

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 03/09/2026
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)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide a dignified dining environment for one resident (R3) in a sample of 10 residents reviewed for resident rights. Findings include: R3 is a [AGE] year-old female, admitted to facility 1/2/2026 and has diagnoses to include: Neuromyelitis Optica, Difficulty in Walking, Specified Disorders of Muscle, Lack of Coordination, Cognitive Communication, Need For Assistance with Personal, Depression, Nonspecific Abnormal Finding of Lung Field, Spinal Stenosis, Cervical Region, Anemia, Localized Edema, Hyperlipidemia, Tremor, Unspecified Aphasia, Anxiety Disorder, Unspecified, Dysthymic Disorder, Disorder of Kidney and Ureter, Unspecified R3's BIMS (Brief Interview for Mental Status) dated 3/4/2026 - 12 indicating moderate cognitive impairment On 3/7/2026 at 11:46am R3 observed lying in bed wearing gown, watching TV, call light within reach. R3 alert, oriented, groomed with missing teeth and was able to make needs known. R3 stated in part, I needed to be changed, and I have been pressing the call light, and no one has come. See I am pressing the call light, and nothing is happening. Surveyor observed R3 pressing call light. The light at the call light panel did not come on, there was no audible sound, and the light above the door did not come on. R3 stated, When I press the call light they do not come, this happens all the time. The CNA said she would come back and she never came back. I need someone to change me. On 3/7/2026 at 12:08pm V18 (Certified Nursing Assistant) entered R3's room to do incontinence care. After providing incontinence care to R3, V18 proceeded to adjust R3 in bed and prepared to feed R3. R3 was served meal using Styrofoam plate and plastic fork and V18 stood the entire time she fed R3 her meal. On 3/7/2026 at 12:38pm V18 stated, When feeding residents, I am supposed to sit, but I like to stand sometimes so I don't get tired. V18 did not know why R3 was being fed with plastic fork and served food on Styrofoam plate. On 3/7/2026 at ~1:50PM V2, Director of Nursing/DON RN stated staff should be sitting during feeding and residents should be treated with dignity. On 3/7/2026 at 2:22pm V17, Assistant Director of Nursing/ADON RN stated V17 is familiar with R3. R3 is fed by staff. V17 stated, When feeding residents, staff should sit. Staff should be sitting down when feeding residents. It is a dignity issue, and you do not want the residents to feel rushed and need to be at eye level with residents. I am not sure why (R3) was served on paper products. She does not have a restriction. Facility Policy: Certified Nurses Aide job description dated 01/01/2026 documents in part: Basic Function To provide assigned residents with routine daily nursing care in accordance with established nursing care procedures, state and federal guidelines, and as directed by your supervisor. 20. Prepare residents for meals, assist serving food trays or feed as necessary and record/or report residents intake or acceptance of food. 31. Treat all residents, families and visitors with kindness, dignity and respect. 33. Create and maintain an atmosphere of warmth, personal interest, and positive regard as well as a calm environment throughout the unit and shift. 34. Adhere to all facility and department policies and procedures. Resident's Rights documents in part: You Have Rights! To be treated with care, dignity and respect.</p>		

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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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and review record, the facility failed to ensure one resident (R3) was provided with a working call light in a sample of 10 residents reviewed for accommodations of needs. Findings include: R3 is a [AGE] year-old female, admitted to facility 1/2/2026 and has diagnoses to include: Neuromyelitis Optica, Difficulty in Walking, Specified Disorders of Muscle, Lack Of Coordination, Cognitive Communication, Need For Assistance with Personal, Depression, Nonspecific Abnormal Finding of Lung Field, Spinal Stenosis, Cervical Region, Anemia, Localized Edema, Hyperlipidemia, Tremor, Unspecified Aphasia, Anxiety Disorder, Unspecified, Dysthymic Disorder, Disorder of Kidney and Ureter, Unspecified R3's BIMS (Brief Interview for Mental Status) dated 3/4/2026 - 12 indicating moderate cognitive impairment R3's room census documents she was admitted to the current room on 01/02/2026. R3's care plan documents in part: CHECK AND CHANGE: R3 is at risk for complications r/t incontinence. Date Initiated: 01/04/2026 Revision on: 01/04/2026 Goal: Will remain free of complications r/t incontinence throughout next review. Target Date: 03/27/2026 Interventions: Encourage to notify staff if feeling the urge to use the restroom. Date Initiated: 01/04/2026 FALL: R3 is at high risk for falls r/t Decreased balance and Lack of Coordination Date Initiated: 01/04/2026 Revision on: 01/04/2026 Goal: Will remain free of falls causing hospitalizations r/t injury through next review. Date Initiated: 01/04/2026 Target Date: 03/27/2026 Interventions: Promote placement of call light within reach and assess residents' ability to use. Date Initiated: 01/04/2026 ADL: R3 requires extensive staff assist with daily care needs r/t lack of coordination, muscle weakness and decreased balance. Date Initiated: 01/04/2026 Revision on: 01/04/2026 Goal: Staff will anticipate and meet