

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  02/20/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide an adequate supply of towels and washcloths for 4 of 6 residents (R1, R3, R5, R8) reviewed for safe/clean/comfortable/homelike environment in the sample of 9. Findings Include: On 2/18/26 at 12:09 PM, there were no towels or washcloths on the 100, 300, or 400 hall linen cart. On the 200-hall linen cart there was 1 towel and no washcloths. On 2/18/26 at 2:32 PM, the clean linen room on the 100/200 hall was inspected. There were 3 towels and 8 washcloths. On 2/18/26 at 2:35 PM, the 100-hall linen cart was inspected and did not have any towels or washcloths. On 2/18/26 at 2:37 PM, the 200-hall linen cart was inspected and did not have any towels or washcloths. On 2/18/26 at 2:45 PM, the 300-hall linen cart was inspected and had 1 washcloth and no towels. On 2/18/26 at 2:47 PM, the 300/400 hall clean linen closet was inspected and had no washcloths. On 2/18/26 at 2:49 PM, the 400-hall linen cart was inspected and did not have any towels or washcloths. On 2/19/26 at 9:50 AM, the linen carts and clean linen rooms were checked with the following noted: 100 cart - had washcloths and 1 towel; 200 cart - had washcloths and 1 towel; 100/200 hall clean linen room - no washcloths and 1 towel; 300 cart - 2 washcloths and 5 towels; 400 cart - no concerns; 300/400 clean linen room - no concerns. On 2/19/26 at 9:58 AM, the laundry room was observed with no clean washcloths or towels ready to disperse. V12, Laundry Aide, was observed folding a few towels and washcloths. 1. On 2/18/26 at 12:13 PM, R1 stated the facility ran out of towels and washcloths and she has had to use a pillowcase to dry herself off with after bathing. R1's Face Sheet, undated, documents R1 was originally admitted to the facility on [DATE] and has a medical diagnosis of Encephalopathy, Acquired Absence of Right Leg Below Knee, Chronic Systolic (Congestive) Heart Failure, and Hypertension (HTN). R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact. 2. On 2/18/26 at 11:57 AM, R3 stated she has not received a shower since last Tuesday because the facility does not have any towels or washcloths for her to use. R3 stated staff will inform her that they are unable to help her bathe because they do not have any linen for her to use. R3's Face Sheet, undated, documents R3 was originally admitted to the facility on [DATE] and has a medical diagnosis of Chronic Obstructive Pulmonary Disease (COPD), Abnormal Posture, Depression, Neuromuscular Dysfunction of Bladder, and Weakness. R3's MDS, dated [DATE], documents R3 is cognitively intact. 3. On 2/19/26 at 8:43 AM, R5 stated showers are offered once in a blue moon and is supposed to receive one today. R5 stated the facility never has any towels and washcloths to give him a shower or bed bath. R5's Face Sheet, undated, documents R5 was originally admitted to the facility on [DATE] and has a medical diagnosis of Neuromuscular Dysfunction of Bladder, Arnold Chiari Syndrome Without Spina Bifida or Hydrocephalus, Spinal Muscular Atrophy, and Congenital Malformations of Spinal Cord. R5's MDS dated [DATE] documents R5 is cognitively intact. 4. On 2/19/26 at 12:00 PM, R8 stated they never have enough towels and washcloths. R8's Face Sheet, undated, documents R8 has the following diagnoses: Cerebral Infarction,</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145427	Facility ID:  145427  If continuation sheet Page 1 of 5

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>COPD, Type 2 Diabetes Mellitus (DM), HTN, Hyperlipidemia, Seizures, Major Depressive Disorder (MDD), and Chronic Bilateral Lower Extremity (BLE) Embolism and Thrombosis. R8's MDS, dated [DATE], documents R8 is cognitively intact. On 2/18/26 at 2:43 PM, V7, CNA (Certified Nursing Assistant), stated they run out of towels and washcloths sometimes, usually when they only have 1 washer. On 2/18/26 at 3:11 PM, V1, Administrator, asked how many people we have talked to about linens and said I am just finding out about this but apparently 7-10 days ago they had a shipment of 3-4 boxes of linens come in and I am waiting on invoices to set up a system because apparently the previous administration let it drop. Someone is printing history orders, and someone is checking downstairs to see how much we already have. On 2/19/26 at 9:58 AM, V12, Laundry Aide, stated they are always short on washcloths and towels, and she isn't sure if they have ordered any. V12 stated the last order that they got was about a month or so ago and it was a small order. On 2/19/26 At 10:02 AM, V1, Administrator, stated she made a massive linen order last night and that should bring us up to what we need. The Purchase Orders, document on 2/18/26 13 dozen bath towels and 19 dozen washcloths were ordered. On 2/9/26 4 dozen bath towels and 20 dozen washcloths were ordered. The Facility Assessment, dated 4/24/25, documents the facility will provide resources, including bed and bath linens necessary to care for our residents competently during both day-to-day operations (including nights and weekends) and in emergencies.