STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: **0057521**	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED **07/23/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLEVILLE HEALTHCARE CENTER	**727 NORTH 17TH STREET , BELLEVILLE, Illinois, 62226**

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S0000	Initial Comments Complaint Investigation 2546493/2562861 2542520/2564265	S0000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1010h) 300.1210b) 300.1210d)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. These requirements are not met as evidenced by: Based on interview, observation, and record review, the facility failed to provide pain medication to 1 of 3 residents (R3) reviewed for pain control in the sample of 8. This failure resulted in R3 having excruciating pain and having trouble functioning during that time in pain. The Findings Include: R3's Admission Record, dated 7/21/25, documents R3 was admitted to the facility on 6/29/25 with diagnosis of Diabetes Mellitus (DM), Pneumonia, Bacteremia, and a Lung Abscess with Methicillin Resistant Staphylococcus Aureus (MRSA) infection. R3's Care Plan, dated 7/9/25, documents R3 Is Independent with Activities of Daily Living (ADLs). R3 has an alteration in comfort with interventions including administer pain meds and treatments as ordered, assess pain characteristics: duration, location, quality, encourage to report any pain, monitor for nonverbal indicators of pain (moaning, crying, grimacing, wincing), report any acute changes to Physician. R3's Minimum Data Set (MDS), dated 7/11/25, documents	S9999		

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S9999	Continued from page 2 R3 is cognitively intact, is independent on all ADLs. R3 is always continent of both bowel and bladder. On 7/21/25 at 1:25 PM, R3 stated "They cut my pain meds in half to 5 MG twice a day, then added a muscle relaxer, and right now my pain is an 8." On 7/22/25 at 9:00 AM, R3 stated "They ran out of my pain medication, and I had to wait around 6 days for my pain medication. The nurses kept telling me that they were waiting on pharmacy to send the medication. They may have given me Tylenol once or twice, but that did not help. I was in excruciating pain and had trouble functioning day to day during that time while I was in pain. My pain right now is between a 6 or an 8." On 7/22/25 at 9:15 AM, V7, Registered Nurse (RN)/Nurse Practitioner (NP), stated "If a resident has an order for a pain medication and runs out, we have to print out the actual hard script/order and then either fax it to the physician or NP to sign it, or catch them while they are here. We do carry Oxycodone in the medication machine; however, we cannot just get one out. We have to have pharmacy on the phone, with the signed hard script, then they have to send a code to the nurse in order to get the medication out of the machine. V7 stated that is probably why R3 was waiting so long to get his meds. On 7/22/25 at 10:20 AM, V2, Director of Nursing (DON), stated "If a resident has an active order for Oxycodone, such as (R3), all the nurse has to do is call the pharmacy and they will release a dose from the E-Kit (machine) to be dispensed. If it is a refill, then it has to have a hard script with the physician's signature. There are instructions on the entire process at the nurse's desk, but a lot of our nurses are agency, and they don't seem to understand the process." On 7/23/25 at 8:55 AM, V10, NP, stated "I was not notified that (R3) was not receiving his Oxycodone for pain. I did meet with (R3) and the DON about (R3's) pain and I was not sure if it was lung pain or muscular pain and the way the Oxycodone was ordered, I wasn't sure if he was getting 5 MG or 10 MG, so I just made it 5 MG every 6 hours and added the muscle relaxer Cyclobenzaprine to help. I would expect the nurses to give (R3) his pain medication to keep up with his pain control. Any foreign substance in our lungs causes pain and with (R3) having a lesion with MRSA in his lung, it definitely has the potential to be painful." On 7/23/25 at 9:20 AM, R3 stated he did get his morning pain pill but stated they never ask him what his pain	S9999		

