

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Initial Comments Annual Licensure Survey Statement of Licensure Violations 300.610a) 300.1210b) 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. 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. These regulations were not met as evidence by: Based on interview, observation and record review the facility failed to provide three meals daily and the additional ordered protein for a resident with a diagnosis of severe protein calorie malnutrition and failed to provide ordered supplements and/or additional food items for 3 (R5, R52, and R57) of 9 residents reviewed for weight loss in a sample of 43. These failures resulted in R57 experiencing a severe weight loss of 25.6 pounds or a 14.83% weight loss in one month. Findings Include:1. R57's admission record documents an		S0000			12/15/2025	

Office of Primary Care and Health Systems Management

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

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S0000	Continued from page 1 admission date of 11/04/25 with diagnoses including spondylosis without myelopathy or radiculopathy, critical illness myopathy, severe protein calorie malnutrition, monoclonal gammopathy, dependence of renal dialysis, contusion of unspecified part of head, fall from chair, osteophyte, acute on chronic systolic heart failure, abnormal posture, muscle wasting and atrophy, and end stage renal disease. R57's minimum data set (MDS) dated 11/24/25 documents a brief interview of mental status (BIMS) score of 12 indicating moderately impaired. R57's eating ability is listed as independent. R57's order summary report documents a dietary order of liberal renal diet with regular texture and thin liquid consistency with an order date of 11/19/25 with an order status listed as active. The same order summary report documents dialysis treatments 3 times a week at 9:45 AM every Tuesday, Thursday, and Saturday. R57's care plan documents a focus area of: R57 is/may be at risk for altered nutritional status related to: diuretic use, end stage renal disease, heart failure, receives dialysis, therapeutic diet, perforation of esophagus, severe PCM (protein calorie malnutrition), and metabolic encephalopathy dated 11/07/25 with interventions including: food preferences: likes hot/cold cereals, bread, biscuit and gravy, salad, jelly with pancakes, provide meals/snacks, fluids based on R57's food preferences and physician orders, and provide nutritional supplement(s) if/as ordered by physician dated 11/07/25. R57's "Nutritional Risk Assessment" dated 11/12/25 documents: weight status: BMI (body mass index) 19-27% with no weight change. The comment section documents: hospital weight ranged low 170's, usual body weight is unknown, BMI 23.2 barely within normal limit for age. The additional comments section documents: 85-year-old male here for therapy. R57 has a therapeutic diet ordered. R57 is new to dialysis, he is tolerating it to date. R57 has no pressure areas, he is at risk for malnutrition consistent with active PCM diagnosis. R57 would likely benefit from adding double protein to all meals. Based on trends and labs, dietary changes are possible. Registered Dietician will follow. R57's "Nutritional Assessment (mini)" dated 11/23/25 at 2:05 PM documents R57's most recent weight as 171.6 pounds dated 11/22/25 at 5:00 PM, R57's height is 72 inches. This assessment documents R57 had no decrease in food intake and no weight loss in the last 3 months. R57's assessment documents he as a BMI of 23 or greater.	S0000					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	Continued from page 2 R57's weight and vitals summary documents weights on: 11/04/25 as 167.8 pounds, 11/08/25 as 169.2 pounds, 11/12/25 as 171.2 pounds, 11/20/25 as 172.6 pounds, and 11/26/25 as 147.0 pounds. This document indicates R57 has had a 25.6 pound weight loss, indicating a 14.83 % weight loss in less than 30 days. On 12/03/25 at 2:23 PM, R57 stated he believes last time he was weighed he weighed about 147 pounds. On 12/03/25 at 2:40 PM, V6 (Certified Nurse Aide/CNA) weighed R57. R57 stood up and walked up on the scale, R57 weighed 146.2 pounds. The facility menu dated week one, day two, titled, "Diet Spreadsheet" documents lunch liberal renal: beef ravioli (no sauce) 8each/#16 scoop, cauliflower 4 ounces, bread or roll with margarine 1 each/1pat, and spiced peaches 4 ounces. On 12/01/25 at 12:38 PM, R57 received his lunch in his room, he did not receive double protein with his lunch. R57 received 8 each beef ravioli with no sauce, cauliflower 4 ounces, bread, and spiced peaches 4 ounces. R57's meal card documents double portion protein, regular diet, liberal renal diet. On 12/01/25 at 12:38 PM, R57 stated the ravioli with no sauce does not look appetizing, couldn't they put something on the pasta. R57 stated he does dialysis on Tuesday, Thursday and Saturday and he has to get his own ride to dialysis on Saturday. R57 stated his daughter comes up from Paducah to take him to dialysis on Saturday. R57 stated he leaves the facility around 9 am and