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to administer medications within the specified time frame for 3 of 7 residents (R7, R8, R9) observed/reviewed for medication errors in the sample of 9. Findings Include: On 2/19/26 at 11:36 AM, V11, RN (Registered Nurse), was observed administering the following medications to R7: Loratadine, Nicotine Patch, Metformin, Atorvastatin, Buspirone, Famotidine, Hydrochlorothiazide (HCTZ), Lisinopril, Seroquel, and Mometasone Furoate Inhaler. On 2/19/26 at 12:10 PM, V7 stated sometimes she gets her medications late and sometimes at night she doesn't get her medications at all. R7's Medication Administration Record (MAR), dated 2/2026, documents the following physician orders: Loratadine 10mg (milligrams) PO (by mouth) Qd (daily) at 9:00 AM; Nicotine Patch 21mcg (micrograms) transdermal every 24 hours (V11 administered a 14mcg patch and not the ordered 21mcg) at 9:00 AM; Metformin 500mg PO BID (twice daily) at 9:00 AM and 8:00 PM; Atorvastatin 40mg PO Qd at 9:00 AM; Buspirone 10mg PO BID at 9:00 AM and 8:00 PM; Famotidine 20mg PO Qd at 9:00 AM; HCTZ 12.5mg PO Qd at 9:00 AM; Lisinopril 10mg PO Qd at 9:00 AM and 8:00 PM; Seroquel 100mg PO BID at 9:00 AM and 8:00 PM; and Mometasone Furoate Inhaler 100mcg/ACT one inhalation BID at 9:00 AM and 8:00 PM. All of the above medications were not administered until 11:36 AM. R7's Face Sheet, undated, documents R7 has the following diagnoses: Paranoid Schizophrenia, Hyperlipidemia, Hallucinations, Mild Intellectual Disabilities, Depression, SOB (Shortness of Breath), and Weakness. R7's MDS (Minimum Data Set), undated, documents R7 is cognitively intact. R7's Care Plan, dated 8/20/24, documents the following: R7 requires the use of statin medications with potential for complications; R7 has potential for altered cardiac function secondary to HTN (Hypertension); R7 requires the use of psychotropic medications to assist with managing mood and behavior related to a diagnosis of Paranoid Schizophrenia, Depression, and Hallucinations; R7 has the potential for difficulty in breathing related to SOB and complaints of a chronic cough. All have an intervention to administer medications as ordered. On 2/19/26 at 11:44 AM, V11, RN, was observed administering the following medications to R8: Anora Ellipta Inhaler; Atorvastatin; Cetirizine; Cholecalciferol; Lisinopril; Multivitamin with Minerals; Levetiracetam; and Metformin. On 2/19/26 at 12:00 PM, R8 stated the nurses are late with her medications sometimes. R8's MAR, dated 2/2026, documents the following physician orders: Anora Ellipta Inhaler 1 puff Qd at 9:00 AM; Atorvastatin 20mg PO Qd at 9:00 AM; Cetirizine 10mg PO Qd at 9:00 AM; Cholecalciferol 2 tablets PO Qd at 9:00 AM; Lisinopril 20mg PO Qd at 9:00 AM; Multivitamin with Minerals PO Qd at 9:00 AM; Levetiracetam 500mg PO BID at 9:00 AM and 8:00 PM; and Metformin 500mg PO BID at 9:00 AM and 8:00 PM. All of the above medications were not administered until 11:44 AM. R8's Face Sheet, undated, documents R8 has the following diagnoses: Cerebral Infarction, COPD (Chronic Obstructive Pulmonary Disease), Type 2 DM, HTN, Hyperlipidemia, Seizures, MDD (Major Depressive Disorder), and Chronic BLE (Bilateral Lower Extremity) Embolism and Thrombosis. R8's MDS, dated [DATE], documents R8 is cognitively intact. R8's Care Plan, dated 8/20/24, documents the following: R8 is at risk for Hypo/Hyperglycemia related to Diabetes; R8 has the potential for altered cardiac function secondary to Hypertension; R8 requires the use of statin medication with potential for complications; R8 requires the use of psychotropic medication to assist with managing mood and behavior related to her diagnosis of MDD; R8 has a potential for difficulty in breathing related to COPD; R8 is at risk for seizure activity related to seizures and malignant neoplasm of the frontal lobe. All above have an intervention to administer medications as ordered. On 2/19/26 at 12:04 PM, V11, RN, was observed administering the following medications to R9: Iron Sulfate; Divalproex; Duloxetine; Cyanocobalamin, Metoprolol, Abilify, Furosemide, Potassium Chloride, Entresto, and Hydroxyzine. On 2/19/26 at 12:04 PM, R9 stated they are on time with her medications most of