

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/30/2026
NAME OF PROVIDER OR SUPPLIER  Nexus at Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE  253 Bradington Drive Columbia, IL 62236	
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.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to report an allegation of abuse for 1 of 3 residents (R4) reviewed for abuse in the sample of 11. Findings include: 1-R4's Face Sheet documents R4 was admitted to the facility on [DATE] with diagnoses including cerebral infarction. R4's Minimum Data Set (MDS) dated [DATE] documented R4 was moderately cognitively impaired and ambulated via wheelchair. R4's Care Plan intervention last reviewed 2/12/26 documents R4 is at risk for abuse and neglect. On 4/30/26 at 8:37 AM, V5, Licensed Practical Nurse (LPN), stated R4 came to her and told her someone hit him, then showed her a bruise on his left arm. V5 called V1, Administrator, to tell her about the allegation. On 4/28/26 at 3:10 PM, R4 stated he was going down the hall the other day and asked R5 to move and she just punched him in the arm. He stated this was witnessed by V27, Certified Nursing Assistant (CNA), and another staff he cannot remember. On 4/29/26 at 1:30 PM, V1 stated she was not aware of R4's 4/16/26 abuse allegation. They began investigating a bruise on his arm, and it was determined he bumped into the door frame, so it was not reported. On 4/29/26 at 1:45 PM, V2, Director of Nursing (DON), stated she conducted interviews regarding R4's bruise, but did not report it because the cause was determined to be from R4 running into R5's wheelchair. On 4/29/26 at 2:30 PM, V2 stated she expects the Facility to follow its abuse policy. The Facility's Abuse Policy last reviewed 9/2017 documents the Facility will immediately protect residents involved in identified reports of possible abuse and implement systems to promptly and aggressively investigate all reports and allegations of abuse.		

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the Facility failed to thoroughly investigate an allegation of abuse for 1 of 3 residents (R4) reviewed for abuse in the sample of 11. Findings include: 1- R4's Face Sheet documents R4 was admitted to the facility on [DATE] with diagnoses including cerebral infarction. R4's Minimum Data Set (MDS) dated [DATE] documented R4 was moderately cognitively impaired and ambulated via wheelchair. R4's Care Plan intervention last reviewed 2/12/26 documents R4 is at risk for abuse and neglect. On 4/29/26 at 8:37 AM, V5, Licensed Practical Nurse (LPN), stated R4 came to her and told her someone hit him and showed him a bruise on his left arm. V5 called V1, Administrator, to inform her of R4's allegation. On 4/28/26 at 3:10 PM, R4 stated he was going down the hall the other day and asked R5 to move when she just punched him in the arm. R4 had a light purple circular area on the back side of his left arm measuring approximately two inches in diameter. He stated this was witnessed by V27, Certified Nursing Assistant (CNA), and another staff he cannot remember. CNA V26's Written Statement documents, To Whom It May Concern I (V26) was present on April 16th 2026. I did not see anyone hit (R4). I seen everyone go there {sic} separate {sic} ways and that was the end of that. On 4/29/26 at 11:52 AM, V26 stated she was interviewed on 4/16/26 about an interaction between R4 and R5 and did not see any physical contact between R4 and R5. V27's Written Statement dated 4/16/26 documents, (R4) was coming down the hall and ran into (R5) wheelchair I didn't see (R5) hit (R4). On 4/29/26 at 12:13 PM, V27 stated she saw R4 run into R5's wheelchair on 4/16/26 but did not see R5 hit R4. R5's Undated Signed Statement documents R4 bumped into her in her wheelchair and she did not hit him. On 4/29/26 at 1:30 PM, V1 stated she was not aware of R4's 4/16/26 abuse allegation, and they were just investigating a bruise on his arm. On 4/29/26 at 1:45 PM, V2, Director of Nursing (DON), stated V5, Licensed Practical Nurse (LPN), notified her that R4 had a bruise on his arm. V2 conducted interviews regarding R4's bruise, but did not get a statement from R4 and probably should have. The Facility's Investigation does not contain statements from R4 or V5. The Investigation does not include initial or final reports with any determination of the cause of R4's bruise or whether the alleged abuse occurred. On 4/29/26 at 2:30 PM, V2 stated she expects the Facility to follow its abuse policy. The Facility's Abuse Policy last reviewed 9/2017 documents the Facility will immediately protect residents involved in identified reports of possible abuse and implement systems to promptly and aggressively investigate all reports and allegations of abuse.