.</p> <p>On 3/25/26 at 3:56pm, V12 (nurse) said R1's unit was locked and required a code to get off the unit. V12 said he does not know how R1 got off her unit. V12 said once off R1's unit, the respiratory unit has an exit door. V12 said, R1 could have exited through the double doors near dialysis unit and then out of the next set of double doors by the time clock that lead directly to the alley behind the facility. V12 said the doors down by the dialysis unit and the double doors by the time clock did not require a code to open and did not have an audible alarm that was activated once opened. Those doors are left unarmed/opened for staff to enter and leave the building when getting off or reporting to work. V12 said the only code needed is to enter the building from the alley.</p> <p>On 3/25/26 at 4:44PM, during the tour with V12 (nurse), the exit doors that led from the stive hallway, near the public restroom to the service hallway, was able to be opened without an alarm sounding or delay. Once through those doors, down the service hallway near the time clock was another set of two double doors that could be pushed open with no alarm/delay which exited directly outside to the alley behind the building. V16 (maintenance director) said that doors leading from the facility hallway, near the public restroom to the service hallway were not supposed to open without a delay/alarm. V12 said that exit is for employees only but there are a few family members who are aware if they are in the building after eight (8:00pm)/visiting hour they can exit through the employee only door,</p> |  | S9999                                                                                                  |  |                                                                                                                 |  |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 7<br/>walk to the second set of double doors by the time clock and exit the building. V12 said, after 8:00pm the front lobby doors are locked.</p> <p>On 3/26/26 at 9:43AM, V1 (administrator) said he does not know which door R1 used to leave/exit the building. V1 said R1 coordinated with her family for her to go to Harvey bus station. V1 said he called V13 twice with no response. V1 said R1 was alert. R1 only needed minimal verbal cueing after five (5) minutes to repeat the three words for the BIMS test. R1 was able to remember the words, sock, blue after some verbal cueing. V1 said R1 needed one more point to be cognitively intact.</p> <p>V1 presented a BIMS Score from Cleveland Clinic last updated on 09/09/2025 which documents: provides use score ranges to help explain what your BIMS score means: eight to twelve (8-12) moderate problems with thinking and memory.</p> <p>On 4/1/26 at 5:47PM, V23 (agency CNA) said she was R1's assigned CNA the night she left the building. V23 said she last saw R1 sitting in her room, putting clothes in and taking clothes out of a plastic bag. V23 said she did not get a report that R1 was an elopement risk. V23 said the last time she saw R1 was around 8:30pm/9pm before she went on break. V23 said V12 wanted to give R1 medication at 9pm when he noticed R1 was missing. V23 said she heard an alarm but didn't know if R1 triggered that alarm or if the alarm was a door alarm. V23 said when she ended her shift and left the building via the alley, she walked around the front of the facility and saw the facility patio gate open. V23 said the gate was near the exit door across from the main elevator on the 'Strive' unit. V23 said she does not know with the gate was opened by R1 or a staff member.</p> <p>R1's police report date 3/20/26 documents: Responding office responded to a missing person at 10:44pm. V12 was made aware by staff that patient, later identified as R1 was possibly missing. R1 was last seen in her room by her nurse, later identified as V23 (nurse) at approximately 8:00pm and was noticed missing at approximately 10:00pm. V12 initially stated that a search was conducted to look for R1 but later retracted that statement. A search was then conducted with officers with negative results. V12 explained that he was not sure where R1 could have gone but he was aware that R1 stated that she did not want to be there. During the investigation, V23 relayed the following in summary: The last time V23 saw R1 was approximately 8:00pm and she advised that R1 was sitting in her room on</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 8</p> <p>a chair while packing a big plastic bag with her personal items. R1 was observed putting items in the bag and taking items out of the bag. V23 advised that she had not seen R1 since. Responding officer asked V12 if they had security cameras in the hallways and V12 advised that they did but it was then discovered that they do not record. Responding office then asked what ways out were there from this section of the building. V12 advised the front door, which is locked, and all other doors require a pass code to exit. V12 advised that some of the patients have knowledge of the pass code. Responding office asked if that's something they are allowed to have and V12 advised that they (residents) are not and he was not sure how they got the codes. Responding officer contacted V13 (R1's family) who advised R1 was safe with him at his residence. V13 was informed that R1 was at a bus stop at 95th Street and the Dan Ryan Expressway by a friend. Responding office advised V12 that R1 was safe with V13 and that it is not good that they lost a patient with no knowledge of them leaving the facility.</p> <p>On 4/2/26 at 12:19PM, V16 (maintenance director) said the door from the strive unit the is listed as employee's only which leads to the service hallway, keypad was changed on both sides, and an audible alarm was added. The exit doors down from the dialysis unit had a keypad that was disarmed. V16 said those keypads were reactivated. V16 said nothing was done for the double doors that lead directly to the alley. Those doors can be pushed open. V16 said since the other two doors that lead to the hallway was activated with an alarm that should cover the double door that lead to a direct exit behind the building and to the alley.</p> <p>Invoice #5229 dated 3/26/26 document: Service on double exit/entrance door between strive and rear service corridor. Installed latching alarm system controlled by wall mount digital keypad on each side. Trace reran cables, installed and trim keypads, door contact switches, sounder. Trim to power supply tied to emergency power electric circuit.</p> <p>On 4/2/26 at 3:44pm, R7 who was assessed to be alert and oriented to person, place and time said, the code to exit the long-term care unit (R1's unit) was 9876* but to get back in its 9876. That code entered on the key pad, the door locks released allowing the door to be pulled open by surveyor.</p> <p>On 4/3/26 at 10:15am, V1 (administrator) said, the residents should not have the code to the exit doors, and he would have them change today.</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |

Illinois Department of Public Health

|                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |  |                                                                                                        |                                                                                                                          |                                                     |                            |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------|
| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>3000901</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>04/03/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Nexus at Palos</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                     | <p>Continued from page 9</p> <p>On 4/3/26 at 2:12pm, R7 said the code was changed. R7 said she was informed she is no longer allowed to have the code to exit off the long-term care wing. R7 said if she wants to exit the wing she has to be escorted by staff.</p> <p>On 4/3/26 at 2:38pm, V38 (electrician) was observed on a ladder in the service hallway working in the ceiling, with thick white wire hanging down. V38 said he was working on the alarm to increase the sound. V38 said the wires are already ran to the respiratory nursing station and he would be putting an audible alarm that will sound when the strive employee exit doors are opened without a code.</p> <p>Invoice #2122 dated 4/3/26 documents: The employee exit only double door are having their alarms tied to the alarm at the nurse's station on the Vent unit. Every time these exit doors are opened without the code an audible alarm will go off at the nursing station. The double door down from the dialysis unit that connect to the service hall will be wired together with the alarms on the vent nursing station. When complete every time either alarm goes off it will also go off at the nursing station to notifying staff.</p> <p>On 4/3/26 at 4:04pm, the employee only exit that leads to the service hall alarm was triggered by staff and heard on the respiratory unit. V16 said, the double doors by dialysis still has to be connected.</p> <p>Elopement Policy dated 6/2015 document: Elopement occurs when a resident leaves the premises or safe area with authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. This does not include alert and orient resident who resident who handle themselves outside the facility and choose to leave the facility, even if against medical advice and sometimes, common sense. (A)</p> |                                                                          |  | S9999                                                                                                  |                                                                                                                          |                                                     |                            |