the</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>time.R9's MAR, dated 2/2026, documents the following physician orders: Iron Sulfate 324mg PO Qd at 9:00 AM; Divalproex 250mg PO BID at 9:00 AM and 8:00 PM; Duloxetine 30mg PO Qd at 9:00 AM; Cyanocobalamin 1000mcg PO Qd at 9:00 AM; Metoprolol 25mg PO Qd at 9:00 AM; Abilify 5mg PO Qd at 9:00 AM; Dapagliflozin Propanediol 10mg PO Qd at 9:00 AM; Furosemide 40mg PO Qd at 9:00 AM; Potassium Chloride 20meq (milliequivalents) PO Qd; Entresto 24/26mg PO BID at 7:00 AM and 7:00 PM; and Hydroxyzine 25mg PO BID at 9:00 AM and 8:00 PM. The Dapagliflozin was not available and therefore was not administered. The other above medications were not given until 12:04 PM.R9's Face Sheet, undated, documents R9 has the following diagnoses: Multiple Sclerosis, Pulmonary Nodule, Polyosteoarthritis, Anemia, Thyrotoxicosis, Muscle Spasm, Hyperlipidemia, Post Traumatic Stress Disorder, Congestive Heart Failure, Low Back Pain, Hypokalemia, Deficiency of Vitamins, Anxiety Disorder, and Bipolar Disorder.R9's MDS, dated [DATE], documents R9 is cognitively intact.R9's Care Plan, dated 8/6/24, documents the following: R9 has the potential for altered cardiac function secondary to Chronic Systolic Heart Failure; R9 requires the use of statin medications with potential for complications; R9 requires the use of psychotropic medication to assist with managing mood and behavior. All have an intervention to administer medications as ordered.On 2/19/26 at 11:30 AM, V11, RN, appeared flustered and stated today they only have 3 nurses, normally they have 4 so she is running behind and having to administer the residents morning and 11:00 AM medications together. V11 stated with only 3 nurses it is affecting the quality of care.On 2/20/26 at 7:30 AM, V1, Administrator was notified of the medications that were given late and acknowledged the concern. The Medication Administration Policy, with a review date of 4/2025, documents the following: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Verify that the medication is being administered at the proper time, in the prescribed dose, and by the correct date. If the medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required. If a medication is ordered, but not present, check to see if it was misplaced and then call the pharmacy to obtain the medication. If available, obtain from the contingency or convenience box. If the physician's order cannot be followed for any reason, the physician should be notified in a timely manner (depending on the situation), and a note should reflect the situation in the resident's medical record.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, observation, and record review, the Facility failed to serve appetizing food at palatable temperatures for 2 of 4 residents (R2, R3) reviewed for food and nutrition services in the sample of 9. Findings include: 1-R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including dementia and weakness. R2's Minimum Data Set (MDS) dated [DATE] documented R2 was cognitively intact, ambulated via wheelchair, and was on a therapeutic diet. R2's Diet Order dated 8/7/25 documents R2 has a regular diet. On 2/18/26 at 12:30 PM, R2 stated the food is horrible and is always cold. 2-R3's Face Sheet documents R3 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, cerebral infarction, and chronic obstructive pulmonary disease (COPD). R3's MDS dated [DATE] documented R3 was cognitively intact, ambulated via wheelchair, and was on a therapeutic diet. R3's Diet Order dated 7/5/25 documents R3 has a carbohydrate-controlled diet. On 2/18/2026 at 11:57, AM R3 stated some of the food in the Facility is terrible and would not even give that food to a dog. On 2/19/26 at 12:50 PM, food temperatures were obtained using a metal calibrated thermometer after the last resident tray was served. The chicken measured 118 Fahrenheit (F), and the broccoli casserole measured 114 F. V16, Cook, stated the temperature should be around 170 F. On 2/19/26 at 4:30 PM, V23, Dietary Manager, stated the temperatures may have been lower because they were taken at the end of service. On 2/19/26 at 10:45 AM, V13, Licensed Practical Nurse (LPN), stated the nurse aids always have to rewarm residents' food in the microwave because it always comes out cold. On 2/19/26 at 10:46 AM, V6, LPN, stated the food is always cold, and the nurse aids always have to rewarm it. On 2/20/26 at 11:47 AM, V1, Administrator, stated she expects dietary staff to follow the Facility's policy regarding food serving temperatures. The Facility's Undated Food Temperatures Policy documents food should be held at 135 F or greater throughout the service process.</p>