</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to initiate Cardiopulmonary Resuscitation (CPR) to an unresponsive resident for 1 of 1 (R2) resident reviewed for CPR in the sample of 6.This failure resulted in an Immediate Jeopardy that began on [DATE] and resulted in the death of R2, who had an unknown code status and was found breathless and unresponsive and did not receive lifesaving Cardiopulmonary Resuscitation efforts.On [DATE] at 11:39 AM V1, Administrator, V2, Director of Nursing (DON), and V9, [NAME] President of Clinical Operations, were notified of the Immediate Jeopardy. The surveyor confirmed by interview and record review, the Immediate Jeopardy was removed on [DATE], but remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training.Findings Include:</p> <p>R2's Undated Face Sheet documents R2 was admitted to the facility on [DATE] and had a medical diagnosis of Chronic Obstructive Pulmonary Disease, Cirrhosis of Liver, Hypertension, and Dysphagia.</p> <p>R2's MDS dated [DATE] documents R2 was severely cognitively impaired, and was dependent on staff for showering/bathing, sitting to lying, and toileting hygiene.</p> <p>R2's Medical Records do not document a code status.</p> <p>R2's Nurses Notes dated [DATE] at 4:14 AM documents this nurse went into residents room to help his roommate, while walking in noticed that resident was not breathing but was still warm to the touch. This nurse went to get a second nurse to verify no signs of breathing at 0414.</p> <p>The Facility's Final Investigation Report dated [DATE] documents On February 27, 2026, at approximately 4:00 A.M., a resident was discovered in their room by a licensed nurse. The nurse assessed the resident and noted absence of respirations, absence of a palpable pulse, and physical findings consistent with post-mortem changes. Based on the clinical assessment, the nurse determined the resident had expired. At the time of the event, a review of the residents medical record did not identify documentation of a physician order for Do Not Resuscitate (DNR) or other advance directive limiting resuscitative efforts within the record available for review. Cardiopulmonary resuscitation (CPR) was not initiated due to the presence of apparent signs of death, and emergency medical services (911) were not activated.</p> <p>On [DATE] at 10:09 AM V3, Assistant Director of Nursing (ADON), stated a nurse called him and said a resident was having some respiratory distress. V3 stated he asked the nurse about the resident's code status and the nurse said she did not know the resident's code status. V3 stated if a resident's code status or POLST (Physician Orders for Life-Sustaining Treatment) form cannot be found or the facility does not have one, the resident is a full code. V3 stated when in doubt a resident is a full code.</p> <p>On [DATE] at 10:15 AM V2, DON, stated she was informed by V13, Licensed Practical Nurse (LPN), that a resident (R2) had passed. V2 stated when V13 was asked for R2's code status, V13 stated she did not know. V2 stated V13 did not initiate CPR or call 911 as she should have. V2 stated R2 was recently admitted from the hospital and the facility did not have R2's code status. V2 stated she looked through all R2's hospital records and there was no POLST form in the records. V2 stated if a resident's code status is unknown, the resident is a full code (continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 9:20 AM V24, Nurse Practitioner, stated she was informed by nursing staff that R2 has passed in the middle of the early morning. V24 stated she expects the facility to have a code status for every resident on file. V24 stated if CPR is not initiated on a resident in distress or who is not breathing, the resident will die.</p> <p>On [DATE] at 10:00 AM V25, Medical Director, stated he expects the facility to have a code status on file for every resident in the facility.</p> <p>On [DATE] at 10:36 AM V13, LPN, stated she went to answer R2's roommate's call light and noticed R2 was not breathing. V13 stated she called V11, Registered Nurse, into the room to verify that R2 was not breathing. V13 stated V11 verified that R2 was not breathing and V13 stated she informed V11 they would initiate CPR due to R2 not having a POLST form and V11 stated no. V13 stated she asked V11 again if CPR should be initiated due to not knowing R2's code status and V11 stated no. V13 stated R2 was a new admit and the facility did not have a POLST form stating if R2 was a full code or not.