doesn't get back until around 4 pm. R57 stated they don't send him a lunch to dialysis. R57 stated, they bring him something when he returns which is usually around 3:30 PM to 4:00 PM, but if he eats something then he won't eat anything for dinner because it is almost dinner time when he returns. R57 stated so he only has breakfast and dinner those days. R57 stated when he eats at the facility the food is cold by the time it gets to him and isn't always good. The facility menu dated week one, day four, titled, "Diet Spreadsheet" documents lunch liberal renal: low salt baked chicken breast with pasta 3 ounces + 4 ounces spoodle pasta, tossed salad with low salt/low fat dressing 1 cup/2 tablespoons, and fruit pie 1/8th pie. On 12/03/25 at 12:42 PM, R57's dietary ticket dated week one, day four: low salt chicken breast, tossed			S0000			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Continued from page 3 lettuce salad with a line through the tossed lettuce salad, pasta with no sauce, and fruit pie. Under these items is listed double protein. On 12/03/25 at 12:42 PM, R57 was sitting in his room, he did not receive double protein with his lunch. R57 received a 3 ounce low salt baked chicken breast with 4 ounces pasta with no sauce, and one square fruit pie for dessert. On 12/03/25 at 12:42 PM, R57 stated he does not know why he did not get the lettuce salad, he has had them before and he does not know why he didn't get the double protein or the bread. R57 stated, the pasta does not look appetizing without anything on it, it is just cold and a lump of pasta with no flavor. On 12/03/25 at 12:48 PM, V11 (Dietary Manager) stated R57 can have a salad, the computer might have crossed it out due to he does not like cucumbers. V11 stated, there were no cucumbers on the salad and the kitchen did not catch it and she does not know why he did not receive bread. On 12/04/25 at 9:10 AM, R57 while sitting in his room stated, the sausage was burnt and cold, the scrambled eggs were cold, and the pancake was cold so he did not eat much. At that time there was only approximately one bite of the sausage eaten and only about three bites of the pancake eaten. On 12/04/25 at 1:14 PM, V11 (Dietary Manager) stated they do not send food with R57 when he goes to dialysis. V11 stated, she has not spoken with R57 about sending food with him to dialysis, if he would like that or if he would prefer having something when he returns. V11 stated, 7.5 hours is not an appropriate timeframe to go without food and she would discuss lunch and dialysis with R57. On 12/04/25 at 2:25 PM, V11 stated R57 should have received double protein with his meal and the food should be an appetizing temperature even if he eats in his room. On 12/04/25 at 1:46 PM, V12 (Registered Dietician) stated she had been notified of R57's weight drop on 11/26/25 or 11/27/25 but they were supposed to call back to confirm that weight with her and she has not heard back from them yet. V12 stated, she would expect R57 to receive the double protein at all meals as directed. V12 stated, that is not beneficial for R57 not to have lunch or something to eat three days a week. V12 stated, she will have to discuss things with		S0000				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Continued from page 4 R57 and V11 (Dietary Manager). On 12/04/25 at 2:10 PM, V2 (Director of Nursing) stated, they save R57's tray for him when he goes to dialysis, but that is not long between lunch and dinner with it only being approximately an hour to an hour and a half when he would get his tray due to his return time from dialysis, they will have to talk with R57 about sending something with him to dialysis. V2 stated, he should be getting the double protein as recommended. V2 stated, R57's weight loss is not desired for R57. V2 stated, the physician and V12 were notified of R57's significant weight loss. On 12/04/25 at 1:21 PM, V21 (Dialysis Nurse) stated they monitor R57's fluids there and take the fluid gain off from between the treatments. V21 stated, they do not pull anything off extra from him due to his stage of renal failure they want to leave him "wet" they do not want to pull anything extra from him and dehydrate R57. V21 stated, the weight loss is not due to anything they are doing at dialysis. The facility policy dated 11/22/24 titled, "Weight Assessment and Intervention" documents: any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietitian in writing. The section title, "Interventions" documents: interventions for undesirable weight loss shall be based on careful consideration of the following: resident choice and preferences and nutrition and hydration needs of the resident. Interventions for undesired weight gain should consider resident preferences and rights. A weight loss regimen should not be initiated for a cognitively capable resident without his/her approval and involvement. 