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 04/03/2026
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on interview and record review the facility failed to follow their abuse policy by not reporting alleged allegations of abuse for 1 of 1 (R4) residents within 2 hours reviewed for abuse reporting.Findings include: On 3/22/2026 at 2:46 pm, R4 who was assessed to be alerted and oriented to person, place and time said he reported physical abuse by V11 (Certified Nursing Assistant/CNA) to V17 (Nurse). R4 said he was hit with an open hand on his right posterior upper arm and verbally abused/cursed out by V11. R4 said he reported the allegations to V17 the night it happened around midnight on 3/22/2026 and V1 on Monday 3/23/2026 to V1. On 3/27/2026 at 2:40 pm, Regional office was called and reported there was no facility reportable abuse allegation for R4 dated 3/23/2026.On 3/27/2026 at 2:43 pm, V1 (Administrator) said V17 called and reported the incident when it happened, but he missed the call due to being asleep, when he called back, it was already passed noncompliance, so he did not report the initial abuse allegation for R4. V1 said he was going to send the initial report with the final report.Nursing note dated 3/23/2026 (1:09 am) Resident (R4) stated, ?She hit me and I'm calling the Police.' DON and Administrator notified.Facility provided Initial report dated 3/24/2026 at 1 am. R4 had an allegation of physical abuse.Abuse Policy and Prevention Program dated 10/2022 documents: Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.

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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F 0689 Level of Harm - Immediate jeopardy to resident health or safety 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 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 [NAME] which is a high-traffic, multi-lane intersection with significant vehicle volume that includes access points to a major expressway (The [NAME] 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.The Immediate Jeopardy began on 03/20/2026 when R1 left the building without staff acknowledge. R1 traveling approximately twelve miles to 95th and the [NAME] which is a high-traffic, multi-lane intersection with significant vehicle volume that includes access points to a major expressway. V1(Administrator) and V2 (Director of Nursing) were notified of the Immediate Jeopardy on 03/26/26 at 1:38PM. The surveyor confirmed by observation, interview and record review that the Immediate Jeopardy was removed on 04/03/26, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the interventions implemented.Findings Include:R1 was admitted with the diagnosis of unspecified Mild Dementia with other behavioral disturbance, bipolar disorder, current episode manic severe with psychotic features. Minimal Data Set (MDS) dated [DATE] 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. 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. 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. Nurse Practitioner note dated 2/26/26 documents: Late entry: Neuro - Alert plus orientation times two -three (A+O x 2-3.) Forgetful.Facility Elopement Risk undated documents: R1's name. 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 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 (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	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 permittion 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. 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. 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 [NAME]. 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 [NAME] where he would pick R1 up. V13 said it was 11:00pm when R1 reached [NAME]. 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. R1 was not available for a phone interview. 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 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. 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. On 3/24/26 at 4:09PM, V11 said the last time she worked with R1. R1 was trying to leave the facility. On 3/25/26 at 8:57AM, V3 (DON) said she could not determine which door R1 exited the building. 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. 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 (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	eight (8:00pm)/visiting hour they can exit through the employee only door, 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.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 [NAME] 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. 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. 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 gait open. V23 said the gait 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. 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 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 [NAME] 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. 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. 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.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 (continued on next page)

