

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 07/25/2025
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to perform wound treatment as ordered for 3 or 3 residents (R4, R6, R9), reviewed for Quality of Care in a sample of 3. Finding Include:1. On 7/18/2025 at 12:06 PM R4 stated while admitted to the facility he did not always receive his dressing change to his left knee as ordered. R4's Undated Face Sheet documents R4 was admitted to the facility on [DATE] and has a diagnosis of Pain in the Left Knee, Morbid Obesity, Presence of Left Artificial Knee Joint, and Hypertension.R4's Quarterly Minimum Data Set (MDS) dated [DATE] documents R4 is cognitively intact, needed supervision/touching assistance with showering/bathing, lower body dressing, personal hygiene, rolling left and right, sitting to standing, and chair/bed to chair transfers.R4's Care Plan date initiated 4/7/2025 documents skin complications related to right knee surgery, skin at risk for skin complications related to impaired mobility and obesity.R4's Physician Order dated 5/15/2025 at 10:09 AM documents cleanse wound to left knee with wound cleanser, pat dry, pack with iodoform packing gauze, and cover with bordered gauze. Change daily and as needed (PRN), one time a day for to promote wound healing.R4's May Treatment Administration Record (TAR) dated 5/1/2025 through 5/31/2025 reviewed with no treatment documented on 5/21/2025, 5/26/2025, 5/27/2025, 5/30/25, and 5/31/2025.R4's June TAR dated 6/1/2025 through 6/30/2025 reviewed with no treatment documented on 6/3/2025, 6/4/2025, 6/5/2025, 6/10/2025, 6/12/2025, 6/13/2025, 6/17/2025, and 6/18/2025.2. On 7/22/2025 at 3:46 PM R6 stated the facility changes the dressing to his left middle finger most days, but not every day.On 7/22/2025 at 3:46 PM V10, Licensed Practical Nurse (LPN)/Wound Nurse, completed R6's dressing change to R6's left middle finger.R6's Undated Face Sheet documents R6 was admitted to the facility on [DATE] and has a diagnosis of Type 2 Diabetes and Hypertension.R6's MDS dated [DATE] documents R6 is moderately cognitively intact and needs partial/moderate assistance with showering/bathing.R6's Care Plan date initiated 1/17/2024 documents skin: at risk for skin complications related to Cerebrovascular Accident (CVA) and malnutrition.R6's Physician Order dated 6/20/2025 at 9:59 AM documents cleanse left hand with wound cleanser daily apply xeroform, 4x4 and gauze wrap once daily and PRN.R6's June Treatment Administration Record (TAR) dated 6/1/2025 through 6/30/2025 reviewed with no treatment documented on 6/24/2025, 6/26/2025, and 6/28/2025.R6's July TAR dated 7/1/2025 through 7/31/2025 reviewed with no treatment documented on 7/10/2025, 7/11/2025, 7/19/2025, and 7/20/2025.3. On 7/22/2025 at 3:19 PM R9 stated the facility staff does not change the dressing to his left lower leg daily, and he has gone multiple days without the dressing being changed. On 7/22/2025 at 3:23 PM V10, LPN/Wound Nurse completed R9's dressing change to R9's left lower leg.R9's Undated Face Sheet documents R9 was initially admitted to the facility on [DATE] and has a diagnosis of Cellulitis of the Right and Left Lower Limb, Hypertension, and Congestive Heart Failure.R9's MDS dated [DATE] documents R9 is cognitively intact, needs supervision or touching assistance with lower body dressing, and needs partial/moderate assistance with showering/bathing and personal hygiene.R9' Care Plan with dated initiated 3/5/2024 documents skin: at risk for skin complications related to venous hypertension.R9's Physician Order dated 6/20/2025 at 6:13 PM documents cleanse bi-lateral shin apply xeroform and border gauze, then apply ace bandages to both legs one time a day for swelling and blisters once daily and PRN if needed.R9's June Treatment Administration Record (TAR) dated 6/1/2025 through 6/30/2025 reviewed with no treatment documented on 6/24/2025, 6/26/2025, and 6/28/2025.R9's July TAR dated 7/1/2025 through 7/31/2025 reviewed with no treatment documented on 7/10/2025, 7/11/2025, 7/17/2025, 7/19/2025, and 7/20/2025. On 7/22/2025 at 10:20 AM V2, Director of Nursing (DON), stated when a dressing change is completed it is to be signed off on the resident's TAR. V2, DON, stated dressing changes should be documented as soon as they are done and if a resident's TAR does not have any documentation on a day, it would appear as if the dressing change was not performed. On 7/22/2025 at 3:40 PM V10, LPN/Wound Nurse, stated when a resident's dressing change is completed it is documented on the resident's TAR.The Facility's Skin Management: Monitoring of wounds and documentation policy dated 1/2022 documents It is important that the facility have a system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to administer medications as ordered for 4 of 5 residents (R4, R6, R7, and R9) in a sample of 5. Finding Include: 