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	06/29/2026

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to obtain physician orders to provide tracheostomy care and suctioning for three of five residents (R5, R6, and R9) reviewed for tracheostomy care in the sample of 17.Findings include: 1. On 6/22/26 at 10:35 AM R5 was walking in the hall with no tracheostomy (trach) appliance in place in R5's trach stoma. R5 used a paper and pen to communicate and wrote that staff do not take care of R5's tracheostomy and R5 is responsible for R5's own care. R5 wrote that R5 performs R5's tracheostomy care two or three times a day. R5 was visibly drooling and coughing up thin secretions while R5's tracheostomy was out. R5 pulled a tracheostomy cannula out of R5's pocket that had a pen inserted through it's opening. R5 stated the facility does not give R5 any supplies to take care of R5's tracheostomy, and R5 thought the hospital was supposed to send R5 supplies.On 6/22/26 at 3:10 PM R5 demonstrated how R5 performs R5's own tracheostomy care in R5's room. R5 took a torn cloth scrap out of R5's top dresser drawer, got the cloth wet in R5's sink and used a bar of soap to form a lather on the cloth. R5 wiped R5's mouth with this cloth, then rinsed the cloth in R5's sink, squeezed the excess water out of the cloth, and then pulled R5's tracheostomy cannula out of R5's pocket. R5 sat on R5's bed and wiped the outside of the cannula with the cloth, then sat the cannula on the bed, with no barrier between the bed and the cannula. R5 started rummaging through a box of miscellaneous tracheostomy supplies and pulled out a package containing a pipe cleaner which R5 used to clean the inner cannula. R5 sat the cannula directly on R5's bed again. R5 then picked up the cannula and inserted it into R5's stoma in R5's neck. R5 did not wash R5's hands or wear gloves during R5's tracheostomy care and did not clean around R5's stoma at all during R5's self-care. V10, Assistant Director of Nursing (ADON) was present during R5's self-care of R5's tracheostomy and did not offer any cues or instructions during the procedure.On 6/22/26 at 3:45 PM V10 stated R5 did not perform adequate tracheostomy care. V10 stated staff are supposed to be educating and monitoring R5 during R5's self-care of R5's tracheostomy. V10 confirmed that there were no orders for the care and treatment of R5's tracheostomy before 6/22/26. V10 stated R5 should have been care planned regarding R5's tracheostomy and the need for education regarding infection control.R5's Face Sheet dated 6/26/26 documents R5's diagnoses including Malignant Neoplasm of Oropharynx, Other Diseases of the Larynx and Pharynx, Acute and Chronic Respiratory Failure with Hypercapnia, and Acquired Absence of the Larynx. This Face Sheet documents R5 was admitted to the facility on [DATE].R5's Medication Review Report dated 6/26/26 documents R5 had no physician orders for tracheostomy care from the time R5 was admitted on [DATE] until it was brought to the facility's attention on 6/22/26 The new order dated 6/22/26 documents, Change suction cannister and tubing weekly and prn (as needed). Change trach inner cannula every HS (bedtime) for monitoring.R5's Minimum Data Set (MDS) dated [DATE] documents R5 is alert and oriented to person, time, place and situation with a brief interview for mental status score (BIMS) of 15. This MDS does not document the presence of R5's tracheostomy or the need for suctioning.R5's Care Plan dated 5/15/26 documents: Skin (R5) has throat opening related to previous surgical opening from previous tracheostomy from Malignant Neoplasm of Oropharynx. Interventions for this care plan include, educate resident on the risk of infection and poor healing related to (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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	non-compliance, monitor closely for sensory impairment, notify medical doctor of abnormal findings, observe and assess regularly, and skin assessment weekly. R5's care plan did not address R5's laryngostomy or the need for education and monitoring of R5's laryngostomy care and management of secretions. There is no care plan addressing education of R5 on proper technique and infection control management while performing self-care.R5's progress note by V34, Advanced Practice Nurse, dated 6/13/26 at 3:22 PM documents, Z93.0 Tracheostomy Status, Non-adherence to [NAME] tube (a tube used to keep the stoma open during healing and supports the airway) use has contributed to stoma narrowing, irritation, and minor bleeding, with education provided and wound nurse involvement for reinforcement and monitoring. Laryngostomy site appears intact with no signs of acute infection, but the patient has copius nasal and oral secretions and frequently refuses routine laryngostomy site care, resulting in poor hygiene and secretions left on skin and clothing. Patient intermittently performs self care of the [NAME] tube and refuse nurse assistance as observed on 4/22/26. Monitor for signs of stoma narrowing, bleeding, drainage, erythema, swelling or infection and document refusals of care. Continue to offer laryngostomy site care per protocol and encourage basic hygiene and secretion management as tolerated. Readdress education periodically and reassess willingness to accept care with consideration of ENT (Ear Nose and Throat) referral if progressive narrowing or recurrent trauma persists. 