all of residents' needs on a daily basis through next review ie: clean, dry, groomed, turned and positioned Date Initiated: 01/04/2026 Created on: 01/04/2026 Interventions: Keep clean and dry after each incontinent episode. Date Initiated: 01/04/2026 Communication Problem r/t Aphasia Created on: 03/06/2026 Revision on: 03/06/2026 Goal: R3 will improve communication function by (how, with what assistance i.e. making sounds, using appropriate gestures, responding to yes/no questions appropriately, using communication board, writing messages) through the review date. Date Initiated: 03/06/2026 Interventions: Ensure/provide a safe environment: Call light in reach Date Initiated: 03/06/2026 Created on: 03/06/2026 On 3/7/2026 at 11:46am R3 observed lying in bed wearing gown, watching TV, call light within reach. R3 alert, oriented, groomed with missing teeth and was able to make needs known. R3 stated in part, I needed to be changed, and I have been pressing the call light, and no one has come. See I am pressing the call light, and nothing is happening. Surveyor observed R3 pressing call light. The light at the call light panel did not come on, there was no audible sound, and the light above the door did not come on. R3 stated, When I press the call light they do not come, this happens all the time. The CNA said she would come back and she never came back. I need someone to change me. On 3/7/2026 at 12:02pm R3 stated to V18 (Certified Nursing Assistant), My call light is not working. I have been pushing the call light, and it is not working. Call light within reach of the resident. I have been pushing the call light (R3 demonstrated how she was using the call light), and the call light is not working. I am wet and need to be changed. I am wet. V18 pushed the cable at the panel and asked R3 to push the call light and stated, The call light is not working I will let maintenance know. On 3/7/2026 at 12:38pm V18 stated, The call light should turn red on the panel when the button is pushed. If something is wrong with the call light, we tell maintenance. I usually check to make sure the call light is working, but I did not check it this morning. I came in and checked on her and checked on my people. On 3/7/2026 at 12:47pm V19, Maintenance Director stated, Call lights are checked every morning. Have managers that do room rounds, and we depend on the CNA and nurses to ensure call lights are working. If there is a problem with the call light or equipment, a work order in TELS is put in or they will call the receptionist or myself. I try to catch any problem before they call. V18 just told me R3's call light is not working. I have to reset the system. If the call (continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>light is not working, someone should be making rounds. I changed light bulb in another room, and the call light did not come on, so my first assumption is the system needs to be reset. I will go and hit button to reset and call light should work. If the call light does not light up above the room, the light should come on at the panel in the room and you should hear the call light. At 12:53pm surveyor and V19 entered R3's room. V19 pushed cord and pushed call light button and red light at panel came on but there was no audible sound and the light did not come on above the door. V19 left to reset system and returned to R3's room at 12:55pm and pressed call light button. There was no audible sound, and the light did not come on above the door. V19 rechecked the cord and the call light did not work. V19 left room at 12:57pm to reset system. At 12:59pm V19 entered R3's room and pressed call light. Call light did not work. V19 checked bathroom call light and call light worked appropriately. V19 stated, I will figure out problem. V19 checked call light for bed space 1 and call light worked appropriately. V19 stated, I will give (R3) the call light for bed space 1 while I figure out why (R3's) call light is not working. On 3/7/2026 at approximately 1:50PM V2, Director of Nursing/DON RN stated, Rresidents are to use their call light if they need help from staff. We test call lights and maintenance does rounds and tests the call light and during room readiness we check. At least every shift we check the call light to make sure it is working. If call light does not work, we notify maintenance right away and may move to a room that has a functioning call light. We have done bells just for the interim. For maintenance we just instituted TELS system and receptionist takes the concern from staff and relays to maintenance. If they see him on the floor staff will let him know too. On 3/7/2026 at 2:22pm V17, Assistant Director of Nursing/ADON RN stated, Call lights are checked every shift to ensure call lights are working by staff. If call light does not work, we call maintenance to fix it and will use bells or do room change to a room where the light is working. (R3) will call to get our attention. She should have a call light she knows how to use the call light. On 3/7/2026 at 3:10pm V17 stated, Call lights are checking every shift to ensure the call light is working. They are checking to make sure the light comes on at the panel, they should step out to make sure the light is working above the door, and the sound is going off. On 3/7/2026 at 3:22pm V19 stated, I check call lights periodically daily every day is different ones (rooms). We check to make sure lights come on in the room and outside the room and bathroom, overhead light, bedside and displayed on the