STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145290	A. Building B. Wing	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus Pavilion at Belleville	727 North 17th Street Belleville, IL 62226

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide pain medication to 1 of 3 residents (R3) reviewed for pain control in the sample of 8. This failure resulted in R3 having excruciating pain and having trouble functioning during that time in pain. The Findings Include:R3's admission Record, dated 7/21/25, documents R3 was admitted to the facility on [DATE] with diagnosis of Diabetes Mellitus (DM), Pneumonia, Bacteremia, and a Lung Abscess with Methicillin Resistant Staphylococcus Aureus (MRSA) infection.R3's Care Plan, dated 7/9/25, documents R3 Is Independent with Activities of Daily Living (ADLs). R3 has an alteration in comfort with interventions including administer pain meds and treatments as ordered, assess pain characteristics: duration, location, quality, encourage to report any pain, monitor for nonverbal indicators of pain (moaning, crying, grimacing, wincing), report any acute changes to Physician. R3's Minimum Data Set (MDS), dated [DATE], documents R3 is cognitively intact, is independent on all ADLs. R3 is always continent of both bowel and bladder. On 7/21/25 at 1:25 PM, R3 stated They cut my pain meds in half to 5 MG twice a day, then added a muscle relaxer, and right now my pain is an 8.On 7/22/25 at 9:00 AM, R3 stated They ran out of my pain medication, and I had to wait around 6 days for my pain medication. The nurses kept telling me that they were waiting on pharmacy to send the medication. They may have given me Tylenol once or twice, but that did not help. I was in excruciating pain and had trouble functioning day to day during that time while I was in pain. My pain right now is between a 6 or an 8. On 7/22/25 at 9:15 AM, V7, Registered Nurse (RN)/Nurse Practitioner (NP), stated If a resident has an order for a pain medication and runs out, we have to print out the actual hard script/order and then either fax it to the physician or NP to sign it, or catch them while they are here. We do carry Oxycodone in the medication machine; however, we cannot just get one out. We have to have pharmacy on the phone, with the signed hard script, then they have to send a code to the nurse in order to get the medication out of the machine. V7 stated that is probably why R3 was waiting so long to get his meds.On 7/22/25 at 10:20 AM, V2, Director of Nursing (DON), stated If a resident has an active order for Oxycodone, such as (R3), all the nurse has to do is call the pharmacy and they will release a dose from the E-Kit (machine) to be dispensed. If it is a refill, then it has to have a hard script with the physician's signature. There are instructions on the entire process at the nurse's desk, but a lot of our nurses are agency, and they don't seem to understand the process.On 7/23/25 at 8:55 AM, V10, NP, stated I was not notified that (R3) was not receiving his Oxycodone for pain. I did meet with (R3) and the DON about (R3's) pain and I was not sure if it was lung pain or muscular pain and the way the Oxycodone was ordered, I wasn't sure if he was getting 5 MG or 10 MG, so I just made it 5 MG every 6 hours and added the muscle relaxer Cyclobenzaprine to help. I would expect the nurses to give (R3) his pain medication to keep up with his pain control. Any foreign substance in our lungs causes pain and with (R3) having a lesion with MRSA in his lung, it definitely has the potential to be painful.On 7/23/25 at 9:20 AM, R3 stated he did get his morning pain pill but stated they never ask him what his pain level is, they just hand him his pills. R3 stated right now, his pain is an 8 and it typically is between 6 to 8 depending on if he is lying down or up moving around.On 7/23/25 at 9:30 AM, V2 stated I would expect the nurses to provide pain medications as ordered to maintain the resident's level of pain to a minimum and if they run out of the medication, I would expect the nurses to order the medications when they run out in a timely manner, so the resident does not go without getting them. I would expect the nurses to administer antibiotics as ordered for any resident.R3's Physician Order (PO), dated 6/28/25, documents Oxycodone HCl (Hydrochloride) Oral Tablet 5 MG (milligram), give 1 tablet by mouth every 6 hours as needed for pain take 1-2-tab 5-10 MG by mouth every 6 hours as needed. Max daily amount 40 MG. This order was discontinued on 7/1/25. R3's PO, dated 7/1/25, documents Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 6 hours as needed for pain take 1 tab (5 MG) for pain scale 1-4 and 2 tabs (10 MG) for pain scale 5-10 by mouth every 6 hours as needed. Max daily amount 40 MG. This order was discontinued on 7/16/25.R3's PO, dated 7/16/25, documents Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 6 hours as needed for pain. This order was discontinued on 7/18/25. R3's PO, dated 7/18/25, documents Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 6 hours related to Methicillin Resistant Staphylococcus Aureus Infection.V2 provided the Controlled Substance Receipt/Record/Disposition Form for R3's Oxycodone, dated 6/29/25. This form documents R3 did receive Oxycodone from 6/29/25 up to 7/6/25 with nothing documented past 7/6/25. V2 stated this is what they have for documentation of R3 getting his Oxycodone.R3's Electronic Health Record

