STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure residents were not asserting dominance over other residents for 2 of 6 residents (R1, R6) reviewed for abuse in the sample of 12. Due to this failure, R1 became tearful, scared, and embarrassed about a sexual abuse allegation, refusing to be seen by a provider due to being afraid of what may happen, refused therapy, and reported he lived in fear, confining himself to his room since (R6) resided across the hall from (R1). Findings include: 1-R1's Face sheet dated 5/13/25, documents R1 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Cerebral Palsy, Epilepsy, Schizophrenia, and Major Depressive Disorder. R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact and requires the use of a wheelchair. R1's Care Plan, dated 2/14/25, documents R1 is at risk for abuse and neglect. R1's Care Plan, dated 3/18/25: Alleged sexual assault. R1's Care Plan, dated 5/12/25: Recipient of alleged sexual assault. Interventions: 3/18/25 Social Service Director had conversation with resident about inappropriate behavior. Residents not able to sit together in dining room, if seen together to separate. R1's Care Plan, dated 3/18/25: placed on enhanced supervision. R1's Care Plan, dated 5/12/25 notified abuse coordinator, observe the resident for signs of fear and insecurity during delivery of care, take steps to calm the resident and help him feel safe, 1:1 Supervision, Social Services to meet with resident as needed, assess resident for abuse and neglect upon admission and quarterly. It continues R1 has diagnosis of Schizophrenia and may display symptoms that include but are not limited to being out of touch with reality (delusional or hallucinations), may have disorganized speech or erratic behavior, decrease in activities. Diagnosis of mental illness. It continues R1 requires assistance with daily care needs. R1's Care Plan does not address R1 being bullied and/or any resident asserting dominance over him. On 5/28/2025 at 10:02 R1's Behavior Tracking was requested. No behavior tracking was provided to the surveyor for R1. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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	The Facility's Identified Offender lists document R1 and R6 both as Identified Offenders with R6 being convicted of second-degree murder in 1990. On 5/28/2025 at 2:03 PM, R1 was lying in bed. R1 appeared very thin in appearance and his body was leaning to the right side. On 5/14/25 at 10:20 AM, R1 stated I usually sleep naked, and the other night (R6) came into my room and asked me if I wanted some pizza. I said yes and told him to put it on the table. I thought that (R6) had left the room but then I felt my blanket being pulled off me. The next thing I know, (R6) had me by the back of my neck and was pushing my head into my pillow. That's when I felt someone playing with my a** and then he put a finger up my a**. I yelled at him and told him to get off me. I know it was him because I recognized his voice and when I turned over, I saw him walking out of my room. I did tell some staff about it. I did not want to go to the hospital to get checked because I was embarrassed and afraid of what might happen. (R6) was in the same penitentiary that I was in, and he is still picking on me. There are times I can be in the hall or outside and he will grab me by my neck and say bad things to me. I know what it was like in prison, so I am scared of him here. R1 appeared upset and teary eyed while discussing this incident. On 5/29/2025 at 3:01 PM, R1 stated, (R6) and him were alright, but he would not call them friends. (R6) does buy him food at times, candy and soda. He stated (R6) still thinks they are in prison and treats him like they are still in prison. R1 stated he (R6) has always bullied him, and he is constantly telling him he is going to mess him up and stab him or fuc* him over if he does not do what he tells him to do. I can't do much anyway, so it does not matter. Things changed for me when he came into my room, woke me up and was playing with my butt and stuck something up my butt. I want a lawyer. I am not sure why he did it, I think he wants me to know he is the boss of me. I know I am not in prison anymore and (R6) abuses me like we are still in prison. I see him mostly during smoke breaks. I don't like to leave my room now. R1 appeared upset and teary eyed while discussing this incident and his voice was shaky while he was talking about (R6). On 5/14/25 at 10:55 AM, R7 stated I always see (R6) trying to dominate (R1). (R6) grabs (R1) by the back of his neck or pinches his shoulders and will tell him things like 'I'm going to play with you like a fidget [NAME]'. I know they were both in prison together and some things might have started there. The look on (R1's) face and the tear in his eyes showed me he was clearly upset over this. I totally believe that incident happened in (R1's) room because I've seen him treating (R1) like that before. I know that since that incident, they have put both on 1:1 supervision and they moved (R1) out of his room to another hall. It seems like they are punishing (R1) while protecting (R6). There is no doubt in my mind that (R6) is abusing (R1). On 5/29/2025 at 10:03 AM, R7 stated, I have seen (R6) during smoke breaks harass (R1) and I know staff have seen it too, but everyone is afraid to speak up because nobody wants to get in trouble and/or lose their job, but (R1) is not in prison anymore and should not have to live in fear and be bullied. Like I told the other surveyor, (R6) tries to dominate (R1) and I don't think it is right. I have heard him tell him he is going to hurt him and/or play him like a fidget [NAME]. I know since the incident occurred (R1) has been staying in his room more. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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	On 5/14/25 at 10:40 AM, V5, Restorative Certified Nursing Assistant (CNA), stated I work with (R1) all the time for therapy, and we have a really good relationship. I also heard a while back that (R1) and (R6) have had things going on for a long time, because (R7) stated that (R6) is always picking on (R1) and flicking his ear and telling (R1) he is going to treat him like he was treated in the joint. I told the previous Administrator about all of this at that time, and she brushed it off and acted like it never happened. Then this happened to (R1) and he cannot really defend himself. This is terrible and very serious and hope that something gets done. On 5/14/25 at 11:35 AM, V4, Director of Rehab, stated I have overheard (R6) has been victimizing (R1) and bullies and picks on him all the time, and that they were in prison together and (R6) victimized him in prison too. (V7, Nurse Practitioner (NP) told me that (R6) threatened to kill her and that she was surprised that (R6) is still in the facility. It's awful for (R1) to be treated like that. On 5/14/25 at 11:45 AM, V7, Nurse Practitioner (NP), stated, I, myself, was threatened by (R6). (R6) really likes his pain medications and his insurance was declining his Oxycodone, so I had to change him to Percocet, and he hysterically flipped on me and told me I had to watch my back. I talked to my fiancée because I was scared, and I cried every time I would have to come to the facility for a good two weeks. He gets passes out to the community and then comes back so who knows what he is getting out there, drugs or weapons. (R6) scares me, and he doesn't need to be here. He is a threat to everyone in here, residents and staff. On 5/30/2025 at 1:48 PM, V7 stated, (R6) was upset with me because of his medication change and he said several things to me and told me to watch my back and threatened me. I told V34, the former Administrator. (R1) came into the therapy room and made an allegation that he had been sexually abused by (R6). At that time staff started talking and they were saying (R6) had a history with (R1) and he had been bullying (R1). (V34) was aware of it. I am not sure what their policy is regarding abuse. I can only go by my experience, and I think (R6) is dangerous and at times can be unhinged. If a resident was being bullied by another resident, I would not expect the other resident to ever be alone with that resident. R1's Progress Notes R1's Nurses Note, dated 5/12/25 at 12:15 PM, documents Resident reported that he was sexually assaulted by resident (R6) in his bedroom while laying [SIC] in his bed. Resident stated that resident (R6) entered his room, sexually assaulted him, then exited the room. Resident stated he did not see the resident's face but, he did recognize who the resident was because he knows his voice and noticed him while he was walking out the door. Nursing staff attempted to assess resident, but resident refused. Administrator, Director of Nursing (DON), and NP notified and made aware. (Local Police Department) notified and resident interviewed. Residents separated; Resident placed on 1:1 supervision; Resident relocated; All previous interventions in place; Care plan updated. On 5/28/2025 at 9:34 AM, V1, Administrator stated, I started working as the Administrator here at the end of March. I have been here almost two months now. The DON (Director of Nursing) is also new to the position. Staff stated (R6) and (R1) were incarcerated together at (V32, Correctional Facility). They do have a history. From my understanding they were both in the same gang in prison, so they were not rivals. I am not aware of any issues they had when they were in prison. They are both identified offenders. (R1) initially reported to the CNA (certified nursing assistant) that he was sexually assaulted by (R6). (R1) told me (R6) came into his room and held his head down and he was sexually abused. But the stories were conflicting and kept changing. I was not able to substantiate it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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	On 5/30/2025 at 12:54 V34, Former Administrator at facility stated, I don't recall anything related to (R1) and (R6) but I was only at the facility for a few months. I did not really know either of them. On 5/30/2025 at 3:48 PM, V32, Certified Nursing Assistant stated, she was currently doing one on ones with (R1). He usually goes out in the morning and smokes, then he will go into the dining room and eat breakfast then he will go back to his room, and he will stay there until the next day. His routine changed and he stays in his room a lot more now. I am not sure why, but his routine had definitely changed, and he is in his room more. 2- R6's Progress Notes dated 8/15/2024 at 3:37 PM document he was admitted to the facility. R6's Physician Order Sheet (POS) dated May 2025 documents a diagnosis of Aftercare following joint replacement surgery, Chronic Obstructive Pulmonary Disease unspecified, Unspecified lack of coordination, Difficulty in walking, Unsteadiness on feet, Weakness, Major Depression, Chronic Pain, Chronic Kidney Disease Stage 2, Periprosthetic Fracture Around Internal Prosthetic Right Shoulder Joint, Displayed Fracture of Glenoid Cavity Scapula. R6's Mnium Data Set (MDS) dated [DATE] document he is cognitive intact for decision making for activities of daily living and has no impairment on his upper and/or lower extremities. R6's Care Plan document dated 4/12/2024 documents AMBULATION: has a self-care deficit in ambulation related to (r/t) inability to walk independently/ history of unsteady gait/ walks for short distances but uses the w/c for longer distances, with guided practice has the opportunity for continued progress. R6's Care Plan does not document anything related to abuse. R6's Care Plan, dated 4/7/25, documents R6 is at risk for abuse and neglect. 