2. On 6/22/26 at 1:56 PM V3, Licensed Practical Nurse (LPN) was preparing to suction R6 but was having difficulty connecting the suction tube to the collection cannister. V10 ADON entered the room to assist V3 to get the suction hooked up. V3 stated the suction machine in R6's room was not working correctly. V10 removed V10's gloves and left the room without performing hand hygiene. V10 returned to R6's room, donned gloves without performing hand hygiene, and proceeded to attach suction tubing to suction cannister and turned the machine on and confirmed it was working. V3 loosened R6's trach tie to expose trach opening with V3's right gloved hand and with the same hand V3 then place the tip of the suction catheter into R6's trach cannula. V3 was not wearing a gown or mask. V3 then suctioned R6's trach.On 6/22/26 at 2:26 PM V3 stated V3 usually suctions R6's trach twice a day, once in the morning and once around midday. V3 stated R6 does not have specific orders for suctioning R6's trach or for trach care itself. V3 stated R6 should have specific orders for trach care. V3 stated V3 did find a discontinued order dated 4/14/26 for R6's trach to be suctioned but stated R6 should have a current order.R6's Face Sheet dated 6/26/26 documents R6's diagnoses as Chronic Respiratory Failure, unspecified whether with Hypoxia or Hypercapnia, Unspecified Dementia, and Tracheostomy Status.R6's Medication Review Report dated 6/26/26 did not document any orders for providing trach care or suctioning until 6/22/26 when it was brought to the facility's attention that R6 did not have orders for trach care or suctioning.R6's MDS dated [DATE] documents R6 is alert and oriented to person, place, time and situation and documents R6 receives both suctioning and tracheostomy care.R6's Care Plan dated 6/5/25 documents, Trach: (R6) at risk for complications related to tracheostomy placement. This care plan does not include any interventions for performing actual trach care or suctioning.3. R9's Face Sheet dated 6/25/26 documents R9 was admitted to the facility on [DATE] and was discharged to the hospital on 4/30/26 and R9 did not return to the facility. The Face Sheet documents R9 had the diagnosis of Respiratory Failure, unspecified whether with Hypoxia or Hypercapnia.R9's Clinical Physician Orders dated 6/25/26 do not document any orders for trach care or suctioning.R9's MDS dated [DATE] document R9 is severely cognitively impaired. This MDS documents R9 did receive tracheostomy care, but did not receive suctioning while R9 was a resident.R9's Care Plan dated 4/2/26 documents, Trach: at risk for complications related to tracheostomy placement. The interventions for this care plan do not include performing trach care or suctioning.The facility's Tracheostomy Care Policy, with a reviewed date of 10/2024 documents, Purpose: To provide guidelines for maintaining an unobstructed airway and preventing infection in residents with a tracheostomy. Policy: It is the policy of this facility that residents with tracheostomies receive routine care to maintain a patent airway, that aseptic technique is used during dressing changes until the tracheostomy is healed, and a physician order is obtained for tracheostomy care. Procedure: Verify physician order.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to prevent potential cross contamination by failing to wear appropriate Personal Protective Equipment (PPE) to maintain enhanced barrier precautions and failing to perform appropriate hand hygiene and glove changes during care for three of three residents (R5, R6 and R7) reviewed for infection control in the sample list of 17.Findings include:1. On 6/22/26 at 10:35 AM R5 was walking in the hall with no tracheostomy appliance in place in R5's trach (tracheostomy) stoma. R5 was visibly drooling and coughing up thin secretions while R5's tracheostomy was out. R5 pulled a tracheostomy cannula out of R5's pocket that had a pen inserted through its opening. On 6/22/26 at 3:10 PM R5 demonstrated how R5 performs R5's own tracheostomy care in R5's room. R5 took a torn cloth scrap out of R5's top dresser drawer, got the cloth wet in R5's sink and used a bar of soap to form a lather on the cloth. R5 wiped R5's mouth with this cloth, then rinsed the cloth in R5's sink, squeezed the excess water out of the cloth, and then pulled R5's tracheostomy cannula out of R5's pocket. R5 sat on R5's bed and wiped the outside of the cannula with the cloth, then sat the cannula on the bed, with no barrier between the bed and the cannula. R5 started