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S9999	Continued from page 3 level is, they just hand him his pills. R3 stated right now, his pain is an 8 and it typically is between 6 to 8 depending on if he is lying down or up moving around. On 7/23/25 at 9:30 AM, V2 stated "I would expect the nurses to provide pain medications as ordered to maintain the resident's level of pain to a minimum and if they run out of the medication, I would expect the nurses to order the medications when they run out in a timely manner, so the resident does not go without getting them. I would expect the nurses to administer antibiotics as ordered for any resident." R3's Physician Order (PO), dated 6/28/25, documents "Oxycodone HCl (Hydrochloride) Oral Tablet 5 MG (milligram), give 1 tablet by mouth every 6 hours as needed for pain take 1–2-tab 5-10 MG by mouth every 6 hours as needed. Max daily amount 40 MG." This order was discontinued on 7/1/25. R3's PO, dated 7/1/25, documents "Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 6 hours as needed for pain take 1 tab (5 MG) for pain scale 1-4 and 2 tabs (10 MG) for pain scale 5-10 by mouth every 6 hours as needed. Max daily amount 40 MG." This order was discontinued on 7/16/25. R3's PO, dated 7/16/25, documents "Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 6 hours as needed for pain." This order was discontinued on 7/18/25. R3's PO, dated 7/18/25, documents "Oxycodone HCl Oral Tablet 5 MG, give 1 tablet by mouth every 6 hours related to Methicillin Resistant Staphylococcus Aureus Infection." V2 provided the "Controlled Substance Receipt/Record/Disposition Form" for R3's Oxycodone, dated 6/29/25. This form documents R3 did receive Oxycodone from 6/29/25 up to 7/6/25 with nothing documented past 7/6/25. V2 stated this is what they have for documentation of R3 getting his Oxycodone. R3's Electronic Health Record (EHR), Weights/Vitals, Pain Level, documents R3 was experiencing pain on 7/7/25 at a 6 with no Oxycodone given, on 7/8/25 at 00:21 AM at a 5 with no Oxycodone given, on 7/8/25 at 6:19 AM at a 3 with no Oxycodone given, on 7/8/25 at 9:08 AM at a 5 with no Oxycodone given, on 7/8/25 at 9:09 AM at a 5 with no Oxycodone given, and on 7/9/25 at 7:36 AM at a 3 with no Oxycodone given. R3's Medication Administration Record (MAR), dated July	S9999		

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S9999	Continued from page 4 2025, documents R3's Pain Level on 7/7/25 during evening was a 5, on 7/8/25 during days was a 5, on 7/9/25 during days was a 3 and during evenings was also a 3. There was no Oxycodone given to R3 during the time frame from 7/5/25 at 5:30 PM through 7/12/25 at 7:58 AM. The Facility's "Pain Management" Policy, dated 10/2024, documents "General: To facilitate and provide guidance on pain observations and management. To facilitate resident independence, promote resident comfort and preserve resident dignity. This will be accomplished through an effective pain management program, providing our resident's the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement. Guideline: The pain management program is based on a facility-wide commitment to resident comfort. pain is defined as whatever the experiencing person says it is and exists whenever he or she says it does. Pain management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals. Policy: 1. Pain is assessed using the Comprehensive Pain Assessment form: Upon admission, quarterly, with significant change, following a fall, when new pain is identified, when existing pain worsens. 2. Pain will be assessed at least once every shift and documented in the EMAR using the pain scale appropriate for the patient.3. Development of the Care Plan. 4. If nursing recognizes pain, the staff may attempt non-pharmacological interventions, physical modalities, body alignment, rehabilitation therapy, exercises, and/or cognitive/behavioral interventions. 5. Licensed Nursing may notify the Health Care Provider of any new development of pain, change in pain, change in condition that could potentially cause pain, for pharmacological interventions based on the individual's pain factors." (B) 2 of 2 300.610a) 300.1010h) 300.1210b) 300.1210d)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and	S9999		

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S9999	Continued from page 5 facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered These requirements are not met as evidenced by: Based on interview, observations, and record review, the facility failed to provide an antibiotic for 1 of 1 resident (R3) reviewed for medication administration in the sample of 6. This failure resulted in R3 not receiving his antibiotic as ordered, his Vancomycin Trough levels subtherapeutic therefore not sufficient	S9999		

