

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146122	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/09/2026
NAME OF PROVIDER OR SUPPLIER  St Paul's Senior Community		STREET ADDRESS, CITY, STATE, ZIP CODE  1021 West E Street Belleville, IL 62220	

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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation and interview, the Facility failed to post nurse staffing information in a prominent place that was readily accessible to residents and visitors. This has the potential to affect all 99 residents living in the Facility. Findings include: On 1/8/26 at 8:32 AM, V18, Receptionist, was sitting at the front desk in the lobby of the Facility. She stated nursing assignments are posted back by the employee time clock. There was no visible staffing posted in the front lobby. On 1/8/26 at 8:35 AM, there was no nurse staffing visibly posted on Unit 1-South. V3, Assistant Director of Nursing (ADON), stated daily nurse staffing assignments are not posted in a place where residents and visitors can see. On 1/8/26 at 8:42 AM, there was no nurse staffing visibly posted on Unit 1-North. V7, Nurse Manager, stated nurse staffing is not posted for visitors. If a visitor wants to know which staff are caring for a certain resident the nurse can check their paperwork and let them know. On 1/8/26 at 10:04 AM, there was no nurse staffing visibly posted on Unit 2-North. On 1/8/26 at 10:07 AM, there was no nurse staffing visibly posted on Unit 2-South. V19, Licensed Practical Nurse (LPN), stated she has the nursing assignments written on a paper, but they are not posted for residents or visitors to see. On 1/8/26 at 10:09 AM, there was no nurse staffing visibly posted on Unit 3-South. On 1/8/26 at 10:10 AM, there was no nurse staffing visibly posted on Unit 3-North. On 1/8/26 at 10:00 AM, V2, Director of Nursing (DON), stated the Facility has not been posting staffing information. The Facility does not have a policy regarding nurse posting and they would just follow the regulations. The Facility's Centers for Medicare &amp; Medicaid Services Form 802 printed 1/6/26 documents there are 99 residents living in the Facility.</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:  Facility ID: 146122	If continuation sheet Page 1 of 2

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<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 ensure food served was appetizing and at a palatable temperature for 1 of 3 residents (R4) reviewed for food and nutritional services in the sample of 6. Findings include: 1-R4's Face Sheet documents R4 was admitted to the facility on [DATE] with a diagnosis of paraplegia. R4's Minimum Data Set (MDS) dated [DATE] documented R4 was cognitively intact and was independent with eating. R4's Diet Order dated 3/19/25 documented R4 was on a carbohydrate controlled diet. On 1/6/26 at 10:30 AM, R4 stated the food is always cold and lacks flavor. On 1/6/25 at 12:41 PM, a test tray was conducted using a metal calibrated thermometer after the last resident tray was served. The beef tacos measured 110 Fahrenheit (F), the broccoli measured 107 F, and the rice measured 101 F. The broccoli was mushy and light green in color. The Facility's Resident Council Meeting Minutes dated 11/28/25 document cold food as an issue/concern. The Facility's Resident Council Meeting Minutes dated 12/26/25 document food too spicy as an issue/concern. On 1/8/26 at 1:56 PM, V2, Director of Nursing (DON), stated he expects the Facility to adhere to its policy regarding food temperature and palatability. The Facility's Undated Monitoring Food Temperatures for Meal Service documents, Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures. Food temperatures of hot foods on room trays at the point of service are preferred to be at 120 F or greater to promote palatability for the resident.</p>		