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	04/13/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to initiate Enhanced Barrier Precautions and provide personal protective equipment for 4 of 4 (R21, R23, R24, R25) residents reviewed for infection control in the sample list of 28.Findings include: 1 On 4/7/2026 at 3:15 PM V20, Infection Preventionist, provided a list of residents on Enhanced Barrier Precautions (EBP). R21 was not listed as requiring EBP.R21's Skin Issue note, dated 4/6/2026 at 2:58 PM, documents that R21 has Skin Issue: #001: New skin Issue. Location: Sacrum. Issue type: Pressure ulcer / injury. Progress: New: new wound. Wound was present on admission. Painful: No. Staged by: Wound care clinic. Length (cm): 4 Width (cm): 3 Depth (cm): 0.3 Undermining: No. Tunneling: No. Granulation: 80%. Slough: 20%. Exudate amount: Moderate. Exudate type: Purulent: indication of pus, typically thick, yellow, green, tan or brown. Odor after cleansing: Faint. Periwound: Attached. Surrounding tissue: Fragile. Surrounding tissue: Intact. Induration: None present. Edema: No swelling or edema. Periwound temperature: Normal. Dressing appearance: Saturated. Dressing appearance: Intact. Dressing saturation: Moderate 26-75%. Cleansing solution: Sodium hypochlorite. Primary dressing: Calcium alginate. Other primary dressing: Skin Prep Secondary dressing: Silicone. frequency of treatment: Daily and PRN 0Skin Issue: #002: New skin Issue. Location: Left Gluteal Fold. Issue type: Pressure ulcer / injury. Progress: New: new wound. Wound was present on admission. Painful: No. Staged by: Wound care clinic. Length (cm): 2 Width (cm): 1.5 Depth (cm): 0.4 Granulation: 100%. Exudate amount: Moderate. Exudate type: Serous: clear watery fluid, which is separated from solid elements. Odor after cleansing: Faint. Periwound: Attached. Surrounding tissue: Intact. Surrounding tissue: Fragile. Induration: None present. Edema: No swelling or edema. Periwound temperature: Normal. Dressing appearance: Intact. Dressing appearance: Saturated. Dressing saturation: Moderate 26-75%. Cleansing solution: Sodium hypochlorite. Other primary dressing: Dakins soaked 4x4 Secondary dressing: Silicone. frequency of treatment: Daily and PRNR21's Physician Orders (POS), dated 4/6/2026, documents Dakins (1/4 strength) External Solution (Sodium Hypochlorite) Apply to Right Ischial topically every day shift for To Promote Wound Healing Apply Dakins soaked 4x4 gauze to Right Ischial then cover with dry dressing and Apply to Right Ischial topically every 8 hours as needed for To Promote Wound Healing. Silicone dressing to Sacral daily and PRN every day shift for To Promote Wound Healing and every 8 hours as needed for To Promote Wound Healing. Silicone dressing to Right Ischial daily and PRN every day shift for To Promote Wound Healing every 8 hours as needed for To Promote Wound Healing. Calcium Alginate-Silver External Pad 4 (Calcium Alginate-Silver) Apply to Sacral topically every day shift for To Promote Wound Healing and Apply to Sacral topically every 8 hours as needed for To Promote Wound Healing.On 4/7/2026 at 2:50 PM R21 stated that he has wounds and a catheter. R21 stated that staff do not wear gowns, mask when providing care for him.On 4/7/2026 at 2:53 PM R21 does not have any signage on the door, doorframe or above the door. R21 does not have any PPE outside the door, on front of the door, on back of the door, in the room or in joining bathroom. Hand hygiene dispenser in R21's room is empty. R21 observed sitting wheelchair with catheter attached to wheelchair. 2. On 4/7/2026 at 3:15 PM V20, Infection Preventionist, provided a list of residents on Enhanced Barrier Precautions (EBP). R23 was listed as requiring EBP due to Chronic Wound.R23's (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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	04/13/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Wound Noted, dated 3/30/2026 Generalized wound to buttocks. It also documents 4/1/2026 documents R23 has surgical wounds to left lateral thigh, Front left knee, and Front left trochanter.On 4/6/2026 at 9:15 AM R23 does not have any signage on the door, doorframe or above the door. R23 does not have any PPE outside the door, on front of the door, on back of the door, in the room or in joining bathroom.On 4/7/2026 at 2:45 PM R23 does not have any signage on the door, doorframe or above the door. R23 does not have any PPE outside the door, on front of the door, on back of the door, in the room or in joining bathroom.3. On 4/7/2026 at 3:15 PM V20, Infection Preventionist, provided a list of residents on Enhanced Barrier Precautions (EBP). R24 