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S9999	Continued from page 6 in treating R3's Methicillin Resistant Staphylococcus Aureus (MRSA) infection in his lungs. The Findings Include: R3's Admission Record, dated 7/21/25, documents R3 was admitted to the facility on 6/29/25 with diagnosis of Diabetes Mellitus Type 2 (DM2), Pneumonia, Bacteremia, and a Lung Abscess with Methicillin Resistant Staphylococcus Aureus (MRSA) infection. R3's Care Plan, dated 7/9/25, documents R3 Is Independent with Activities of Daily Living (ADLs). R3 has an alteration in comfort with interventions including administer pain meds and treatments as ordered, assess pain characteristics: duration, location, quality, encourage to report any pain, monitor for nonverbal indicators of pain (moaning, crying, grimacing, wincing), report any acute changes to Physician. R3's Minimum Data Set (MDS), dated 7/11/25, documents R3 is cognitively intact, is independent on all ADLs. R3 is always continent of both bowel and bladder. On 7/21/25 at 1:25 PM, R3 stated "I have a PICC (Peripherally Inserted Central Catheter) line in my right arm and I am supposed to get antibiotics in it twice a day. I have not received my antibiotic yet today that I was supposed to get this am. I think the IV pump is broke and that is why I am not receiving it." On 7/21/25 at 1:37 PM, V7, Registered Nurse/Nurse Practitioner (NP), stated "I did not give (R3) his antibiotic this morning because he had a trough drawn and I have to wait until that result comes back in order to give this dose, in case I have to hold the dose." On 7/22/25 at 9:00 AM, R3 stated "That bag is still hanging from yesterday because the nurse could not give it to me because the pump was broke." A bag of Vancomycin 1750 MG (milligram)/500 ML (milliliter) was seen hanging and attached to the IV pump which was turned off. On 7/22/25 at 9:15 AM, V7 stated "The bag of antibiotics hanging in (R3's) room is the one from yesterday. I got the trough level back yesterday and went to hang it and the IV pump would not work. I even had another nurse try and the same thing. I called the pharmacy this morning and spoke with them, and they stated they would bring us a new pump today. The	S9999		

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S9999	Continued from page 7 pharmacy showed up this morning and only delivered bags of antibiotics and no pump, so we still can't give (R3) his antibiotic. I told the DON of the situation." On 7/23/25 at 8:55 AM, V10, NP, stated "I was not notified that (R3) was not receiving his antibiotic. I would expect the nurses to give the antibiotics as ordered. There is definitely a potential that (R3's) condition could get worse, or not get any better, by not getting his antibiotic. I also was not notified that (R3) was not receiving his Oxycodone for pain. I did meet with (R3) and the DON about (R3's) pain and I was not sure if it was lung pain or muscular pain and the way the Oxycodone was ordered, I wasn't sure if he was getting 5 MG or 10 MG, so I just made it 5 MG every 6 hours and added the Cyclobenzaprine to help with his muscles. I would expect the nurses to give (R3) his pain medication to keep up with his pain control. Any foreign substance in our lungs causes pain and with (R3) having a lesion with MRSA in his lung, it definitely has the potential to be painful, especially if it is not getting any better." On 7/23/25 at 9:30 AM, V2 stated "I would expect the nurses to order the medications when they run out in a timely manner, so the resident does not go without getting them. I would also expect the nurses to administer antibiotics as ordered for any resident." R3's Physician Order (PO), dated 6/28/25, documents "Micafungin Sodium Intravenous Solution Reconstituted 100 MG, use 100 MG intravenously (IV) one time a day for Antifungal for 12 Days inject 1 dose by IV every 24hrs." This was discontinued on 7/8/25. R3's PO, dated 7/8/25, documents "Micafungin Sodium Intravenous Solution Reconstituted 100 MG, use 100 mg intravenously one time a day for Antifungal for 12 Days inject 1 dose by IV every 24hrs." R3's PO, dated 6/28/25, documents "Vancomycin HCl Intravenous Solution 1500 MG/300ML, use 1 dose intravenously every 12 hours for Anti- infection for 41 Days." This was discontinued on 7/18/25. R3's PO, dated 7/18/25, documents "Vancomycin HCl Intravenous Solution 1750 MG/350ML, use 1 dose intravenously every 12 hours related to Methicillin Resistant Staphylococcus Aureus Infection." This was discontinued 7/18/25. R3's PO, dated 7/18/25, documents "Vancomycin HCl Intravenous Solution 1500 MG/300ML, use 1 dose intravenously every 12 hours for Anti- infection until	S9999		