2. R52's admission record dated 12/4/25 documents an admission date of 6/28/19. The same admission record documents diagnoses including but not limited to Alzheimer's disease, major depressive disorder, and gastro-esophageal reflux disease with esophagitis. R52's physician order statement dated 12/4/25 documents active orders including but not limited to an order for a regular diet with mechanical soft texture, with nectar consistency liquids with a start date of 10/15/25, health shake to be administered one time per day with start date of 11/13/25, Med Pass 2.0 120 milliliters (health supplement drink) three times a day for weight loss with a start date of 7/17/25, and super cereal in the morning at breakfast with a start date of		S0000				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	Continued from page 5 6/14/2025. R52's most recent care plan documents a focus area for R52 stating she is/may be at risk for nutritional deficit. Interventions for this focus area include but aren't limited to provide nutritional supplement(s) if/as ordered by physician. R52's most recent minimum data set (MDS) dated 11/5/25 documents a brief interview for mental status score of 5 indicating R52 is not cognitively intact. R52's MDS documents R52 is dependent for eating assistance. Same MDS documents R52 has a weight loss of 5% or more in the last month or loss of 10% or more in last 6 months and she is not on a physician prescribed weight loss program. R52's weights documentation dated 12/4/25 documents a weight loss of 4 pounds from 10/29/25 at 125 pounds to 121 pounds on 11/26/25 indicating a 3% weight loss in one month. Registered Dietician's Note dated 11/12/25 documents R52 has a significant weight loss and is at risk for malnutrition. Same Registered dietician's note documents a weight loss percentage of 11% in 6 months. On 12/1/25 at approximately 1:00 PM, observed while R52 was in the dining room she did not have a health shake administered with her lunch tray. On 12/2/25 at approximately 1:00 PM, observed while R52 was in the dining room she did not have a health shake at lunch. R52's diet card documents R52 should be administered a health shake with her lunch meal. On 12/3/25 at approximately 12:30 PM, observed R52 in the dining room being assisted by staff with eating. R52's diet card documents R52's lunch meal for today should include ground chicken and dumplings, chopped chilled steamed vegetables, fruit pie, milk beverage, nectar thick liquids and a health shake. All items were present except the health shake. On 12/03/2025 at 11:58 AM, V15 (Licensed Practical Nurse /LPN) stated R52 has a health shake that should be administered at lunch by the kitchen according to the orders. On 12/04/2025 at 12:28 PM, observed R52 being assisted by staff with her lunch meal in the dining room. There was no shake present at meal. On 12/04/2025 at 12:40 PM, while R52 was being assisted			S0000			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
S0000	Continued from page 6 with eating in the dining room, R52's diet card documents R52's meal for lunch should contain beef goulash, chopped carrots, and mandarin orange gelatin nectar thick and health shake that is highlighted. R52 has all the items present except the health shake documented on the meal ticket. On 12/04/2025 at 12:02 PM, V17 (Certified Nurses Aide/CNA) stated she does know R52 was getting her health shakes for a while at lunch meals but hasn't seen them with her meal in sometime. On 12/04/2025 at 12:06 PM, V20 (CNA) stated she has not seen R52 get her health shakes in a while. V20 stated she doesn't know if she is still ordered to have health shakes anymore. On 12/04/2025 at 12:53 PM, when this surveyor showed V11, Dietary Manager R52's lunch meal she could not explain why R52 did not have a health shake present with it. V11 stated most of the time health shakes are ordered to go out with meals. V11 stated as far as she knows R52's health shake should go out with her lunch meal. V11 stated she could not explain why R52's health shake had not been present for the past 4 days at lunch meal. V11 stated if R52's is ordered a health shake to be given at lunch meal she should be getting it at each lunch. On 12/04/2025 at 1:17 PM, V12, Registered Dietician stated she doesn't believe R52's recent weight loss could be contributed to her not getting her health shakes at her noon meal because the health shakes were only ordered in the past approximately 3 weeks. V12 stated R52's main weight loss was back in June 2025. V12 stated she recommended the health shake after the weight loss. V12 stated R52's weights have been stable for the past month. V12 stated though if R52 is ordered a health shake she should be offered it at the ordered time. 3. R13's current admission record dated 12/4/25 documents an original admission date of 11/22/24. R13's current physician's order sheet dated 12/4/25 documents orders including but not limited to regular diet with regular texture with thin consistency, protein powder in coffee, protein milk with cornflakes with a start date of 12/4/25, Med Pass 2.0 (nutritional supplement drink) four times a day for weight loss with a start date of 9/4/25, and a whole peanut butter and jelly sandwich one time a day for weight loss with a start date of 9/27/2025.	S0000					