was listed as requiring EBP due to Dialysis Shunt.On 4/6/2026 at 9:14 AM R24 does not have any signage on the door, doorframe or above the door. R24 does not have any PPE outside the door, on front of the door, on back of the door, in the room or in joining bathroom.4. On 4/7/2026 at 3:15 PM V20, Infection Preventionist, provided a list of residents on Enhanced Barrier Precautions (EBP). R25 was listed as requiring EBP due to indwelling catheter.On 4/6/2026 at 10:14 AM R25 does not have any signage on the door, doorframe or above the door. R25 does not have any PPE outside the door, on front of the door, on back of the door, in the room or in joining bathroom.On 4/7/2026 at 1:15 PM V3, Assistant Director of Nursing, stated that she was not sure if the facility had any residents on isolation or EBP. V3 stated that she would find out.On 4/7/2026 at 1:21 PM V22, Licensed Practical Nurse, stated that they don't have anyone on isolation or EBP precautions.On 4/7/2026 at 3:15 PM V20 stated that R23, R24 and R25 were on EBP. V20 stated that each resident should have a sign on the door and PPE available. V20 stated that the PPE is located at the nurse's station for the staff. On 4/6/2026 during tour of facility from approximately 9:15 to 11:00 AM Nurses Stations observed. No PPE observed. No containers observed.On 4/7/2026 at approximately 6:00 AM V23, CNA, stated that she was not aware of where the PPE were located. On 4/7/2026 at approximately 6:15 AM V24, CNA, stated that when entering a room on precautions the PPE should be outside the room. V24 stated that he is from agency and did not get a good report and does not know where the PPE is and have not used it entering rooms. V24 stated that he believes the signs are on the door by mistake. The facility's Enhanced Barrier Precautions (EBP), dated 10/16/2023, documents that POLICY: Our facility employs the use of Enhanced Barrier Precautions (EBP) to reduce transmission of MDROs (Multi Resistant Drug Organisms) to staff hands and clothing that employs targeted gown and glove use during high-contact resident care activities. EBP are indicated (when Contact Precautions do not otherwise apply) for residents with any of the following: open wounds that require a dressing regardless of MRDO status, OR an indwelling medical device regardless of [NAME] status, OR colonization with an targeted MDRO/XDRO (Extensively Drug Resistant Organisms). PROCESS: Staff utilize gown and gloves for high-contact resident care activities when residents require EBP; high? contact activities may include: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, and Wound care: any skin opening requiring a dressing. Post EBP signage on the door or wall outside of the resident room indicating the type of Precautions and required PPE (e.g., gown and gloves) and listing high-contact resident care activities. Ensure PPE, including gowns and gloves, are available outside of the resident room. Position a trash can inside the resident room and near the exit for discarding PPE after removal.

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	04/13/2026

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to maintain an effective pest control program related to bed bugs in the facility. This has the potential to affect all 123 residents residing in facility.Findings include:1. R8's Census, not dated, documents that R8 was admitted to room [ROOM NUMBER]C on 3/13/2026. R8 was then moved to room [ROOM NUMBER]A on 3/21/2026. R8 was moved to room [ROOM NUMBER]A on 3/23/2026. R8's Minimum Data Set (MDS), dated [DATE], documents that R8 moderately cognitively impaired.R8's psychiatry/med-management initial evaluation note, dated 3/16/2026 at 11:40 AM, documents that R8 is alert and oriented x3.R8's Braden Scale for Predicting Pressure Ulcer Risk Evaluation, dated 3/16/2026 at 10:47 PM, documents Braden Evaluation: Sensory Perception: No impairment. Moisture: Rarely moist. Activity: Walks frequently. Resident has No Limitation: Makes major and frequent changes in position. Nutrition: Excellent. Friction and shear: No apparent problem. SW - BRADEN Score: 23.0 R8's Acute Care Note, dated 3/23/2026 10:03 AM, documents that Date of Service: 3/21/20026. Visit Type: Acute Care. Interval History: On today visit, patient presents with pruritic erythematous papules and excoriation over trunk of body, bilateral arms and neck, no signs of secondary infection, presentation consistent with insect bites.R8's Physician order Sheet (POS), dated 3/22/2026, documents Hibiclens External Solution 4 % (Chlorhexidine Gluconate) Apply to entire body topically one time a day for skin excoriation Apply Hibiclens to a wet washcloth