1. On 7/18/2025 at 12:06 PM R4 stated while admitted to the facility he did not always receive his medications daily. R4's Undated Face Sheet documents R4 was admitted to the facility on [DATE] and has a diagnosis of Pain in the Left Knee, Chronic Diastolic (Congestive) Heart Failure, Morbid Obesity, Epilepsy, Cortical Age-Related Cataract, Low-Tension Glaucoma, Cardiomegaly, Barrett's Esophagus, Hypothyroidism, and Hypertension. R4's Quarterly Minimum Data Set (MDS) dated [DATE] documents R4 is cognitively intact, needed supervision/touching assistance with showering/bathing, lower body dressing, personal hygiene, rolling left and right, sitting to standing, and chair/bed to chair transfers. R4's Physician Order dated 4/1/2025 at 4:25 PM documents Bumetanide Oral Tablet 1 MG (Bumetanide) Give 1 tablet by mouth one time a day every other day. R4's Physician Order dated 4/1/2025 at 4:25 PM documents Aspirin Oral Capsule 81 MG (Aspirin) Give 1 capsule by mouth one time a day. R4's Physician Order dated 4/1/2025 at 4:25 PM documents Lansoprazole Oral Capsule Delayed Release 30 MG (Lansoprazole) Give 1 capsule by mouth two times a day. R4's Physician Order dated 4/1/2025 at 4:25 PM documents Apixaban Oral Tablet 2.5 MG (Apixaban) Give 1 tablet by mouth two times a day. R4's Physician Order dated 4/1/2025 at 4:56 documents Famotidine Oral Tablet 20 MG (Famotidine) Give 2 tablet by mouth at bedtime. R4's Physician Order dated 4/1/2025 at 4:56 PM documents Latanoprost Ophthalmic Solution 0.005 % (Latanoprost) Instill 1 drop in both eyes at bedtime. R4's Physician Order dated 4/1/2025 at 4:56 PM documents Lansoprazole Oral Capsule Delayed Release 30 MG (Lansoprazole) Give 1 capsule by mouth two times a day. R4's Physician Order dated 4/1/2025 at 5:20 PM documents Levothyroxine Sodium Oral Tablet 200 MCG (Levothyroxine Sodium) Give 1 tablet by mouth in the morning, take with 25 mcg tablet. R4's Physician Order dated 4/1/2025 at 5:20 documents Levothyroxine Sodium Oral Tablet 25 MCG (Levothyroxine Sodium) Give 1 tablet by mouth in the morning, take with 200 mcg tablet. R4's Physician Order dated 4/1/2025 at 5:24 PM documents Loratadine Oral Capsule 10 MG (Loratadine) Give 1 capsule by mouth one time a day. R4's Physician Order dated 4/1/2025 at 5:24 PM documents Lisinopril Oral Tablet 10 MG (Lisinopril) Give 1 tablet by mouth one time a day. R4's Physician Order dated 4/1/2025 at 5:50 PM documents Phenytoin Sodium Extended Capsule 100 MG Give 3 capsule by mouth at bedtime. R4's Physician Order dated 4/1/2025 at 5:56 PM documents Propranolol HCl Oral Tablet 60 MG (Propranolol HCl) Give 1 tablet by mouth one time a day. R4's Physician Order dated 4/1/2025 at 5:58 PM documents Tamsulosin HCl Oral Capsule 0.4 MG (Tamsulosin HCl) Give 1 capsule by mouth two times a day. R4's May Medication Administration Record (MAR) dated 5/1/2025 through 5/31/2025 does not document R4 received Levothyroxine 200 mg, Levothyroxine 25 mg, and Claritin 10 mg as ordered on 5/13/2025 and 5/21/2025 at 6:00 AM. R4's May MAR dated 5/1/2025 through 5/31/2025 does not document R4 received Atorvastatin 10mg, Famotidine 20 mg 2 tablets, Latanoprost Ophthalmic Solution 0.005% 1 drop, Phenytoin Sodium Extended Capsule 100 mg, Apixaban 2.5 mg, Lansoprazole Delayed Release Capsule 30 mg 3 capsules, and Tamsulosin 0.4 mg as ordered on 5/31/2025 at 8:00 PM. R4's May MAR dated 5/1/2025 through 5/31/2025 does not document R4 received Levothyroxine 200 mg, Levothyroxine 25 mg, and Claritin 10 mg as ordered on 5/13/2025 and 5/21/2025 at 6:00 AM. R4's June MAR dated 6/1/2025 through 6/30/2025 does not document R4 received Claritin 10 mg, Levothyroxine 200 mg, and Levothyroxine 25 mg as ordered on 6/1/2025 at 6:00 AM. R4's June MAR dated 6/1/2025 through 6/30/2025 does not document R4 received Bumetanide 1 mg, Lisinopril 10 mg, Propranolol 60 mg, Apixaban 2.5 mg, Lansoprazole 30 mg, Tamsulosin 0.4 mg as ordered on 6/5/2025 at 9:00 AM. R4's June MAR dated 6/1/2025 through 6/30/2025 does not document R4 received Claritin 10 mg, Levothyroxine 200 mg, and Levothyroxine 25 mg as ordered on 6/1/2025 at 6:00 AM. R4's June MAR dated 6/1/2025 through 6/30/2025 does not document R4 received Bumetanide 1 mg, Lisinopril 10 mg, Propranolol 60 mg, Apixaban 2.5 mg, Lansoprazole 30 mg, Tamsulosin 0.4 mg as ordered on 6/5/2025 at 9:00 AM. 2. R6's Undated Face Sheet documents R6 was admitted to the facility on [DATE] and has a diagnosis of Type 2 Diabetes, Hyperlipidemia, Bipolar Disease, Seizures, and Hypertension. R6's MDS dated [DATE] documents R6 is moderately cognitively intact and needs partial/moderate assistance with showering/bathing. R6's Physician Order dated 10/14/2024 at 1:03 PM documents Aspirin Oral Capsule 81 MG (Aspirin) Give 1 capsule by mouth one time a day. R6's Physician Order dated 10/14/2024 at 1:04 PM documents Clonidine Oral Tablet 75 MG (Clonidine)</p>		