</p> <p>On [DATE] at 12:19 PM V10, Certified Nursing Assistant (CNA), stated about 4:00 AM she saw V13 coming out of R2's room and V13 looked upset. V10 stated V11 and V13 were in R2's room standing by R2's bed and it appeared that R2 was not breathing. V10 stated CPR was not initiated on R2. V10 stated if a resident's code status is not known or cannot be found, CPR is supposed to be initiated.</p> <p>Multiple attempts were made on [DATE] and [DATE] to contact V11, Registered Nurse, without success.</p> <p>The Facility's Advance Directives and DNR (Do Not Resuscitate) Policy Date Reviewed 9/2023 documents When a resident is admitted to the facility, a discuss of advance will take place between the resident and family if the resident is unable to make decisions. This enables staff to readily and clearly ascertain how to treat the resident in advance of an emergency. A Full Code/DNR order will be noted in the resident's medical record.</p> <p>The Facility submitted Abatement Plans and the Abatement Plan #3 was accepted on [DATE].</p> <p>The Immediate Jeopardy which began on [DATE] was removed on [DATE] when the facility took the following actions to remove the immediacy:</p> <p>The facility took the following actions to remove the Immediacy:</p> <p>Identification of Residents Affected or Likely to be Affected: The facility took the following actions to address the identified deficiency and prevent any additional residents from suffering an adverse outcome. Completion Date: [DATE]</p> <p>R1 no longer resides at the facility</p> <p>Initiated on [DATE] All nursing staff/agency staff were in-serviced by DON/Designee on Cardiopulmonary Resuscitation (CPR) policy, Charting and Documentation, Notification of change and change in condition policy and procedure Completed education on [DATE] to include all current licensed nursing staff and scheduled agency licensed nursing staff. All new licensed nursing staff and licensed nursing agency staff will be educated by DON/Designee prior to their shift. (continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>CPR audit for nursing staff/agency staff completed by RNC/DON/Designee. Completed [DATE].</p> <p>Review of the Charting and Documentation policy by VP of Clinical Operations completed [DATE]</p> <p>Review of the Change in Condition Policy by VP of Clinical Operation completed [DATE]</p> <p>Review of CPR policy by VP of Clinical Operations completed [DATE].</p> <p>QAPI meeting will be held with the Medical Director on [DATE] attendance included Medical Director, LNHA, DON, ADON, Wound Nurse, Infection Control Preventionist, MDS Coordinators, Social Service Director, Facility Nurse Practitioner, Human Resources Director, Activity Director, Maintenance Director and Regional Nurse Consultants.</p> <p>Actions to Prevent Occurrence/Recurrence: The facility took the following actions to prevent an adverse outcome from reoccurring.</p> <p>The Director of Nursing received copies of CPR cards for licensed nursing staff, completed on [DATE]</p> <p>DON/Designee will request copies of CPR cards for licensed nursing staff and will continue education prior to shift and or start date until next QAPI Review.</p> <p>The DON/designee will review the 24-hour report for any changes in code status or advance directive changes daily until next QAPI Review</p> <p>On [DATE] Code Status Audit was completed to ensure all Resident polst and code status orders were correct and in place.</p> <p>On [DATE] A complete code status audit was completed to ensure care plans reflect correct Code Status as documented on POLST form and Physician order.</p> <p>Upon admission a review of code status/POLST will be completed on all residents. If no signed POLST in place, resident is a Full code until a signed DNR is in place, initiated [DATE].</p> <p>Ongoing monitoring:</p> <p>DON/SSD/Designee will audit new admissions to ensure code status, advanced directives, signed polst and physicians' orders regarding code status are in place daily x 4 weeks, then 3 times a week for 4 weeks, then monthly for 3 months.</p> <p>SSD/ Designee will audit 5 random residents to ensure code status, advanced directives, signed POLST and Physicians' orders regarding code status are in place. Daily x 4 weeks, then 3 times a week for 4 weeks, then monthly for 3 months.</p> <p>A QAPI PIP has been initiated to report on the above monitoring and auditing procedures. All findings from the PIP will be presented at the monthly QAA meeting. Monitoring/auditing and reporting will continue for a minimum of three months.</p> <p>On [DATE], the surveyor validated the removal of the abatement through interviews with V5, V8, V19, (continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>and V30, review of staff CPR Certification, Code Status Orders and Audits, and verification of Code Status System in place.</p>		