5/12/25 Alleged sexual assault. It continues R6 has a history of aggressive, inappropriate behavior, but has demonstrated stability during the admission screening process and is therefore considered appropriate for admission. R6's Progress Notes does not document anything related to him being on one on ones and/or the allegation of sexual abuse made against him by R1. The Facility's Resident Rights policy, dated 8/1/22, documents The facility strives to consistently and fully comply with the various laws and regulations, including but not limited to 42 CFR 483, pertaining to the treatment, services and needs of residents to attain or maintain residents' highest practicable physical, mental and psychosocial well-being. The facility shall: Not engage in verbal, mental, or physical abuse, corporal punishment and involuntary seclusion. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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	The Facility's Abuse Prevention Program policy, dated 9/2017, documents in part The facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault by a licensee, employee or agent. Sexual abuse is non-consensual sexual contact of any type with a resident. IV. Establishing a Resident Sensitive Environment: This facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of resident property by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach involving the following: Resident Assessment: As part of the resident's life history on the admission assessment, comprehensive care plan, and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment or misappropriation of resident property, or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of abuse, neglect, exploitation, mistreatment or misappropriation of resident property for these residents. Staff will continue to monitor the goals and approaches on a regular basis, and update as necessary. For residents who are identified offenders, the facility shall incorporate the Identified Offender Report and Recommendations Report into the identified offender's plan of care including security measures listed. VI. Protection of Residents: Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of residents including, but not limited to, the separation of the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure all alleged violations were thoroughly investigated for 2 of 6 residents (R1, R6) reviewed for abuse investigation in the sample of 12. Findings include: 1-R1's Face sheet dated 5/13/25, documents R1 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Cerebral Palsy, Epilepsy, Schizophrenia, and Major Depressive Disorder. R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact and requires the use of a wheelchair. R1's Care Plan, dated 2/14/25, documents R1 is at risk for abuse and neglect. R1's Care Plan, dated 3/18/25: Alleged sexual assault. R1's Care Plan, dated 5/12/25: Recipient of alleged sexual assault. Interventions: 3/18/25 Social Service Director had conversation with resident about inappropriate behavior. Residents not able to sit together in dining room, if seen together to separate. R1's Care Plan, dated 3/18/25: placed on enhanced supervision. R1's Care Plan, dated 5/12/25 Notified abuse coordinator, observe the resident for signs of fear and insecurity during delivery of care, take steps to calm the resident and help him feel safe, 1:1 Supervision, Social Services to meet with resident as needed, assess resident for abuse and neglect upon admission and quarterly. It continues R1 has diagnosis of Schizophrenia and may display symptoms that include but are not limited to being out of touch with reality (delusional or hallucinations), may have disorganized speech or erratic behavior, decrease in activities. Diagnosis of mental illness. It continues R1 requires assistance with daily care needs. R1's Care Plan does not address R1 being bullied and/or any resident asserting dominance over him. On 5/28/2025 at 10:02 R1's Behavior Tracking was requested. No behavior tracking was provided to the surveyor for R1. The Facility's Identified Offender lists document R1 and R6 both as Identified Offenders, with R6 being convicted of second-degree murder in 1990. On 5/28/2025 at 2:03 PM, R1 was lying in bed. R1 appeared very thin in appearance and his body was leaning to the right side. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/29/2025 at 3:01 PM, R1 stated, (R6) and him were alright, but he would not call them friends. (R6) does buy him food at times, candy and soda. He stated (R6) still thinks they are in prison and treats him like they are still in prison. He has always bullied him, and he is constantly telling him he is going to mess him up and stab him or fuc* him over if he does not do what he tells him to do. I can't do much anyway, so it does not matter. Things changed for me when he came into my room, woke me up and was playing with my butt and stuck something up my butt. I want a lawyer. I am not sure why he did it, I think he wants me to know he is the boss of me. I know I am not in prison anymore and (R6) abuses me like we are still in prison. I see him mostly during smoke breaks. I don't like to leave my room now. R1 appeared upset and teary eyes while discussing this incident and his voice was shaky while he was talking about (R6). On 5/14/25 at 10:55 AM, R7 stated I always