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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. 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. 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 the dialysis still has to be connected. 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. The Immediate Jeopardy that began on 03.20.26 was removed on 04.03.26 when the facility took the following actions to remove the immediacy. Affected Resident corrective actions: 03/20/2026 R1 was identified to have eloped from the facility at between the hours of 8pm and 9:30pm. She was received by her family in safe custody. She is no longer residing at the facility. No further corrective action can be taken. Immediate Actions and Actions to Prevent Occurrence/Recurrence. (Initiated on 3/26/2026 at 4:30PM and will continue until all staff are in-serviced and trained prior to the start of their shift) A Resident head count of the whole facility was completed by the DON/clinical managers on 03/26/2026. There was no concern identified, and all residents are accounted for. The facility has instituted an ongoing headcount that is done during shift change as part of the nurse-to-nurse shift reporting. This will include discussion of new or worsening elopement risk resident behaviors that may need additional support. All exit alarms were affirmed to be functional by testing and confirmation of power supply. They were found in proper working conditions by the maintenance director. This was completed by 03/26/2026. All alarms will be tested and verified in proper working fashion weekly thereafter by the maintenance director. Any instance of alarm found to be non-functional will be repaired immediately. If unable to be immediately repaired, the facility will assign a 24/7 monitor of the exit until it can be replaced or repaired. The doorway leading from the 1st floor STRIVE unit to the employee exit was adjusted to sound louder at point of service. An additional remote horn and signage alerting the source was configured to sound by the nearest nursing station on the Ventilator unit that is 24 hours manned. This was completed by a contracted electrician on 04/03/2026. All nurses and CNA's on their assigned units are responsible for monitoring and response to sounding alarms on their unit for all shifts. If an alarm is sounding, staff are required to immediately respond. Any instance of non-compliance of nurses and/ or CNA not responding to a sounding alarm will be provided with further training and human resources will be consulted for progressive disciplinary action if warranted. Residents are to be escorted by facility staff members between secured doorways if wanting to go to another unit of the facility. If a resident is identified as elopement risk and wants to visit another unit, they will be escorted and supervised by a clinical staff member that can include but is not limited to Nurse, CNA, activities, and or Interdisciplinary team until they return to their unit. The current doorway access code leading between Longterm care and the ventilator unit will be changed by the maintenance director, so no (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	residents have code access. All facility doorway codes are changed monthly thereafter. This was completed on 04/03/2026. The access codes will not be shared with the residents. All residents are educated to use assistance and escort if needing access through secured unit doorways. They are not allowed to have access codes. This was completed on 04/03/2026. All staff are educated to escort residents in between secured doorways, and they are not to share passcodes with residents or visitors. This was completed on 04/03/2026. Elopement assessment, BIMS and community survival skills assessment was completed for all residents. The Social Service Department completed the assessments. After the completion of all resident assessment, Nexus at [NAME] has identified 4 residents remaining as risk for elopement. During waking hours, the residents are involved in daily activity routines that have direct supervision. If the resident leaves a supervised activity or prefers to have leisure time outside of structured routines, the outgoing staff will report to clinical staff, social service and/or activities to help supervise their current activity of choice on a 1:1. The social service department completed care plan reviews that include interventions such as frequent monitoring checks, keeping the residents in communal areas that allow for visual supervision during waking hours, redirecting residents to activities of choice. Other interventions, include staff members are to report any themed activity or suspicious behavior to supervisors for support. This was completed on 03/26/2026. Any resident who was identified as an elopement risk have care plans developed with interventions addressing their behavior. This was reviewed and completed by the social service department 03/26/2026. The elopement binders were reviewed and updated. The elopement binders were placed by all nursing stations, front desks, and department head offices. The elopement binders include Face pictures, name, location, Facesheet information and pertinent information regarding elopement risk behavior for staff to observe for and report to supervisors and clinical coordinators for support and management. If an elopement risk resident is displaying elopement risk behaviors. 1st available direct staff will stay with the resident until managerial support is provided, and the resident is redirected to their normal baseline. Daily, the DON, clinical managers, and members of the IDT will hold clinical meetings and discuss new or worsening wandering/ exit-seeking behaviors. Any new and/or worsening behaviors will be addressed by ensuring that appropriate clinical interventions are implemented to prevent an incident of elopement. The MOD (manager on duty)/charge nurse, DON will also conduct weekend clinical meetings to review new or worsening exit seeking/wandering behaviors and ensure interventions are in place to prevent elopement. The elopement binders is not a new system, but it will be updated when a resident is newly identified as a high-risk elopement. The Administrator provided training to the Social Service Department regarding development of care plans to address residents who are identified as an elopement risk. The training was completed on 03/26/2026. The DON/Administrator/Social Services Director provided education to all staff that were in the facility on 03/26/2026. The education items include but not limited to: Code yellow proceduresUse of the elopement bindersExit-seeking behaviors and interventionsElopement risk interventionsResponding to alarms Resident safety and supervisionReporting to the Administrator/Maintenance Director any concerns related to alarms. The training was completed on 03/26/2026. Any staff who were not in the facility, on vacation, or on leave of absence will have training completed at the start of their shift upon return to work. To measure knowledge retention, post tests will also be started on 03/27/2026. The Administrator/Director of Nursing/Social Services Director will conduct posttests of five (5) random staff per week for four (4) weeks to evaluate knowledge retention starting on 03/27/26. The acceptable score of the post-test is 100%. Any staff who will not meet the acceptable score will receive additional training. The Administrator/Director of Nursing/Social Services Director will provide the staff with training on specific areas based on the results of the post tests. The facility will conduct the same training quarterly for four (4) quarters, and then annually thereafter. The training will also be included in the orientation of new employees. The facility currently uses agency, the DON/Social Services Director/Administrator, will provide the same training to the agency staff at the start of their first shifts. Ad-Hoc QAPI meeting was (continued on next page)

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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 04/03/2026
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 - Immediate jeopardy to resident health or safety Residents Affected - Few	completed on 03/26/2026 which were participated by the leadership team. The Medical Director also participated via telephone. The QAPI team discussed the incident and the corrective actions to prevent similar events.Elopement drill was completed on 03/26/2026 by the Social Service Director and Administrator. This will also be completed daily, for the seven (7) days, and will be done at different shifts. After seven (7) days, the elopement drills will be done weekly for three (3) months, then monthly thereafter. The elopement drills will be completed per policy, as indicated above. For effective staff recognition and response, the elopement drills will also include evaluation of responding to alarms sounding for identified triggers and/or unknown source. New referrals will be reviewed by the DON and clinical managers to screen for elopement risk precautions prior to placement. Any new /return resident identified as being at risk will be updated into the facility elopement binders upon admission. The QAPI team will discuss the elopement prevention program and review interventions to new/worsening wandering/exit-seeking behaviors at their next monthly meeting. The QAPI team will determine if additional corrective actions are necessary based on concerns identified. The Administrator/Social Services Director/DON will conduct audits of the elopement binder three (3) times a week for one (1) month to ensure that identified elopement risk are included in the binder. Additionally, the Administrator/Social Services Director/DON will also review five (5) residents weekly for one (1) month to ensure that residents are assessed appropriately, and who are identified with new and/or worsening exit-seeking behaviors have proper interventions in place. After three (3) months, the QAPI team will determine if additional monitoring or corrective actions are necessary. To evaluate the effectiveness of the removal plan, QAPI team will review results of the audits, posttests and alarmed doors. The QAPI team will determine if additional monitoring or corrective actions are necessary based on the review of monitoring activities. Date Facility Asserts Likelihood for Serious Harm No Longer Exists: 03/26/2026