

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146021	(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, IL 62864	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide warm water in the resident's rooms for 4 (R7, R23, R26, R48) of 6 residents reviewed for warm water in a sample of 43. Findings include:1. R7's admission record documents an admission date of 09/29/25 with diagnoses including: spondylolisthesis, chronic obstructive pulmonary disease, type 2 diabetes mellitus, severe protein calorie malnutrition, major depressive disorder, disorder of thyroid, anxiety disorder, muscle wasting and atrophy, and unsteadiness of feet. R7's MDS dated [DATE] documents a BIMS score of 14 indicating cognitively intact. R48's admission record documents an admission date of 10/10/25 with diagnoses including: disorganized schizophrenia, vitamin D deficiency, and anxiety disorder. R48's MDS dated [DATE] documents a BIMS score of 14 indicating cognitively intact. Room roster dated 12/1/25 documents R7 and R48 are roommates. On 12/2/25 at 10:00 AM a metal stemmed thermometer was calibrated using ice point method, measured 32.5 degrees Fahrenheit. On 12/02/25 at 12:54 PM, R7 stated the water in her room does not get warm at all. R7 stated, she has told V4 (Maintenance Director) about it and he has stated they need to let the water run longer. On 12/02/25 at 1:08 PM the water temperature from the sink in R7 and R48's bathroom sink was measured with a calibrated metal stemmed thermometer, after running for over 10 minutes, it tested to be 67.5 degrees Fahrenheit. On 12/03/25 at 3:10 PM, R48 stated, the water is cold in her room.2. R26's admission record documents an admission date of 12/06/23 with diagnoses including: simple chronic bronchitis, emphysema, chronic obstructive pulmonary disease, heart failure, major depressive disorder, chest pain, anemia, arthropathy, anxiety disorder, and restless legs syndrome. R26's minimum data set (MDS) dated 10/21//25 documents a brief interview of mental status (BIMS) of 15 indicating cognitively intact. R23's admission record documents an admission date of 03/02/22 with diagnoses including: chronic respiratory failure with hypoxia, type 2 diabetes mellitus with hyperglycemia, polyneuropathy, hypothyroidism, sleep apnea, shortness of breath, chronic pain syndrome, dyspnea, and muscle wasting and atrophy. R23's MDS dated [DATE] documents a BIMS score of 15 indicating cognitively intact. Room roster dated 12/1/25 documents R23 and R26 are roommates. On 12/02/25 at 2:41 PM, R26 stated the water in her room sink does not get warm at all. On 12/02/25 at 2:41 PM the water temperature from the bathroom sink in R26 and R23's room was measured with a calibrated metal stemmed thermometer, after the water was left running several minutes it tested to be 71.0 degrees Fahrenheit. On 12/02/25 at 2:43 PM, R23 stated the water does not get warm. On 12/04/25 at 11:48 AM, V4 (Maintenance Director) stated he does not know why those two rooms on the 100 hall do not have hot water. V4 stated, he is aware of the situation but does not know how to fix it. Facility policy dated 07/18/22 titled, Quality of Care -Homelike Environment documents: residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their belongings to the extent possible.</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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a care plan meeting was conducted for 1 of 3 (R5) residents reviewed for care plan meetings in the sample of 43. Findings Include:R5's admission Record with a print date of 12/3/25 documents R5 was admitted to the facility on [DATE] with diagnoses that include heart failure, dysphagia, diabetes, and bipolar disorder. R5's Minimum Data Set, dated [DATE] documents a Brief Interview for Mental Status score of 13 this indicates R5 is cognitively intact. R5's current medical record did not document a signature sheet or progress notes indicating a care plan meeting was conducted for R5. On 12/01/25 at 11:00 AM, R5 stated he had not been invited to a care plan meeting. On 12/2/25 at 2:59 PM, V3 (Social Services) stated she couldn't find a signature sheet for the care plan meeting. V3 stated she was unable to locate documentation in R5's progress notes/medical records a care plan meeting had been conducted. The facility was unable to provide reproducible evidence a care plan meeting had been conducted for R5. The facility Care Plan policy dated 1/11/23 documents, Purpose: To provide guidance to the facility in developing, implementing and communicating the individualized plan of care of residents The resident, the resident's family and/or the resident's legal representative/guardian or surrogate are invited and encouraged to participate in the development of and revisions to the resident's care plan. 4. Every effort will be made to schedule care plan meetings at the best time of the day for the resident and family .</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure activities of daily living were provided for 2 of 3 (R24 and R52) residents reviewed for activities of daily living in the sample of 43 Findings Include: 1. R52's admission record dated 12/4/25 documents an admission date of 6/28/19. Same admission record documents diagnosis including but not limited to Alzheimer's disease, blindness one eye, and dementia.