computer at the nurses' station and make sure we can hear the call light. Facility Policy: General Resident Rights review date 9/2024 documents in part: General: The objective of the accommodation of resident needs and preferences is to create an individualized, home-like environment to maintain and/or achieve independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own needs and preference. Responsible Party: All Staff Policy: It is the facility's policy to identify and provide reasonable accommodation for resident needs and preferences except when it would endanger the health or safety of the resident or other residents. Procedure: 1. The facility will assess and interview resident for the need to make reasonable accommodations such as: Resident equipment to be maintained in proper working order Guideline: CALL LIGHT RESPONSE revision date 9/2025 documents in part: GENERAL: To provide the staff with guidance on responding to resident's request and needs. RESPONSIBLE PARTY: IDT PROTOCOL: 5. Report all defective call lights to the nurse supervisor or maintenance director promptly. Registered Nurse/Licensed Practical Nurse job description dated 6/30/2013 documents in part: Basic Function Under the direction of the physician, is responsible for total nursing care to all residents on assigned unit during the assigned shift including responsibility for delegation of duties, resident nursing care, staff performance and adherence by staff members to facility policies and procedures. Essential Duties 4. Assist in maintaining a physical, social and psychological environment, which is conducive to the overall welfare of the resident. 5. Participate in resident and family teaching. 6. Monitor performance of team members and become involved in staff development, evaluation and discipline when indicated. 7. Assign nursing care duties to team members and ensure such duties are completed in an appropriate manner. 12. Adhere to all facility and department safety policies and procedures. Certified Nurses Aide job description dated 01/01/2026 (continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>documents in part: Basic FunctionTo provide assigned residents with routine daily nursing care in accordance with established nursing care procedures, state and federal guidelines, and as directed by your supervisor. 24. Report all hazardous conditions and equipment to the nurse immediately. 25. Follow established safety precautions in performance of all duties.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to administer medications as ordered by the physician for one resident (R3) in a sample of 10 residents reviewed for quality of care.</p> <p>Findings include:</p> <p>R3 is a [AGE] year-old female, admitted to facility 1/2/2026 and has diagnoses to include: Neuromyelitis Optica, Difficulty in Walking, Specified Disorders of Muscle, Lack Of Coordination, Cognitive Communication, Need For Assistance with Personal, Depression, Nonspecific Abnormal Finding of Lung Field, Spinal Stenosis, Cervical Region, Anemia, Localized Edema, Hyperlipidemia, Tremor, Unspecified Aphasia, Anxiety Disorder, Unspecified, Dysthymic Disorder, Disorder of Kidney and Ureter, Unspecified</p> <p>R3's BIMS (Brief Interview for Mental Status) dated 3/4/2026 - 12 indicating moderate cognitive impairment</p> <p>On 3/6/2026 at 3:42pm R3 with fall mats next to bed on either side. R3 stated she was not wet and got changed twice earlier. R3 lying in bed wearing gown and watching TV. R3 having tremors and stated, she was having more tremors because she had not received her medicine and the nurse said she would be back to give her medicine, and she did not come back. R3 alert and oriented and able to make needs known. R3 stated staff feed her and she was getting therapy.</p> <p>On 3/7/2026 at 11:46am R3 observed lying in bed wearing gown, watching TV, call light within reach. R3 alert, oriented, groomed and was able to make needs known. R3 stated she received her medicine today, but she did not get it yesterday (3/6/2026) morning like she was supposed to get.</p> <p>On 3/7/26 at 12:01 pm V2 (Director of Nursing) said, ordered medications are given 1 hour before and 1 hour after. If for some reason not given, nurse is to notify the provider and family or the resident if they are their own power of attorney and oriented. V2 said if the medication is not available or covered by insurance the doctor will give an order how to proceed as they can order some alternative medication. V2 said nurses when they give medications, they are to sign it out in the electronic health record (mar) at the time when its given, boxes left empty on the mar means the medications were not given.</p> <p>On 3/9/26 at 11:53 am V22 (LPN) she was the nurse on duty and assigned to R3 on Friday (3/6/26) she worked from 7:00 am to 3:30 pm. V22 said she gave her 9:00am and 12:00 pm medications. V22 said, regarding the documentation, she probably forgot to do it due to the fact she got busy. V22 is not sure if she documented it. V22 said, in general, she is to document medications as given after she gave it and she is fully aware she should have clicked them but R3 was serviced.</p> <p>On 3/7/26 at 9:30 am V24 (LPN) said, medications can be given 1 hour before and 1 hour after the scheduled time. V24 said, if the medication administration record is blank for that time, that means the medication was not given.