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Continued from page 7 R13's most recent care plan documents a focus area indicating R13 is at risk for nutritional deficit. Interventions for this focus area include but are not limited to provide meals / snacks / fluids based on R13's food preferences and physician orders and provide nutritional supplements as ordered by physician. R13's most recent minimum data set dated 9/11/05 documents a brief interview for mental status of 13 indicating R5 is cognitively intact. R13's weight documentation dated 12/4/25 documents a weight loss of 7 pounds or a loss 7.5% total body weight in less than one month from 11/05/2025 at 79 pounds to 11/26/2025 at 73 pounds. V12, Registered Dietician's note dated 11/26/25 documents R13 remains under hospice care, resident has significant weight fluctuations. Also documented in same note is R13 has an ordered supplement of a peanut butter and jelly sandwich to be offered daily. R13's average by mouth intake is poor, less than 50 % most meals. R13 declines and weight loss may be unavoidable with disease process under palliative care. Registered dietician's notes dated 10/30/25 documents R13 is ordered a peanut butter and jelly sandwich to be offered one time per day at 2:00 PM as a supplement. On 12/2/2025 at 2:35 PM, there was no peanut butter and jelly sandwich noted in R13's room. At that time R5 stated she did not receive a peanut butter and jelly sandwich in the last hour or so. On 12/3/2025 at 12:45 PM, R13 stated she does not get her peanut butter and jelly sandwich daily. R5 stated she would eat it if it was provided. On 12/3/25 at 2:21 PM, there was no peanut butter and jelly sandwich noted in R13's room. At that time, R13 stated there had not been a peanut butter and jelly sandwich provided to her today. On 12/4/2025 at 1:13 PM, V10 (CNA) stated she doesn't give R13 a peanut butter and jelly sandwich routinely at 2:00 PM on days she is working. On 12/4/25 at 2:00 PM, V15 (LPN) stated R13 gets med pass 2.0 four times per day for a nutritional supplement but is not aware of R13 getting a peanut butter and jelly sandwich as an ordered supplement. On 12/4/2025 at 11:23 AM, V18 (CNA) stated she is not aware of any resident including R13 who is ordered or		S0000				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	Continued from page 8 gets a peanut butter and jelly sandwich for a supplement. On 12/4/25 at 11:23 AM, V19 (CNA) stated she is not aware of any resident including R13 who is ordered or gets a peanut butter and jelly sandwich as a supplement. On 12/4/2025 at 11:27 AM, V10 (CNA) stated she is not aware of any resident including R13 who is ordered or receives a peanut butter and jelly sandwich as a supplement. On 12/4/2025 at 11:37 AM, V13 (CNA) stated she has not recently witnessed any resident ordered or receiving a peanut butter and jelly sandwich as a supplement. On 12/4/2025 at 11:49 AM, V16 (CNA) stated she doesn't know of anyone ordered a peanut butter and jelly sandwich as a supplement. On 12/4/25 at 3:00 PM V10 and V13, both CNA's stated there is a cart brought out at 2:00 PM every day from dietary with snacks and supplements ordered on it. Neither V10 nor V13 could remember if R13 had a peanut butter and jelly sandwich on the cart from dietary. On 12/4/2025 at 12:57 PM, V11(Dietary Manager) stated she knows R13 has an order for a peanut butter and jelly sandwich to be offered at 2:00 PM every day. V11 stated dietary staff sets out snacks and any ordered supplements for that time of day at 2:00 PM daily. V11 stated the snacks and supplements are placed behind the nurse's desk. V11 stated she was fairly certain she had placed the supplements and snacks out yesterday at 2:00 PM as usual but cannot remember exactly what was on the cart. On 12/4/2025 at 1:17 PM, V12 (Registered Dietician) stated she does not believe R13 not getting offered her ordered routine peanut butter and jelly sandwich would cause her weight loss or malnutrition. V12 stated she believes her weight loss and malnutrition is caused by her overall poor intakes of food and underlying conditions. V12 stated R13 has multiple underlying conditions, and she is on hospice as well. V12 stated however if a supplement of any kind is ordered it should be offered as ordered to the resident. On 12/4/25 at 3:18 PM, V1 (Administrator) stated she is unsure if R13 is supposed to be offered a peanut butter and jelly sandwich as a supplement. V1 stated however if a supplement is ordered by the physician, it should be offered as ordered to the resident.			S0000			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0056937		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/08/2025	
NAME OF PROVIDER OR SUPPLIER NATURE TRAIL HEALTH AND REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SOUTH 34TH STREET , MOUNT VERNON, Illinois, 62864			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	Continued from page 9 Facility's weight intervention and assessment policy dated revised 11/22/24 documents, "The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents." (B)		S0000				