

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/23/2026
NAME OF PROVIDER OR SUPPLIER Nexus at Palos		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 South Roberts Palos Hills, IL 60465	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement fall care plan interventions for residents at risk of falls. This applies to 2 of 2 residents (R3 and R6) reviewed for fall in a sample of 9. The findings include: 1. R3 is an [AGE] year-old female admitted on [DATE], with intact cognition as per the Minimum Data Set (MDS) dated [DATE]. A review of the facility's provided fall log documented that R3 had a fall on 12/25/25. A review of R3's fall care plan includes interventions, including to keep bed in the lowest position and call light within reach. On 2/21/26 at 11:55 AM, R3 was observed on her elevated bed, all the way to the top, with the call light on the floor. On 2/21/26 at 12:00 PM, V9 (Licensed Practical Nurse / LPN) lowered the bed to the lowest position and brought the call light from the floor to the residents within reach. On 2/21/26 at 12:00 PM, V9 stated the bed should be in the lowest position to prevent injury, and the call light should be accessible to residents. 2. R6 is a [AGE] year-old male admitted with mild cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. A review of R6's fall risk assessment dated [DATE] documents that R6 is at high risk for falls. A review of the facility presented a falls log document that R6 had two falls on 1/19/26 and 1/20/26. A review of R6's fall care plan includes interventions with the floor mats at the bedside. On 2/21/26 at 11:00 AM and 2/23/26 at 8:57 AM, observed R6's room with no floor mat in use or available to use for R6. On 2/23/26 at 9:05 AM, V11 (Certified Nursing Assistant/CNA) stated, I don't think R6 ever had floor mats as fall interventions. I don't see any floor mats in his room. On 2/23/26 at 9:10 AM, V10 (Unit Manager) stated that the floor mat should be available for the residents as the care was planned. The facility presented a fall prevention and management policy reviewed in the 01/2026 document: Guidelines: 2. Residents at risk for falls will have fall risk identified on the interim plan of care and the ISP (individualized service plan) with interventions implemented to minimize fall risk.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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