</p> <p>R52's minimum data set (MDS) dated [DATE] documents a brief interview for mental status score of 5 indicating R52 is not cognitively intact. The same MDS documents R56 is dependent upon staff for all activities of daily living (ADLs) including toileting, toileting hygiene, showering, and all personal hygiene.</p> <p>R52's most recent care plan documents R52 has an ADL self-care performance deficit related to her diagnoses of Alzheimer's disease, anxiety, major depressive disorder, and blindness. Interventions for this focus area include but are not limited to assist with activities of daily living including but not limited to dressing, grooming, and personal hygiene.</p> <p>On 12/02/2025 at 9:19 AM, R52's fingernails were observed to be long and dirty with brown dirt, dead skin, and/or other unknown substances under nails.</p> <p>On 12/03/2025 at 2:22 PM, R52's nails remain long and yellowed with what appears to be dirt under them untouched from yesterday's observation.</p> <p>On 12/03/2025 at 2:26 PM, V13, Certified Nurse's Aide (CNA) stated nail care is provided every Thursday and a checkup done on every Tuesday and as needed to make sure no one is in need of nail care.</p> <p>On 12/03/2025 at 2:29 PM, V14, CNA stated nail care for residents is provided at every shower, as needed, and on manicure day through activities.</p> <p>On 12/03/2025 at 2:30 PM, V5, CNA stated nail care for residents is provided daily and as needed for nail trimming and cleaning.</p> <p>On 12/03/2025 at 3:56 PM, V2, Director of Nurses stated there is not a specific time nail care is to be performed or checked for the residents. V2 stated it is something that should be done as needed. V2 stated when this surveyor showed V2 R52's nails, V2 agreed R52's nails were too long and appeared dirty at this time.</p> <p>On 12/04/2025 at 10:45 AM, R52's fingernails had been clipped, but they were still dirty underneath with what appears to be the same brown buildup of substances of unknown origin.</p> <p>On 12/4/25 at 3:18 PM, V1, Administrator stated nail care for residents should be provided at least during showers but also as needed and when Activities perform manicures. V1 stated she would expect for all residents' fingernails to be kept clean and trimmed to the length the resident desires. V1 stated if R52's nails were in the state this surveyor reported to her then they were unacceptable and should have been cared for prior to this surveyor's observations.</p> <p>Facility's ADL policy dated revised 5/2/23 documents, Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>in accordance with the plan of care, including appropriate support and assistance with: a. hygiene (bathing, dressing, grooming, and oral care).</p> <p>2. R24's admission Record with a print date of 12/3/25 documents R24 was admitted to the facility on [DATE] with diagnoses that include major depressive disorder, morbid obesity, and Guillain-Barre syndrome.</p> <p>R24's MDS (Minimum Data Set) dated 10/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R24 is cognitively intact. This same MDS documents R24 is dependent on staff for bathing.</p> <p>R24's current Care Plan documents a Focus area of, (R24) has an ADL self-care performance deficit r/t (related to) impaired mobility. This Focus area includes the intervention of, Assist with activities of daily living (i.e.: dressing grooming, personal hygiene, locomotion, oral care, etc.) as needed. The current Care Plan does not specifically address bathing as an intervention of focus area.</p> <p>On 12/01/2025 at 10:15 AM, R24 stated he doesn't get assistance with bathing as he should. R24 stated he is supposed to get assistance with bathing on Wednesday and Saturday. R24 stated he didn't know why he didn't get assistance with bathing at times.</p> <p>R24's Documentation Survey Report v2 dated November 2025 documents under Shower/Bathe Self Wed/Sat Days R24 received assistance with bathing on 11/5, 11/8, 11/12, 11/15, 11/19, and 11/29. This same report documents an NA (not applicable) on 11/26/25. This indicates R24 did not receive assistance with bathing from 11/19 until 11/29 (9 days).</p> <p>On 12/4/25 at 10:30 AM, V2 (Director of Nurses) stated she didn't know what NA meant on 11/26/25 under the shower/bath task for R24.</p> <p>On 12/4/25 at 10:53 AM, V2 stated NA meant not applicable. At 11:29 AM, V2 stated R24 went 9 days without assistance with bathing and she didn't know why. V2 stated he should have received assistance and should not go 9 days without being offered a bath/shower.</p> <p>The facility Bathing Policy dated 4/25/22 documents, Purpose: To provide guidance to facility nursing staff regarding the expectation of resident bathing. Policy: It is the expectation of this facility that residents will be offered a means of bathing at a time/day of their preference and by means of their choosing (shower, tub bath, bed bath, etc.) at least two times a week. This facility recognizes that residents have the right to refuse cares as a personal choice.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 2 (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 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 [DATE] documents a brief interview of mental status (BIMS) score of 12 indicating moderately impaired. R57's eating ability is listed as independent.</p> <p>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.</p> <p>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.</p> <p>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: [AGE] 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.</p> <p>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.</p> <p>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.</p> <p>On 12/03/25 at 2:23 PM, R57 stated he believes last time he was weighed he weighed about 147 pounds.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>On 12/03/25 at 12:42 PM, R57's dietary ticket dated week one, day four: low salt chicken breast, tossed lettuce salad with a line through the tossed lettuce salad, pasta with no sauce, and fruit pie. Under these items is listed double protein.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>(continued on next page)</p>		