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F 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0760 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observations, and record review, the facility failed to provide an antibiotic for 1 of 1 resident (R3) reviewed for medication administration in the sample of 6. This failure resulted in R3 not receiving his antibiotic as ordered, his Vancomycin Trough levels subtherapeutic therefore not sufficient in treating R3's Methicillin Resistant Staphylococcus Aureus (MRSA) infection in his lungs. The Findings Include:R3's admission Record, dated 7/21/25, documents R3 was admitted to the facility on [DATE] with diagnosis of Diabetes Mellitus Type 2 (DM2), Pneumonia, Bacteremia, and a Lung Abscess with Methicillin Resistant Staphylococcus Aureus (MRSA) infection.R3's Care Plan, dated 7/9/25, documents R3 Is Independent with Activities of Daily Living (ADLs). R3 has an alteration in comfort with interventions including administer pain meds and treatments as ordered, assess pain characteristics: duration, location, quality, encourage to report any pain, monitor for nonverbal indicators of pain (moaning, crying, grimacing, wincing), report any acute changes to Physician. R3's Minimum Data Set (MDS), dated [DATE], documents R3 is cognitively intact, is independent on all ADLs. R3 is always continent of both bowel and bladder. On 7/21/25 at 1:25 PM, R3 stated I have a PICC (Peripherally Inserted Central Catheter) line in my right arm and I am supposed to get antibiotics in it twice a day. I have not received my antibiotic yet today that I was supposed to get this am. I think the IV pump is broke and that is why I am not receiving it.On 7/21/25 at 1:37 PM, V7, Registered Nurse/Nurse Practitioner (NP), stated I did not give (R3) his antibiotic this morning because he had a trough drawn and I have to wait until that result comes back in order to give this dose, in case I have to hold the dose.On 7/22/25 at 9:00 AM, R3 stated That bag is still hanging from yesterday because the nurse could not give it to me because the pump was broke. A bag of Vancomycin 1750 MG (milligram)/500 ML (milliliter) was seen hanging and attached to the IV pump which was turned off. On 7/22/25 at 9:15 AM, V7 stated The bag of antibiotics hanging in (R3's) room is the one from yesterday. I got the trough level back yesterday and went to hang it and the IV pump would not work. I even had another nurse try and the same thing. I called the pharmacy this morning and spoke with them, and they stated they would bring us a new pump today. The pharmacy showed up this morning and only delivered bags of antibiotics and no pump, so we still can't give (R3) his antibiotic. I told the DON of the situation.On 7/23/25 at 8:55 AM, V10, NP, stated I was not notified that (R3) was not receiving his antibiotic. I would expect the nurses to give the antibiotics as ordered. There is definitely a potential that (R3's) condition could get worse, or not get any better, by not getting his antibiotic. I also was not notified that (R3) was not receiving his Oxycodone for pain. I did meet with (R3) and the DON about (R3's) pain and I was not sure if it was lung pain or muscular pain and the way the Oxycodone was ordered, I wasn't sure if he was getting 5 MG or 10 MG, so I just made it 5 MG every 6 hours and added the Cyclobenzaprine to help with his muscles. I would expect the nurses to give (R3) his pain medication to keep up with his pain control. Any foreign substance in our lungs causes pain and with (R3) having a lesion with MRSA in his lung, it definitely has the potential to be painful, especially if it is not getting any better.On 7/23/25 at 9:30 AM, V2 stated I would expect the nurses to order the medications when they run out in a timely manner, so the resident does not go without getting them. I would also expect the nurses to administer antibiotics as ordered for any resident.R3's Physician Order (PO), dated 6/28/25, documents Micafungin Sodium Intravenous Solution Reconstituted 100 MG, use 100 MG intravenously (IV) one time a day for Antifungal for 12 Days inject 1 dose by IV every 24hrs. This was discontinued on 7/8/25. R3's PO, dated 7/8/25, documents Micafungin Sodium Intravenous Solution Reconstituted 100 MG, use 100 mg intravenously one time a day for Antifungal for 12 Days inject 1 dose by IV every 24hrs.R3's PO, dated 6/28/25, documents Vancomycin HCl Intravenous Solution 1500 MG/300ML, use 1 dose intravenously every 12 hours for Anti- infection for 41 Days. This was discontinued on 7/18/25.R3's PO, dated 7/18/25, documents Vancomycin HCl Intravenous Solution 1750 MG/350ML, use 1 dose intravenously every 12 hours related to Methicillin Resistant Staphylococcus Aureus Infection. This was discontinued 7/18/25.R3's PO, dated 7/18/25, documents Vancomycin HCl Intravenous Solution 1500 MG/300ML, use 1 dose intravenously every 12 hours for Anti- infection until 07/18/2025 23:59. This was discontinued 7/18/25.R3's PO, dated 7/18/25, documents Vancomycin HCl Intravenous Solution 1750 MG/350ML, use 1 dose intravenously every 12 hours related to Methicillin Resistant Staphylococcus Aureus Infection. This is the current order. R3's Medication Administration Record (MAR), dated July 2025, does not show that R3 received Vancomycin IV as ordered on 7/6/25 AM dose, 7/9/25 AM dose, 7/13/25 AM dose, 7/20/25 AM dose, and 7/21/25 both AM