rummaging through a box of miscellaneous tracheostomy supplies and pulled out a package containing a pipe cleaner which R5 used to clean the inner cannula. R5 sat the cannula directly on R5's bed again. R5 then picked up the cannula and inserted it into R5's stoma in R5's neck. R5 did not wash R5's hands or wear gloves during R5's tracheostomy care and did not clean around R5's stoma at all during R5's self-care. V10, Assistant Director of Nursing (ADON) was present during R5's self-care of R5's tracheostomy and did not offer any cues or instructions during the procedure to educate R5 on good hygiene and infection control measures. V10 did not provide a barrier or gloves for R5 to use during care. There was no sign on R5's door indicating Enhanced Barrier Precautions should be maintained by staff while trach care is being performed.2. On 6/22/2026 at 1:56 PM, V3 LPN was setting up suction in R6's room. V3 was wearing gloves and was having difficulty connecting the tubing to the canister. V3 left the room and returned with V10. V3 and V10 both donned gloves and attempted to set up the suction machine. V3 and V10 began looking through drawers, moving R6's high backed wheelchair, and looking through a cardboard box of supplies in R6's closet. V3 and V10 continued to look through supplies while wearing gloves. V3 opened sterile packaging with the same gloved hands, removed a suction catheter with V3's gloved hand and set the suction catheter on the bedside table. V3 stated the suction machine was not working correctly and removed V3's gloves and left the room, without performing hand hygiene.V3 continued to look through supplies, reorganize items on dresser and bedside table. V3 picked up the suction catheter and touched the end of the catheter with gloved hands and then put it back in its paper sleeve. V3 had not changed V3's gloves or performed hand hygiene since entering R6's room. R6 began coughing up thick secretions and V3 opened R6's bathroom door with a gloved hand, entered the bathroom and then returned to the room with brown paper towels. V3 wiped thick secretions from R6's mouth and threw away the paper towels. V3 continued to move/touch various items on R6's dresser, bedside table and returned the cardboard box to closet, still wearing the same gloves. V3 stated V3 could do oral care while waiting on a different suction machine. V3 retrieved packaged premoistened oral swabs from R6's drawer and opened packaging with the same gloved hands. V3 then provided oral care. A large amount of yellow thick secretions noted to be attached to oral swab as V3 pulled oral swab out of R6's mouth and V3 used gloved index finger to pull string of mucus from R6's mouth. V3 wiped R6's mouth with brown paper towels and V3 discarded oral care items into R6's trash can. V3 did not change gloves or perform hand hygiene before or after performing R6's oral care. While waiting for V10 to return, V3 used the same gloved hands to touch R6's feeding pump and touched the bag of water on R6's feeding pump. V3 then discarded V3's soiled gloves and donned new gloves without performing hand hygiene. V3 continued to touch items on R6's bed side table. V10 returned to R6's room and donned gloves without performing hand hygiene. V10 attached tubing to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	suction canister and turned the machine on, then attached the suction catheter to the cannister and confirmed it was working. V10 then removed V10's gloves and left the room without performing hand hygiene. V3 loosened R6's trach tie to expose R6's trach opening with V3's right gloved hand, and with V3's same hand placed the catheter tip into the trach cannula opening. V3 was not wearing a mask or gown at this time. V3 removed the catheter and placed the tip of catheter into cup of clear liquid and cleared the catheter of yellow drainage. V3, with the same gloved hand, disconnected the catheter tubing and set the tubing directly on the bedside table. V3 then attached an oral suction tube to the suction machine and told R6, I'm going to suction your mouth now. R6 opened R6's mouth and V3 placed the tip inside R6's mouth and R6 closed mouth around the suction tube. V3 then turned off the suction machine and began looking through R6's drawers, touching items inside with the same gloved hands. V3 grabbed tissues and wiped R6's mouth after R6 had a coughing a fit. V3 then used tissues to dab at R6's tracheostomy where bubbled thick secretions were observed. V3 discarded the tissues and got new tissues and wiped the opening of R6's tracheostomy cannula. V3 then removed the soiled gauze from around R6's tracheostomy and placed clean dry gauze around tracheostomy. With the same gloved hands V3 repositioned R6 for comfort and adjusted R6's gown. V3 then pressed buttons on R6's feeding pump and then assessed the g-tube's (gastrostomy tube) connection site wearing the same gloves. V3 collected dirty supplies and left room without removing gloves and performing