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	05/14/2026

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 0689 Level of Harm - Minimal harm or potential for actual harm 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 interview and record review, the Facility failed to provide adequate supervision for a resident with a history of substance abuse in 1 of 4 residents (R2) reviewed for accidents and hazards in the sample of 9.Findings include: 1-R2's Face Sheet documents R2 was admitted to the facility on [DATE]. R2's Minimum Data Set, dated [DATE] documented R2 was moderately cognitively impaired and dependent with mobility. R2's Initial Psychiatry Evaluation Progress Note dated 4/27/26 documents R2 has a history of opioid use disorder and stimulant use disorder. R2's Care Plan dated 5/12/26 does not address R2's history of substance abuse. R2's Progress Note dated 4/20/26 at 6:59 PM documents a pipe with white appearance was found in R2's bag and discarded. R2's family was not allowed to visit, per safety protocol. R2's Progress Note dated 5/3/25 at 8:35 AM documents alcohol was found at R2's bedside. R2's Progress Note dated 5/12/26 at 11:43 AM documents R2 was suspected of being under the influence. On 5/12/26 at 10:25 AM, R2 stated he had snuff and a drink in the Facility and did not realize that was not allowed. On 5/12/26 at 10:46 AM, V2, Director of Nursing (DON), stated R2 came from the hospital with a crack pipe on admission. She thinks R2's family brought in the alcohol that was found in his room. The Facility just placed him on 1:1 supervision today. On 5/12/26 at 2:15 PM, V10, Certified Nursing Assistant (CNA), stated she was going to get R2 ready for an appointment yesterday and noticed a pipe and lighter on his stomach. He was lying back in bed and also had a plate of food resting on his chest. R2 stated it was a meth pipe and had been in his bag since admission. On 5/13/26 at 7:55 AM, R2 stated he had 1:1 supervision because he made a mistake. He stated he had illicit drugs in his bag and on Monday morning (5/11/26) he saw it and made a mistake. On 5/13/26 at 1:20 PM, V11, Psychiatric Rehab Services Coordinator (PRSC), stated on 5/11/26 they found a pipe and a lighter in R2's room. They had already searched his bag on admission after finding the first pipe. V11 spoke with R5, R2's Roommate, and he thought R2's visitors were bringing it into the Facility. It was known that R2's visitors had brought in alcohol previously. On 5/13/26 at 1:39 PM, V2 stated the Facility does not have a policy regarding supervision. On 5/13/26 at 2:18 PM, V2 stated there was nothing else the Facility could have done to prevent R2 from getting drugs and alcohol in the Facility.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to dispose of expired medications on the medication cart when reviewed for pharmacy services in the sample of 9. This failure has the potential to affect all 29 residents residing on the 500 hall. Findings Include:On 5/13/26 at 10:20 AM, the 500-hall medications care was observed with the following expired medications noted: Oyster Shell Calcium with an expiration date of 12/11/23; Acetaminophen 325mg (milligrams) with an expiration date of 6/2025; Bisacodyl 5mg with an expiration date of 12/2024; Vitamin C 250mg with an expiration date of 3/2026; Vitamin B12 500mcg (micrograms) with an expiration date of 4/2026; Simethicone 125mg with an expiration date of 2/2026; Loperamide Hydrochloride Oral Solution 1mg/7.5ml (milliliter) with an expiration date of 10/2025; Aspirin 81mg with an expiration date of 3/2026. On 5/13/26 at 10:20 AM, V21, LPN (Licensed Practical Nurse), stated there probably are expired medications on the cart, the nurses don't always check them, and she has been off for three days and noticed some. When asked about the above expired medications, V21 looked at them and stated no one on that hallway takes those medications. On 5/13/26 at 2:25 PM, V2, DON (Director of Nurses), stated the nurse just checked the 500-hall medication cart last week and didn't find any expired medications. V2 stated the nurses check the medication carts regularly and she has just recently instructed the nurse managers to check them during rounds. V2 stated if a medication is found to be expired, they are to send it back to pharmacy, if it did not come from pharmacy or they are unable to send it back, the nurse is to dispose of it properly.The Storage of Medication Policy, dated 4/2017, documents, in part, the following: Over the counter medications will use the manufacturer expiration date, unless otherwise clinically indicated. Outdated, contaminated, or deteriorated medications should be immediately removed from stock and disposed of according to the medication disposal procedure. The 500-hall daily census report, dated 5/11/26, documents there are 29 residents residing on the 500-hall.