see (R6) trying to dominate (R1). (R6) grabs (R1) by the back of his neck or pinches his shoulders and will tell him things like 'I'm going to play with you like a fidget [NAME]'. I know they were both in prison together and some things might have started there. The look on (R1's) face and the tear in his eyes showed me he was clearly upset over this. I totally believe that incident happened in (R1's) room because I've seen him treating (R1) like that before. I know that since that incident, they have put both on 1:1 supervision and they moved (R1) out of his room to another hall. It seems like they are punishing (R1) while protecting (R6). There is no doubt in my mind that (R6) is abusing (R1). On 5/29/2025 at 10:03 AM, R7 stated, I have seen (R6) during smoke breaks harass (R1) and I know staff have seen it too, but everyone is afraid to speak up because nobody wants to get in trouble and/or lose their job, but (R1) is not in prison anymore and should not have to, live in fear and be bullied. Like I told the other surveyor, (R6) tries to dominate (R1) and I don't think it is right. I have heard him tell him he is going to hurt him and/or play him like a fidget [NAME]. I know since the incident occurred (R1) has been staying in his room more. On 5/14/25 at 10:40 AM, V5, Restorative Certified Nursing Assistant (CNA), stated I work with (R1) all the time for therapy, and we have a really good relationship. I also heard a while back that (R1) and (R6) have had things going on for a long time, because (R7) stated that (R6) is always picking on (R1) and flicking his ear and telling (R1) he is going to treat him like he was treated in the joint. I told the previous Administrator about all of this at that time, and she brushed it off and acted like it never happened. Then this happened to (R1) and he cannot really defend himself. This is terrible and very serious and hope that something gets done. On 5/14/25 at 11:35 AM, V4, Director of Rehab, stated I have overheard (R6) has been victimizing (R1) and bullies and picks on him all the time, and that they were in prison together and (R6) victimized him in prison too. (V7, NP) told me that (R6) threatened to kill her and that she was surprised that (R6) is still in the facility. It's awful for (R1) to be treated like that. On 5/14/25 at 11:45 AM, V7, Nurse Practitioner (NP), stated, I, myself, was threatened by (R6). (R6) really likes his pain medications and his insurance was declining his Oxycodone, so I had to change him to Percocet, and he hysterically flipped on me and told me I had to watch my back. I talked to my fiancée because I was scared, and I cried every time I would have to come to the facility for a good two weeks. He gets passes out to the community and then comes back so who knows what he is getting out there, drugs or weapons. (R6) scares me, and he doesn't need to be here. He is a threat to everyone in here, residents and staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/30/2025 at 1:48 PM, V7 stated, (R6) was upset with me because of his medication change and he said several things to me and told me to watch my back and threatened me. I told V34, the former Administrator. (R1) came into the therapy room and alleged that he had been sexually abused by (R6). At that time staff started talking and they were saying (R6) had a history with (R1) and he had been bullying (R1). (V34) was aware of it. I am not sure what their policy is regarding abuse. I can only go by my experience, and I think (R6) is dangerous and at times can be unhinged. If a resident was being bullied by another resident, I would not expect the other resident to ever be alone with that resident. On 5/30/2025 at all abuse investigations for R1 were requested for the past six months. On 5/30/2025 at 2:00 PM, V1, Administrator stated I have only been working in the facility since the end of March and I have went through all of the previous abuse investigations for the past six months and there were no abuse investigations filed by (V34, Former Administrator) and or any abuse investigations related to (R1) and (R6) not getting alone and/or (R1) being bullied by (R6). V1 stated if someone made an allegation of (R6) bullying (R1) she would expect a reportable to be completed. This is the first I am learning of it. The DON (Director of Nursing) is also new to the position. Staff stated (R6) and (R1) were incarcerated together at (V32, Correctional Facility). They do have a history. From my understanding they were both in the same gang in prison, so they were not rivals. I am not aware of any issues they had when they were in prison. They are both identified offenders. (R1) initially reported to the CNA (certified nursing assistant) that he was sexually assaulted by (R6). (R1) told me (R6) came into his room and held his head down and he was sexually abused. But the stories were conflicting and kept changing. I was not able to substantiate it. On 5/30/2025 at 12:54 V34, Former Administrator at facility stated, I don't recall anything related to (R1) and (R6) but I was only at the facility for a few months. I did not really know either of them. 2- R6's Progress Notes dated 8/15/2024 at 3:37 PM document he was admitted to the facility. R6's POS dated May 2025 documents a diagnosis of Aftercare following joint replacement surgery, Chronic Obstructive Pulmonary Disease Unspecified, Unspecified Lack of Coordination, Difficulty In Walking, Unsteadiness On Feet, Weakness, Major Depression, Chronic Pain, Chronic Kidney Disease Stage 2, Periprosthetic Fracture Around Internal Prosthetic Right Shoulder Joint, Displayed Fracture Of Glenoid Cavity Scapula. R6's MDS dated [DATE] document he is cognitively intact for decision making for activities of daily living and has no impairment on his upper and/or lower extremities. R6's Care Plan document dated 4/12/2024 documents AMBULATION: has a self-care deficit in ambulation r/t inability to walk independently/ history of unsteady gait/ walks for short distances but uses the w/c for longer distances, with guided practice has the opportunity for continued progress. R6's Care Plan does not document anything related to abuse. R6's Progress Notes do not document anything related to him being on one on ones and/or the allegation of sexual abuse made against him by R1. R1 and R6's medical records do not document any bullying between (R1) and (R6). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R6's Care Plan does not document R6 was bullying R1 and R1's Care Plan does not document R1 was being bullied. The Facility did not have any documentation related to R1 making an allegation of abuse even though a few staff were aware of the allegation. Not reportable was submitted to the State Agency for an allegation of abuse for R1 and R6. No investigation was completed and/or reported. V1's investigation on R1 and R6 sexual abuse allegation, dated 5/12/25, documents (R1) alleged that he was sexually assaulted by resident (R6) last night. He stated that (R6) came to his room and gave him pizza and breadsticks and then later came back and assaulted him. Family, Physician, and (Local Police Department) notified. (R1) declined assessment from nurse and declined hospital transfer. (R6) denied allegation and stated he only entered his room to offer pizza. Both residents immediately placed on 1:1 with staff. Video surveillance reviewed shows (R6) entering (R1) room with a pizza box and exiting the room within 1 minute without the box. Per footage, (R6) did not enter his room again. Investigation Initiated. Final to follow. All residents in the facility were interviewed using an Abuse Investigation [SIC] Questionnaire with some residents asked Are you aware of any sexual behavior between residents?, some residents asked Have you ever witnessed anyone touching any resident inappropriately?, some residents asked Have you ever witnessed any inappropriate touching with staff and residents?, and then some residents (including R7) was asked Has anyone here touched you inappropriately? R7 was never asked if he had witnessed any behaviors, only if anyone had touched him inappropriately. The final report states as follows: (R1) initially told (V18, CNA) and (V27, CNA) on the morning of 5/12/25 that on 5/11/25 when it was dark outside, (R6) returned to his room after dropping off the pizza and held his head down and Raped him. He also told (V28, LPN) that (R6) penetrated him. Then later that morning, he told the therapist and restorative aide that (R6) stuck his fingers in his butt. He said he yelled out and then (R6) held his head down and when he left, he yelled out again. (R6) told the Administrator he took a pizza and breadsticks to his (R1's) room I asked him if he wanted the pizza, he said yes, I put the box on his table and walked out. (R6) stated that was the only time he was in his room. The Administrator told (R6) that there was an allegation of sexual interaction between him and (R1). He stated, I only like women. Video footage reviewed and showed (R6) exiting his room at 21:59, walking across the hall with a pizza box and his cane, entering (R1's) room and exiting and reentering his own room at 21:59. Total time was 20-seconds. According to video footage (R6) did not enter (R1's) room again. Per CNA (V14) was his care giver from 3P to 7AM on 5/11/25. Statement conveys the CNA was doing 10PM rounds and noted (R1) laying [SIC] in bed fully dressed. He sleeps in his clothes all the time because he says he's cold all the time. At no time did residents have an altercation verbally or physically. Video footage showed CNAs rounding the hall frequently. Residents and staff were interviewed regarding any sexual behaviors witnessed between residents with no adverse findings. Summary: (R1) suffers from Schizophrenia and has a history of psychiatric hospitalizations related to accusing his dead brother of hurting him. (R1) was also witnessed laying in his bed fully dressed the night of the alleged incident and the morning after. (R6) left his room at 21:59:08, entered (R1) room with pizza box at 21:59:18 and exited the room without the pizza box at 21:59:38. The conclusion of this investigation is that the alleged abuse is unsubstantiated based on video footage and interviews. Physician reviewed (R1's) medication and completed follow-up with both residents. Referral to psych pending for (R1) and (R6). Residents will remain on 1:1 with periodic re-evaluation to determine the need. Plan of care to be updated for both residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Handwritten Note, dated 5/12/25, documents I (V5), was doing restorative program with (R1) when he stated (R6) was a booty banger and he said he pulled his blankets down and was holding him down by his neck and felt someone playing with his bottom. He started screaming. He stated he was playing with his a**. A Handwritten Note, dated 5/12/25, documents On this date May 12th (R1) was in therapy room for therapy and stated that (R6) was a booty banger. He continued to say (R6) pulled his blankets off him and was holding him down by his neck and that the resident was playing with his a**. (R1) stated he was asleep, and this woke him up. signed by V4, Director of Rehab. R1's Nurses Note, dated 5/12/25 at 12:15 PM, documents Resident reported that he was sexually assaulted by resident (R6) in his bedroom while laying [SIC] in his bed. Resident stated