or directly to skin, using enough to cover the body from the neck down, leave solution on skin for 30 seconds or greater to maximize bacterial reduction, rinse thoroughly with warm water and pat dry.R8's Nurses Notes, dated 3/30/2026 2:24 PM, documents that R8 is alert and oriented x3.On 4/6/2026 at 10:19 AM R8 stated that he was a resident at the facility. R8 stated that during his stay he saw bed bugs in his room. R8 stated that he saw them on the bed, curtain and in the drawers of the room's dresser. R8 stated that he had several bites from the bed bugs on his arms, legs, and collar bone. R8 stated that the bites were painful. R8 stated that they itched so bad that he scratched sores on his skin. R8 stated that he was in 3 rooms during his stay. R8 stated that first 2 rooms had the bed bugs. R8 stated that he saw them in both rooms.On 4/6/2026 at approximately 1:25 PM V15, Licensed Practical Nurse (LPN), stated that R8 was on the hall for a short time and then moved. V15 stated that she observed bites and scratches on R8 skin. V15 stated that they were on his feet, arms, legs. V15 stated that she performed a skin check on R8 and this is when she found the areas.On 4/9/2026 at approximately 2:15 PM V2, Director of Nursing, stated that R8 moved on 3/21/2026 due to bed bugs.2. R12's MDS, dated [DATE], documents that R12 is cognitively intact.On 4/6/2026 at 9:45 AM R12 stated that he has saw a couple of bugs in his room a few days ago. R12 stated that 1 was small and the other was fat. R12 stated that when he squished it a lot of blood came out.3. R14's MDS, dated [DATE], documents that R14 is cognitively intact.On 4/6/2026 at 9:30 AM R14 stated that the facility has bedbugs. R14 stated that he has seen them in his room. R14 stated this is why there are no privacy curtains in his room.4. R16's MDS, dated [DATE], documents that R16 is cognitively intact.On 4/6/2026 at 2:45 PM R16 stated that she has bed bugs in her room. R16 stated Like those on the curtain. R16 stated that she squeezed the others.On 4/6/2026 at 2:45 PM observe 3 bugs crawling on R16's privacy curtain. 1 bug was small and flat whitish in color. 2 small reddish brown wingless balloon shaped bugs observed on curtain. R16 grabbed the 2 large bugs and squeezed them with a red liquid oozing from the bugs. V5 entered the room and verified the bugs were bed bugs.On 4/7/2026 at 10:38 AM observed 2 small reddish brown wingless balloon shaped bugs on R17's bed. Observed multiple small reddish brown wingless balloon shaped bugs crawling on the floor, and 3 small reddish brown wingless balloon shaped bugs on R16's bed and privacy curtain.On 4/7/026 at 11:30 AM V16, Certified Commercial Applicator, stated that he has performed treatments on several rooms in the facility. V16 stated that the chemical being used is not an immediate death for the bugs. V16 stated that it can take up to 90 days for the bugs to die. V16 stated (continued on next page)

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	04/13/2026

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	that if an immediate response is wanted then heat treatment is required. V16 stated that when called in to the facility they assess and then recommend treatment. Heat chemicals were both recommended to the facility. Heat treatment is better and quicker, but it costs more. The facility determines which treatment they want. V16 stated that bedbugs are hitchhikers and attach to other things to carry them from place to place. V16 stated that bedbugs' source of food is blood. V16 stated that bed bugs are attracted to carbon dioxide (CO2). V16 stated that when you sleep you let off a lot of CO2s in one area. V16 said the bedbugs find that area and feed. V16 stated that bedbug's meal is blood. V16 stated that bedbugs will feed on whatever gives them blood and people are one of them.The facility's Bed Bug policy, dated 6/15, documents that 3. If bed bugs are found in a resident room the following will occur. 4. All resident clothing and cloth belongings will be bagged and sent to laundry and washed at a temperature greater than 115 degrees. 5. The Pest Control Company will be notified to treat the room, as well as adjoining rooms as necessary. 6. The room will be vacated for thorough cleaning. 9. The resident will receive a full body check and physician notified of any red patches and that bed bugs were found. Treatment will be ordered as determined by physician. 10. The Infection Control Preventionist/Nurse will be notified and determine the prevention of transmission. 11. Reporting will be done to IDPH after consultation to determine if it is a cluster of cases that may indicate public health hazard.