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F 0692 Level of Harm - Actual harm Residents Affected - Few	<p>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.</p> <p>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.</p> <p>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 R57 and V11 (Dietary Manager).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 6/14/2025.</p> <p>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.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R52's most recent minimum data set (MDS) dated [DATE] 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>On 12/04/2025 at 12:40 PM, while R52 was being assisted 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>On 12/04/2025 at 1:17 PM, V12, Registered Dietician stated she doesn't believe R52's recent weight</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Nature Trail Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 South 34th Street Mount Vernon, IL 62864	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>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.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on interview, observation and record review the facility failed to provide food the was at an appetizing temperature for 4 (R7, R39, R57, and R58) of 4 residents reviewed for cold food in a sample of 43. Findings include: On 12/4/25 at 7:02 AM a digital metal stemmed thermometer used for taking temperatures for this survey was checked for accuracy using the ice-point method and was accurate within +/- 2 degrees Fahrenheit. On 12/04/25 at 8:34 AM the items on a sample breakfast tray were temped with a metal stemmed thermometer; the pancake was 80.6 degrees Fahrenheit and the sausage was 80.0 degrees Fahrenheit. The pancake and the sausage tasted cold and were unappetizing. 1. On 12/01/25 at 2:32 PM, R7 stated the food is not always great, R7 stated, sometimes it is burnt and cold. R7 was alert to person, place and time. On 12/03/25 at 12:56 PM, R57 stated the breakfast sausage is always cold and the eggs are cold, R57 stated, he was told once if he wanted hotter food, he should eat in the dining room. 2. On 12/04/25 at 9:12 AM, R57 who was alert to person, place and time stated the sausage was burnt and cold today and the pancake was not that warm either. 3. On 12/04/25 at 8:42 AM, R58 stated she usually eats in her room and her food is not always hot, especially breakfast. R58 was alert and oriented to person, place, and time. 4. On 12/04/25 at 8:43 AM, R39 stated she usually eats in her room and sometimes the food is barely warm. R39 stated, today the sausage and the pancake were not good. R39 was alert and oriented to person, place, and time. On 12/04/25 at 2:20 PM, V11 (Dietary Manager) stated the food whether it be served in the dining room or the resident's rooms should be served hot, not 80 degrees Fahrenheit. V11 stated she is not sure on if they have a policy for cold food.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure hand hygiene was performed per current standards of practice for 3 of 3 residents (R8, R12, R24) reviewed for infection control in the sample of 43. Findings Include: 1.R24's admission Record with a print date of 12/3/25 documents R24 was admitted to the facility on [DATE] and includes diagnoses of Guillain-Barre Syndrome, neuromuscular dysfunction of bladder, and urinary retention. R24's MDS (Minimum Data Set) dated 10/2/25 documents a BIMS (Brief Interview for Mental Status) score of 15, indicating R24 is cognitively intact. R24's current Care Plan documents a Focus area of (R24) has a need for indwelling catheter r/t (related to) neuromuscular dysfunction. This same Focus area includes interventions of, Provide catheter care every shift and as needed. Date Initiated: 10/19/25. R24's Order Summary Report dated 12/3/2025 document a physician order dated 4/10/25 to provide foley catheter care every shift and ensure catheter strap is in place unless contraindicated. On 12/03/2025 at 11:15 AM, V5 (Certified Nursing Assistant/CNA) was observed providing catheter care for R24. Throughout the observation of V5 providing catheter care to R5 she changed her gloves after cleaning the insertion site, after washing the tubing, and after drying the area. V5 did not perform hand hygiene between each glove change. On 12/3/25 at 1:49 PM, V5 (CNA) stated she should have performed hand hygiene between glove changes. V5 stated it just slipped her mind. 2.R8's admission Record with a print date of 12/3/25 documents R8 was admitted to the facility on [DATE] with diagnoses that include chronic kidney disease, heart failure, kidney disorder, anxiety disorder, and restless leg syndrome. R8's MDS dated [DATE] documents a BIMS score of 15 indicating R8 is cognitively intact. R8's current Care Plan