</p> <p>Review of R3's Medication Administration Record (MAR) for 3/7/26 documents in part the following missed medications. (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/7/26 at 9:00 am Famotidine Oral Tablet 20 MG, Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen), Nystatin Powder 100000 UNIT/GM, Primidone Oral Tablet 50 MG, Buspirone HCl Oral Tablet 15 MG</p> <p>3/7/26 at 12:00 pm Vitamin D3 Oral Tablet 25 MCG.</p> <p>Review of R3's (3/6/26-3/7/26) progress notes and mar does not include the reason the above medications were not administered.</p> <p>Facility's Registered Nurse/Licensed Practical Nurse job description documents in part:</p> <p>Essential duties:</p> <p>Participate in the development and implementation of an individualized patient care plan for the resident with allied health team members.</p> <p>Implement total nursing care plan through assessment, planning and evaluation.</p> <p>Administer prescribed medications and treatments according to policy and procedures; evaluate treatment effectiveness on a continuing basis.</p> <p>Facility's (rev. 4/25) Medication Administration policy documents in part:</p> <p>18. Document as each medication is prepared on the MAR.</p> <p>22. If the medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to change soiled gloves and failed to perform hand hygiene after providing incontinence care for one resident (R3) in a sample of 10 residents reviewed for incontinence care. Findings include: R3 is a [AGE] year-old female, admitted to facility 1/2/2026 and has diagnoses to include: Neuromyelitis Optica, Difficulty in Walking, Specified Disorders of Muscle, Lack of Coordination, Cognitive Communication, Need for Assistance with Personal, Depression, Nonspecific Abnormal Finding of Lung Field, Spinal Stenosis, Cervical Region, Anemia, Localized Edema, Hyperlipidemia, Tremor, Unspecified Aphasia, Anxiety Disorder, Unspecified, Dysthymic Disorder, Disorder of Kidney and Ureter, Unspecified R3's BIMS (Brief Interview for Mental Status) dated 3/4/2026 - 12 indicating moderate cognitive impairment On 3/7/2026 at 11:46am R3 observed lying in bed wearing gown, watching TV, call light within reach. R3 alert, oriented, groomed with missing teeth and was able to make needs known. R3 stated, I needed to be changed, and I have been pressing the call light, and no one has come. The CNA said she would come back and she never came back. I need someone to change me. On 3/7/2026 at 12:08pm V18, Certified Nursing Assistant/CNA entered R3's room to do incontinent care. V18 donned gloves. V18 stated she last changed R3 around 9:00am. R3 stated she was wet and V18 proceeded to change R3. After V18 completed incontinence care, V18 proceeded to put incontinence brief in plastic bag, moved bedside table over R3, adjusted R3's clothing and bed without changing gloves and completing hand hygiene. V18 then went to glove box, removed soiled gloves and put on clean gloves, but did not do any hand hygiene. V18 proceeded to adjust R3 in bed and prepared to feed R3 without completing any hand hygiene. On 3/7/2026 at 12:38pm V18 completed feeding for R3. V18 stated she should have removed gloves and washed her hands after doing incontinence care and she should not have touched anything with dirty gloves. V18 said, During orientation, we were told about infection control, and the infection control nurse tells us and tells us information about the resident. On 3/7/2026 at 2:11pm V16, Infection Prevention Nurse/LPN stated, When providing incontinence care need to wear gloves. After incontinence care is done wash hand prior to and after care for residents and get rid of garbage. After completing incontinence care, you should do hand hygiene hand washing with soap and water or use hand sanitizer. You should not touch resident items/food until hand hygiene is complete. Hand hygiene is done to make sure they are not contaminating residents and help prevent infection and cross contamination. On 3/7/2026 at 2:22pm V17, Assistant Director of Nursing/ADON RN stated, When doing incontinence care gloves on, have bag to discard dirty diaper, wash hand before and after doing care. You should not use dirty gloves to touch resident items or equipment with soiled gloves. Facility Policy: Guideline Incontinence Care dated 9/2025 documents in part: General: Incontinence care is provided to keep residents dry, comfortable and odor free as possible. Guideline: 2. Perform hand hygiene and don gloves. 11. Perform hand hygiene CDC Clinical Safety: Hand Hygiene for Healthcare Workers dated February 27, 2024, documents in part: Know when to wear (and change) gloves. Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene before donning gloves and touching the patient or the patient's surroundings. Always clean your hands after removing gloves. Remember to remove gloves carefully to prevent hand contamination as dirty gloves can soil hands. When to wear gloves When needed for Standard Precautions (when you anticipate that you will come in contact with blood or other infectious materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment) Certified Nurses Aide job description dated 01/01/2026 documents in part: Basic Function To provide assigned residents with routine daily nursing care in accordance with established nursing care procedures, state and federal guidelines, and as directed by your supervisor 25. Follow established safety precautions in performance of all duties. 26. Wash hands before and after performing any service for the resident and follow infection control guidelines and universal (continued on next page)</p>		

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