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S9999	Continued from page 8 07/18/2025 23:59." This was discontinued 7/18/25. R3's PO, dated 7/18/25, documents "Vancomycin HCl Intravenous Solution 1750 MG/350ML, use 1 dose intravenously every 12 hours related to Methicillin Resistant Staphylococcus Aureus Infection." This is the current order. R3's Medication Administration Record (MAR), dated July 2025, does not show that R3 received Vancomycin IV as ordered on 7/6/25 AM dose, 7/9/25 AM dose, 7/13/25 AM dose, 7/20/25 AM dose, and 7/21/25 both AM and PM doses. R3's MAR, dated July 2025, does not show that R3 received Micafungin IV as ordered on 7/7/25, 7/8/25, 7/15/25, and on 7/20/25. R3's Nursing Note, dated 7/21/25 at 3:56 PM, documents Resident missed AM dose of IV Vancomycin yesterday. NP notified. No signs/symptoms of infection noted. R3's Nurses Note, dated 7/21/25 at 4:11 PM, documents Nurse informed (facility pharmacy) about the malfunction of the IV pump. The IV pump will be sent out today along with the medication run. Dr. (doctor) ordered that the PICC line dressing be changed weekly. R3's Nurses Note, dated 7/22/25 at 8:28 AM, documents the nurse contacted (facility pharmacy) to discuss the delivery issue with the IV pump. (Pharmacy) explained that the courier had left the pump, and another pump would be delivered promptly. The courier and DON were notified about the missing dose of medication. The corporate nurse delivered the pump from an affiliate facility. The IV medication was administered to the patient without any difficulties. The PICC line was flushed and found to be patent, with no signs of redness or warmth at the site. Monitoring will continue. R3's Nurses Note, dated 7/22/25 at 3:24 PM, documents NP on call notified of missed Vancomycin doses and verbal order received to extend medication x 2 doses. Resident is afebrile, no s/s (signs/symptoms) of infection noted at this time. R3's Acute Care (NP) Note, dated 7/23/25 at 00:35 AM, documents in part Nurse reports pt (patient) missed 2 doses of Vancomycin. (R3) is a 51-year-old male with PMH (primary medical history) of DM2, and acute on chronic pancreatitis. He was admitted to the hospital on June 23rd after previously leaving AMA (against medical advice). He was found to have MRSA bacteremia	S9999		

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S9999	Continued from page 9 with a right upper lobe abscess versus infarct and perirenal abscess. Bronchoscopy on June 18th showed MRSA, Group B-Strep, and Serratia. He received a PICC line, and he was on vancomycin and Ceftazidime, with Fluconazole added due to thrush. He was admitted to (this facility) on 6/28 for LTC (long term care) and continuation of IV abx (antibiotics). R3's Lab Result, Vancomycin Trough Level, dated 7/11/25, documents R3's Vancomycin level was 8.5 (Low) with a reference range of 10.0 to 20.0. R3's Lab Result, Vancomycin Trough Level, dated 7/17/25, documents R3's Vancomycin level was 9.0 (Low) with a reference range of 10.0 to 20.0. R3's Lab Result, Vancomycin Trough Level, dated 7/21/25, documents R3's Vancomycin level was 8.6 (Low) with a reference range of 10.0 to 20.0. The Facility's "Medication Administration" Policy, dated 4/2024, documents in part "General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Licensed staff will administer medications as ordered by the physician. Guideline: 22. If a medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required. 26. If 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 it from the contingency or convenience box. 27. 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." (B)	S9999		