

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>146122                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/18/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>St Paul's Senior Community                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1021 West E Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                 |
| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review the facility failed to ensure food was stored and prepared in a manner which prevents potential contamination for 4 of 6 residents (R10, R11, R13, and R14) reviewed for food safety in the sample of 16. On 6/15/2026 at 11:50 PM, R11 stated the food was not always hot and they have complained about it, but it is still an issue. On 6/15/2026 at 11:54 PM, R13 stated her food is cold. They really need to make sure the food stays warm. This has been going on for a while now. I am not a big fan of pork, and we sure do have a lot of pork on the menu. On 6/15/2026 at 11:55 PM, R14 stated the food is not always hot and they have complained, and it is still not getting better. On 6/15/2026 at 11:58 PM, R10 stated the food is hit and miss, and it is cold more often than it is hot. On 6/15/2026 at 12:01 PM, V42, Dietary Aid was in the kitchenette dining area on the second floor, and she was taking temperatures from the stove. After taking the temperature of each item she did not record any temperatures in the book. V12 did not sanitize between uses while taking each food temperature of the barbeque beef, sweet potatoes, pureed sweet potatoes, mixed vegetables or pureed meat while taking her temperatures. She used the same thermometer for each food item. On 6/15/2026 at 12:04 PM, V42 took the temperature of the barbeque pork, and it was at 104.0 Fahrenheit (F). All items were in the oven. On 6/15/2026 at 12:05 PM, V42 starting service and plating the food including the barbeque pork. All food went out, and the barbeque pork was not heated up before serving. On 6/15/2026 at 12:22 PM, V43, Interim Dietary Manager stated, I expect all food to be at least 135 degrees or higher and if it below that temperature than I expect staff to reheat it before serving. I did not realize there were no papers or books for staff to record temperatures. On 6/15/2026 at 12:32 PM, after the last person had been served food temperatures were taken with a calibrated metal thermometer, and the barbeque pork was at 100.0F. On 6/15/2026 at 12:49 PM, R10, R11, R13 and R14 all stated their barbeque sandwich was cold today during the lunch service. On 6/17/2026 at 2:13 PM, V28, Regional Ombudsman stated the Facility has had multiple complaints regarding the food being cold and even a few days ago we still got complaints that it is not getting better. The Facility undated Food Policy documents, Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures. 1. Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures. Any food item not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action listed below. The temperature for each food item will be recorded on the Food Temperature Log. Foods that required a corrective action (such as reheating); will have the new temperature recorded with a circle around it next to the original temperature. Proper procedures are followed to ensure that food temperatures are accurately and safely obtained according to safe food handling practices. These procedures include the following steps: A properly functioning and calibrated thermometer will be used when taking temperatures (manufacturer's directions and/or manual guidelines are followed for calibrating thermometers at least monthly). Thermometers are washed, rinsed, sanitized before, and after each meal use. An alcohol swab may be used to sanitize between uses while taking temperatures during the same meal or if contamination of the thermometer occurs. If applicable, the manufacturer's recommendations for (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.

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|--------------------------------------------------------------------------|-----------|--------------------------------------------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE     | (X6) DATE                                                          |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID: | Facility ID:<br>146122<br><br>If continuation sheet<br>Page 1 of 2 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | cleaning and sanitizing the thermometer may be followed. When taking temperatures, the thermometer is inserted in the thickest part of the food, not touching any part of the container, and held until the maximum or minimum temperature is reached. If the serving/holding temperature of a hot food item is not at 135 F or higher (check your state specific regulations: some states require 140 F minimum hot holding temperature) when checked prior to meal service, the item will be reheated to at least 165 F for a minimum of 15 seconds. |                                                                                         |                                                 |