that resident (R6) entered his room sexually assaulted him then exited the room. Resident stated he did not see the resident's face but, he did recognize who the resident was because he knows his voice and noticed him while he was walking out the door. Nursing staff attempted to assess resident, but resident refused. Administrator, Director of Nursing (DON), and NP notified and made aware. (Local Police Department) notified and resident interviewed. Residents separated; Resident placed on 1:1 supervision; Resident relocated; All previous interventions in place; Care plan updated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Police Report, dated 5/12/25, documents On 5/12/25 at approximately 11:29 hours, I (V31, Police Officer) was dispatched to (this facility) for a report of a criminal sexual assault. It should be noted; this incident is merely a summation of my contacts with the aforementioned individuals. For specific statements, quotes, and a specific timeline of events, refer to the available body-worn camera footage of this incident. Upon arrival, I contacted facility manager (V1, Administrator), who advised resident (R1) had report being sexually assaulted by his neighboring resident, (R6). (V1) then contacted staff members, who brought (R1) to the management office in order for me to speak with him regarding the incident. Upon (R1's) arrival, he advised (R6) had responded to his room (XXX) late in the evening on 5/11/25. (R1) stated (R6) briefly entered the room to bring him pizza and left the room a short time later. (R1) advised, at what he believed to be approximately an hour later, he was naked and asleep in his bed when he felt a hand fondling his a**. (R1) only provided a brief and vague recollection of the actions that occurred. However, (R1) advised the suspect held his head down into the pillow to prevent him calling for assistance, and the suspect then digitally penetrated his rectum before fleeing the room. (R1) advised he was unable to see the suspect ' s face during the alleged incident, but (R1) advised he observed the suspect walk out of the room, at which time he identified (R6) as the suspect, due to recognizing (R6's) gait. (R1) was unable to provide any further evidentiary information regarding this incident. I then responded to room xxx and contacted (R6). (R6) advised he had responded to (R1's) room during the evening hours of 5/11/25, at which time he brought (R1) pizza, and left promptly afterwards. (R1) advised, throughout the remainder of the night, he only left his room on (1) other occasion, at which time he did not go into or walk past (R1's) room. (R1) denied being involved sexually with (R1) in any capacity, and he provided no further information at this time. I then spoke with (V1) again, at which time (V1) advised she had begun the process of reviewing the facilities cameras to see if any footage was available to substantiate (R1's) claims of sexual assault. (V1) advised she had already reviewed security footage which covered the evening hours of 5/11/25 and early morning hours of 5/12/25. (V1) advised the footage captured (R6) entering (R1's) room (while holding a pizza box) at approximately 2200 (10:00 PM) hours on 5/11/25. (V1) advised the footage showed (R6) exiting (R1's) room less than (60) seconds later. (V1) advised the footage captured (R6) exiting his room an additional time at 2236 (10:36 PM) hours and return to his room at approximately 2250 (10:50 PM) hours. However, (R6) was observed to walk in an opposite direction from (R1's) room, and (R6) never walked in the direction of/into (R1's) room at that time. (V1) advised the footage confirmed (R6) did not leave his room for the remainder of the evening/early morning hours. (V1) advised she intended to review security footage from the past several days, to confirm the incident reported by (R1) had not occurred on an alternative date. (V1) advised she would contact me if any suspicious activity was observed on camera. As of the completion of this report, (V1) has not contacted this agency with any additional information. Of note, (V1) also advised (R6) and (R1) have known each other for years, after having served several years together in (Local Correctional Center), prior to residing together at (this facility). (V1) was unsure if their history together had any contribution to this incident. (V1) also advised (R1) has been diagnosed with Schizophrenia, which may have played a part in (R1's) report. Prior to my arrival, (V1) and faculty members offered to arrange for (R1) to be medically evaluated. However, (R1) refused any evaluation or medical assistance. Due to lack of current evidence substantiating (R1's) recollection of events, no charges have been authorized at this time. Body-worn camera footage of this incident is available. Any additional information will be documented in a supplemental report. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Police Report, dated 5/14/25, documents I (V26, Police Officer) contacted (R7) who advised he wished to provide me further information in regard to report 25-12823 which involves (R1) and (R6). (R7) advised he is (R1's) best friend and has been for approximately seven months while they have both been in the facility. (R7) stated he has previously observed (R6) place his hand on (R1's) shoulder and whisper sexual innuendo's into (R1's) ear. (R7) stated he spoke to (R1) about what was report under report number 25-12823. (R7) stated he feels as if (R1) is too scared of retaliation for (R6's) friends or gang to speak with police. (R7) stated he believes (R6) kept putting his hand on (R1's) shoulder and whispering sexual innuendoes in an attempt to show dominance. (R7) additionally advised he feels that (R6) should have been taken into police custody during report 25-12823. (R7) was advised his feelings and thoughts would be documented however, cannot be utilized in the advancement of report 25-12823. No further police action taken. CB2209. V1's investigation failed to provide consistency in questioning the residents. Some residents were asked if they were aware of any sexual behavior between residents, some were asked if they have ever witnessed anyone touching any resident inappropriately, some were asked if they have ever witnessed any inappropriate touching with staff and residents, and some were asked if anyone has touched you inappropriately in the facility. R7 was asked if anyone has touched him inappropriately, which he commented No', however, if R7 was asked if he had ever witnessed anyone, staff or resident, touching a resident inappropriately, he would have told what he witnessed between R1 and R6, as he stated to the Police Officer. The Facility's Abuse Prevention Program Policy, dated 9/2017, documents in part The facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. VII: Internal Investigation: 2. All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation. 3. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation. 5. Investigation Procedures: The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Residents to whom the accused has regularly provided care, and employees with whom the accused has regularly worked, will be interviewed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide residents with the correct diet as ordered by the physician for 4 of 4 residents (R3, R8, R11, R12) reviewed for residents receiving the correct diets in the sample of 12. The Findings include: 1. R3's admission Record, dated 5/19/25, documents R3 was admitted to the facility on [DATE] with diagnoses of Encephalopathy, Type 2 Diabetes Mellitus (DM), Alzheimer's disease, Asthma, Hypertension, Idiopathic Neuropathy, Left Below Knee Amputation (BKA). R3's Care Plan, dated 4/29/25, documents R3 is at risk for altered nutrition and hydration. Interventions: Honor fluid/food preferences based on MD orders and Dietary Restrictions, ST as needed, Therapeutic diet as ordered. R3's Minimum Data Set (MDS), dated [DATE], documents R3 has a severe cognitive impairment and is dependent on staff for Activities of Daily Living (ADLs). R3 requires supervision/touching assistance from staff for eating. R3's Physician Order, dated 4/17/25, documents NAS (No Added Salt) diet, Pureed texture, Thin Liquids Consistency. R3's Physician Order, dated 5/9/25 at 2:35 PM, documents Weighted Spoon and Fork. OT (Occupational Therapy) notified with meals, weighted Spoon and Fork with meals ordered. On 5/14/25 at 8:53 AM, R3 stated she gets the same food as everyone else at the table. On 5/14/25 at 2:30 PM, V10, Speech Therapist, stated I have been working with (R3) for at least three different assessments and it was determined that (R3) can only be on a Pureed diet at this time. I was told by staff that (R3) can take up to two hours to eat a meal because she is always pocketing and chewing on her food, therefore, making her a high aspiration risk. (R3's) daughter keeps bringing her regular food and we can walk past her room and see her still chewing on something and her daughter even makes her spit it out after a while. When I'm working with (R3), she will comment I can't chew this, then after we gave her Pureed foods, she would comment This is much better and eat her meals. On 5/15/25 at 8:30 AM, R3 was sitting in dining room while breakfast tray was delivered. R3 received eggs, bowl of hard round cereal, and toast. There was no meal slip indicating what type of diet she should be on. R3 was seen chewing on toast for a long time without swallowing it. On 5/15/25 at 8:31 AM, V16, Certified Nursing Assistant (CNA), stated I have no idea what type of diet (R3) is on, I was just setting up her tray for her. On 5/15/25 at 8:32 AM, V2, Director of Nursing (DON), stated I don't know what (R3's) diet is. It should be on her meal slip at the table, but she doesn't have one. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/15/25 at 8:35 AM, V15, Dietary Manager, stated (R3) is supposed to be a hall tray that is why she did not get a meal slip. That's the problem here, the CNAs don't tell us when they bring the resident to the dining room and they just go to the warmer and get a normal plate of food and pass it out to the residents waiting for their meal. V15 walked into the kitchen and provided a list of residents who are on a special diet. Upon review of the list, R3 was not listed on the list for Pureed Diet. V15 stated I have only been here about a month, so the list has not been updated. I see there are people on this list that are no longer here even. 2. R8's admission Record, dated 5/19/25, documents R8 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction, Hemiplegia and Hemiparesis, Type 2 DM, Aphasia, Contracture right hand/shoulder, Epilepsy, and Hypertension. R8's Care Plan, dated 3/19/25, documents R8 has a nutritional problem or potential nutritional problem. Interventions: Assist with tray setup as needed, explain and reinforce to R8 the importance of maintaining the diet ordered, provide, serve diet as ordered: Consistent-Carbohydrate, Mechanical (Mech) Soft texture, thin liquids, R8 to sit at assistive table in dining room for all meals. R8's MDS, dated [DATE], documents R8 has a severe cognitive impairment and requires partial/moderate assistance from staff for eating. R8's Physician Order, dated 2/12/24, documents CCD (carbohydrate-controlled diet) diet, Mech/Soft texture, Thin Liquids consistency. On 