hand hygiene. V3 stated V3 was going to find the soiled utility room. V3 returned to the nurse's station and washed V3's hands in nursing station sink. A sign on the R6's doorframe documents Enhanced Barrier Precautions with guidelines listed of appropriate personal protective equipment to use. 3. On 6/25/26 at 10:56 AM, V14 LPN entered R7's room to perform trach care for R7. V14 donned a gown, mask, and gloves without first performing hand hygiene. Trach supplies were on R7's bedside table on the left side of room (R7's right side). V14 removed gloves and performed hand hygiene at R7's sink. V14 donned new gloves and used V14's right gloved hand to turn the crank at the foot of R7's bed. V14 repositioned R7's pillows with gloved hands, rearranged the trach supplies with gloved hands, and opened a new biohazard bag with the same gloved hands. V14 opened the sterile trach kit and then removed V14's gloves. V14 did not perform hand hygiene after removing V14's gloves. V14 opened a packet of sterile gloves and donned them. V14 picked up clean gauze with the right hand, folded the gauze and dipped the gauze into saline solution with the dirty gloved hand. V14 removed the soiled trach tie on R7's left side of R7's neck, and with V14's same soiled gloves, V14 applied a new trach tie to R7's left side. V14 inserted a trach tie into right side of the trach and moved R7's hair with V14's gloved hand to adjust R7's trach collar. V14 did not change V14's gloves after touching R7's hair. V14 proceeded with applying a clean dry trach gauze under R7's trach cannula and secured the trach ties. V14 used a cotton tipped applicator to wipe around the outer cannula. V14 adjusted R7's gown and removed V14's gloves with no hand hygiene. V14 opened another sterile trach kit with no gloves and donned sterile gloves from the kit. V14 carried the sterile kit in both hands and moved to left side of R7. V14 placed a sterile barrier on R7's bedside chest of drawers and placed the trach kit onto the sterile barrier. V14 opened a packaged suction catheter with sterile gloved hands and then removed V14's gloves but did not perform hand hygiene before V14 donned new sterile gloves and used the back of V14's left hand to open the top drawer of R7's chest of drawers. V14 inserted the tip and of the catheter into the cannula's opening and provided intermittent suctioning to R7's tracheostomy. V14 progressed catheter approximately four inches, removed and advised R7 to take some breaths. V14 inserted the tip and of the catheter into the cannula's opening and provided intermittent suctioning to R7's tracheostomy. V14 removed gloves and threw away gloves and catheter but did not perform hand hygiene. V14 donned new gloves and opened a trach oxygen mask and placed the mask on R7's trach. V14 then gathered trash and removed V14's gloves and threw everything away in a trash bag. V14 then knotted the trash bag and left the room without performing hand hygiene. V14 walked down the hall and disposed the trash into the soiled linen trash bin. V14 left the soiled utility room and washed V14's hands at the nurse's station sink.On (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6/22/26 at 2:26 PM, V3 stated that enhanced barrier precautions are regular contact precautions, they require standard PPE on everyone with a g-tube or a trach. V3 stated that infection control is maintained by washing hands and changing gloves out when they become soiled.On 6/22/26 at 3:45 PM, V10 stated that enhanced barrier precautions are to be followed for all residents who are at risk of infection, such as residents with g-tube and trachs. V10 stated that staff are to perform hand hygiene after touching anything and going in and out of rooms.On 6/25/26 at 10:58 AM, V14 stated that infection control is maintained by keeping clean and dirty separate and using a biohazard bag for dirty items. And by switching out gloves and performing hand hygiene before and after and if needed during care.The facility's Tracheostomy Care Policy, with a reviewed date of 10/2024 documents, Purpose: To provide guidelines for maintaining an unobstructed airway and preventing infection in residents with a tracheostomy. Policy: It is the policy of this facility that residents with tracheostomies receive routine care to maintain a patent airway, that aseptic technique is used during dressing changes until the tracheostomy is healed, and a physician order is obtained for tracheostomy care. Procedure: III. Tracheostomy Care a. wash hands b. gather equipment and apply sterile gloves; maintain sterility of dominate hand.The facility's Standard Precautions policy with a reviewed date of 9/2025, documents, GUIDELINE: Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection control practices during the delivery of health care. PROCEDURE: 1. Hand Hygiene should be performed: a. During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces. b. When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with soap and water.