

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2025
NAME OF PROVIDER OR SUPPLIER  Nexus at Alton		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to answer call lights in a timely manner in 6 (R37, R14, R64, R18, R51, R61) of 6 residents reviewed for call lights in the sample of 33.</p> <p>Findings include:</p> <p>On 6/10/2025 at 1:45PM R37 stated They are understaffed here. They won't answer call lights, and I have sat on the bedpan for an hour before. R37's Minimum Data Set, MDS dated [DATE] documents R37 has no cognitive deficits.</p> <p>On 6/11/2025 at 1:30PM at resident council meeting R14 stated Staff ignore call lights even when I am in the shower. They know they put me in the shower, but they don't look for me to be done. R14's MDS, dated [DATE] documents R14 has no cognitive deficits.</p> <p>On 6/11/2025 at 1:30PM at resident council meeting R18 stated Staff ignore call lights. R18's MDS, dated [DATE] documents R18 has no cognitive deficits.</p> <p>On 6/11/2025 at 1:30PM at resident council meeting R51 stated Staff ignore call lights. R51's MDS, dated [DATE] documents R51 has no cognitive deficits.</p> <p>On 6/11/2025 at 1:30PM at resident council meeting R61 stated Staff ignore call lights. R61's MDS, dated [DATE] documents R61 has no cognitive deficits.</p> <p>On 6/11/2025 at 1:30PM at resident council meeting R64 stated Staff ignore call lights. My roommate will need something, and I will yell for him because no one comes in. R64's MDS, dated [DATE] documents R64 has no cognitive deficits.</p> <p>On 6/13/2025 at 10:00AM V30, Assistant Director of Nursing, ADON, stated I expect the call lights to be answered in at least 2 minutes.</p> <p>Facility call light policy with a revision date of 9/2022 states To provide the staff with guidance on responding to residents' requests and needs.</p>

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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