

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/16/2025
NAME OF PROVIDER OR SUPPLIER Nexus Pavilion at Belleville		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure residents resided in a safe environment, free from actual and potential abuse. This failure resulted in R3 who has a diagnosis of Schizophrenia, Bipolar Disorder and Depression, experience physical abuse from a staff member, injury to left eye and feeling fear, anger, and ashamed. Findings include:R3's Care Plan, dated 7/31/2025, documents that R3 is at risk for abuse and/or neglect related to Self-Isolation, psychotropic medications, hallucination/delusions, history of compulsive behavior, history of verbal and physical aggression and DX: Schizophrenia, Bipolar Disorder and Depression. It also documents If resident becomes difficult during care, make sure resident is safe and walk away. Allow resident time to calm down, then reapproach. Keep resident safe from harm at all times. 10/5/25 CNA (Certified Nurse's Assistant) was sent home for allegation, investigation started, abuse coordinator made aware, BPD ([NAME] Police Department) called out to report incident. Resident sent to hospital for eval and treatment, psychosocial follow-up to continue upon return.R3's Minimum Data Set, dated [DATE], documents that R3 is cognitively intact. It also documents that R3 has not had any behaviors affecting others. No hallucinations, delusions, verbal, or physical behaviors towards others.R3's Long-Term Care Facility & IID - Serious Injury Incident and Communicable Disease Report, dated 10/5/2025 at 8:07 PM, documents that on 10/5/2025 at 7:06 PM Resident (R3) accused an agency C.N.A. (V14) of abuse. investigation to follow MD/POA/(local) Police Notified C.N.A. suspended pending investigation.R3's Progress Note, dated 10/5/2025 at 7:22 PM, documents that Nurses Notes, Note Text: this nurse was notified by nursing assistant that resident throwing water and slipped and fell resident has a hematoma darkness under left eye. resident state she had a fight with nursing asst. on hall. administrator is notified as well as family. sending resident to [NAME] memorial for eval. resident v/s (vital signs) 135/95. P (pulse)-45. R (respirations) -21 98% room airR3's Progress Notes, dated 10/6/2025 at 4:44 AM, documents that Psychotropic Notes, Late Entry: Note Text: Follow-Up Evaluation Note, Chief Complaint: Follow-up History of Present Illness: 79 yo (year old) F (female) with Bipolar Disorder and Schizophrenia Disorder. Updated obtained from patient and staff. Patient was cooperative with the during today's visit. Patient reported to psych provider that she was involved in a physical altercation with a CNA. (R3) stated, in her words, that we were fighting like cats and dogs. She reported that she threw water on the CNA, who then struck her in the eye, after which the altercation escalated. (R3) did not provide specific times for the incident. Patients continue to deny anxiety, depression, sleep disturbances, appetite changes, suicidal or homicidal ideations, or auditory or visual hallucinations. Patient is non-compliant with current medication regimen. Patient is currently being treated for insomnia, depression, and anxiety. Patient has a documented diagnosis with Insomnia, anxiety disorder unspecified, and paranoid schizophrenia. Patient has a documented diagnosis of Insomnia, Schizophrenia unspecified, bipolar disorder unspecified, MDD recurrent unspecified, and Alzheimer's disease unspecified. On 10/6/2025 at 1:36 PM, observed R3's face. Observed scratches to R3's forehead. R3's left eye was swollen with scratches and abrasions, with dried blood, ranging from the inner top eye lid to the middle of the eyelid. R3 had various shades of purple and blue discolorations to the left eye covering the upper and lower lids of the eye. R3's sclera was red, and the surrounding tissue had purple and blue discolorations.On 10/6/2025 at 1:36 PM R3 stated that stated she was beaten by a staff member. R3 stated that she saw that a chair was in the hallway, took it in her room. R3 stated that V14 started to enter her room, R3 told V14 not to and pulled the privacy curtain in the room. R3 stated that she told V14 to not to come in her (R3) room but V14 came in anyway. R3 stated that she informed V14 to get out. R3 stated that they were fighting over the chair. R3 stated that V14 kept pulling the chair away from R3. R3 stated that she then she threw water on V14. R3 stated that V14 then punched R3 in the face causing R3 to fall to the floor on her back and roll onto her left side. R3 stated that she then began to swing at V14 as she was falling to the floor and continued once on the floor. R3 stated that she doesn't know if she hit V14, but she was trying to. R3 stated that she didn't hit her head on the floor. R3 stated that V5, CNA, came to the room to see what was going on. R3 stated that the CNA told them she fell but she didn't. R3 stated that V14 hit her in the eye. R3 stated that her eye hurts, she is having pain, and her vision is blurry. R3 stated that she is old and can get a little rough, but she didn't deserve to be hit. R3 stated that it scares her because she can't defend herself. R3 stated that she is embarrassed. R3 stated that she (R3) was beat up. R3 stated that they tried to send her to the hospital, but she refused. R3 stated they were trying to make it seem as though she was crazy, and she wasn't. R3</p>		