5/15/25 at 8:40 AM, R8 received eggs, dry hard cereal, and toast for breakfast. R8's meal ticket on the table indicated that R8 is a Mechanical Soft diet. On 5/19/25 at 12:20 PM, R8 was seen eating in dining room with the same plate of food that everyone else had in the dining room. R8's meal ticket indicated R8 is on a Mechanical Soft Diet. R8 was given noodles and beef, a cup of vegetables/tomatoes, and a cup of fruit. On 5/19/25 at 10:55 AM, R8 stated he gets a regular diet, same food as everyone else, the staff helps him eat, and he chews the meat the best he can and swallows it. 3. R11's admission Record, dated 5/20/25, documents R11 was admitted to the facility on [DATE] with diagnoses of Intracerebral hemorrhage with Ataxia, Dementia, Epilepsy, COPD, Bell's Palsy, Schizophrenia, Bipolar Disorder, Generalized Anxiety Disorder, and Idiopathic Neuropathy. R11's Care Plan, dated 3/28/25, documents R11 has nutritional problem or potential nutritional problem r/t variable appetite, refusing to eat at times and behaviors and forgetful at times when she has eaten. Interventions: Assist with tray setup as needed, explain and reinforce to R11 the importance of maintaining the diet ordered, provide, serve diet as ordered. R11's MDS, dated [DATE], documents R11 has a severe cognitive impairment and requires set-up or clean-up assistance from staff for eating. R11's Physician Order, dated 4/15/25, documents NAS diet, Mech/Soft texture, [NAME] Liquids consistency. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/15/25 at 8:40 AM, R11 received eggs, hard cereal, and toast which was the same as every resident sitting in the dining room. On 5/19/25 at 12:25 PM, R11 seen eating in dining room with same plate of food as every resident which was noodles with beef, bowl of vegetables, and bowl of fruit. On 5/19/25 at 10:50 AM, R11 stated she gets a regular diet, same food as everyone else. R11 stated she gets meats, potatoes, and vegetables. PO - NAS/Mech Soft, Thin Liquid consistency. 4. R12's admission Record, dated 5/20/25, documents R12 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction with Hemiplegia and Hemiparesis, Aphasia, Type 2 DM, Asthma, Contracture of left hand, Vitamin Deficiency, Major Depressive Disorder (MDD), and Anxiety Disorder. R12's Care Plan, dated 5/9/25, documents R12 is at nutritional risk as disease progresses: Obesity, DM2, Aphasia, Dehydration, MDD. Interventions: Provide diet as ordered, provide supplements as ordered. R12, MDS, dated [DATE], documents R12 has a severe cognitive impairment and requires supervision/touching assistance from staff for eating. R12's Physician Order, dated 5/2/25, documents Regular diet, Mech/Soft texture, Thin Liquids consistency. On 5/15/25 at 8:40 AM, R12 received a bowl of cereal, eggs, and toast for breakfast which was the same as every resident in the dining room. On 5/19/25 at 12:27 PM, R12 was seen eating in the dining room with same plate of food as every resident which was noodles with beef, bowl of vegetables, and a bowl of fruit. On 5/19/25 at 10:53 AM, R12 stated she gets a regular diet, the same food as everyone else. R12 stated she does not like meats so usually doesn't eat it but gets it on her plate anyhow. On 5/19/25 at 12:05 PM, V15, Dietary Manager, stated for the mechanical soft diet, they grind up the meats and anything tough or hard. V15 stated that bread and toast are ok to eat. On 5/19/25 at 12:10 PM, All residents observed and interviewed had the same plate of food which was noodles and meat, a bowl of tomatoes/vegetables, and a bowl of fruit. When asked, V29, Cook, stated This is all considered a Mechanical Soft Diet because the noodles are soft, and the meat is small pieces. On 5/19/25 at 4:30 PM, V15, Dietary Manager, stated I probably would have done things differently. The noodles and meat, I would have chopped up the noodles more and had them separate from the meat, which I would have ground up more to make it a Mechanical Soft diet. I told the CNAs to make sure they get the resident's meal ticket, so they know what meal to serve them. On 4/19/25 at 4:35 PM, V1, Administrator, stated I'm not sure what to say about dietary. They should be following each resident's diet as ordered by the physician. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	05/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nexus at Alton	3523 Wickenhauser Alton, IL 62002

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Facility's Texture and Consistency-Modified Diets Policy, undated, documents in part Texture and consistency-modified diets will be individualized with modifications made by the speech-language pathologist (SLP) and physician in conjunction with the registered dietitian nutritionist (RDN) or designee and director of food and nutrition services. A written order needed. The person-centered approach to diet, and providing individualized intervention is most important. Procedure: 2. Individuals with observed indicators of dysphagia (coughing, choking, delayed swallow, pocketing of food, inability to manipulate food in the mouth, wet, gurgled voice, etc.) will be referred to SLP for evaluation of dysphagia. 3. The SLP may request testing to assess the individual's condition. Once a diagnosis has been made, the SLP will work with the RDN or designee to make appropriate recommendations for proper food and fluid consistency. 4. Nursing staff will notify the director of dining services of consistency changes ordered by the physician or designee using the Diet Order Form or other facility communication. 5. The food and nutrition services department will be responsible for preparing and serving the diet texture and fluid consistency as ordered.