documents a Focus area of, (R8) has an ADL (activities of daily living) self-care performance deficit r/t (related to) recent surgery, obesity, osteoarthritis, osteoporosis, CHF (congestive heart failure), hx (history) of falls, myoclonus. This Focus area includes intervention of, Toileting: 2 Person Assist. On 12/3/25 at 10:50 AM, V7 (CNA) and V8 (CNA) were observed providing incontinence care using current standards of practice. Throughout this observation V7 and V8 changed gloves after washing R8's peri area, after drying the peri area, after washing R8's buttocks, and after drying R8's buttocks. V7 and V8 did not perform hand hygiene between glove changes. On 12/3/25 at 1:50 PM, V7 (CNA) stated she didn't perform hand hygiene between glove changes, and she wasn't sure why. V7 stated she had hand sanitizer in her pocket. On 12/3/25 at 1:51 PM, V8 (CNA) stated she had hand sanitizer in her pocket and forgot to use it. 3.R12's admission Record with a print date of 12/3/25 documents R12 was admitted to the facility on [DATE] with diagnoses that include benign prostatic hypertrophy and hydronephrosis with renal and ureteral calculus. R12's MDS dated [DATE] documents a BIMS score of 14, indicating R12 is cognitively intact. R12's current undated Care Plan documents a Focus area of, (R12) has a need for indwelling catheter r/t neuromuscular dysfunction of the bladder. This Focus area includes intervention of, Provide catheter care every shift and as needed. R12's Order Summary Report dated 12/03/25 includes a physician order with a start date of, 9/11/25 Foley Catheter Care Every Shift . On 12/03/25 at 1:35 PM, V9 (CNA) and V10 (CNA) provided catheter care to R12 using current standards of practice. V9 and V10 changed gloves after cleaning the insertion site, after cleaning the tubing, after cleaning R12's buttocks and drying R12's buttocks. V9 and V10 did not perform hand hygiene between glove changes. V9 and V10 both stated they did not have hand sanitizer in the room and that is why they didn't perform hand hygiene between glove changes. The undated Handwashing/Hand Hygiene policy documents, This facility considers hand hygiene the primary means to prevent the spread of infections 3. Hand hygiene products and supplies .shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>.8. Hand hygiene is the final step after removing and disposing of personal protective equipment .</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide an influenza vaccination for 1 (R57) of 5 residents reviewed for immunizations in a sample of 43. Findings include:R57's admission record documents an admission date of 11/04/25 with diagnoses including: spondylosis, critical illness myopathy, severe protein calorie malnutrition, monoclonal gammopathy, dependence on renal dialysis, osteophyte, acute on chronic systolic heart failure, major depressive disorder, Alzheimer's disease, muscle wasting and atrophy, pleural effusion, candidal stomatitis, atrioventricular block, paroxysmal atrial fibrillation, and chronic systolic heart failure. R57's Minimum Data Set, dated [DATE] documents a brief interview of mental status of 12 indicating cognition is moderately impaired.R57's Vaccine Informed Consent Form dated 11/05/25 documents: influenza vaccine: Influenza vaccine I accept to receive with yes marked.R57's Immunization Report documents the most current influenza vaccination as 12/19/2022.On 12/04/25 at 11:31 AM, V2 (Director of Nursing) stated R57 has not received a influenza vaccination while he has been at the facility. V2 stated, she does not know why he did not receive the vaccination.The facility policy dated 09/2015 titled, Immunizations: influenza (Flu) vaccination of residents and staff documents: guideline: the advisory committee on immunization practices recommends vaccinating persons who are at high risk for serious complications from influenza, including those [AGE] years of age and older, who are residents of nursing homes. The association for professionals in infection Control (APIC), the centers for disease Control and Prevention (CDC), the Immunization Action Coalition and the National Foundation for Infectious Disease all recommend that health care workers be immunized as well, because they work in close contact with residents. Administration procedure: current and newly admitted residents and al staff will be offered the influenza vaccine from October of each year through the end of March the following year (unless CDC extends the immunization season).</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and record review the facility failed to provide a call light activation system in the community bathrooms and shower rooms. This failure has the the potential to affect all 60 residents residing in the facility. Findings include: On 12/02/25 at 2:20 PM in the shower room on the 200 hall across from room [ROOM NUMBER], the call light string by the toilet was behind the toilet and reaches approximately 3 inches above the bottom of the toilet tank. In this same bathroom, there is no call light available from the shower stall area. On 12/02/25 at 2:23 PM in the shower room on the 200 hall across and between rooms [ROOM NUMBERS], did not have a call light accessible near the toilet or the shower stall area. On 12/02/25 at 2:29 PM in the shower room on the 300 hall there was no call light accessible from the shower stall area. On 12/02/25 at 2:30 PM in the second shower room on the 300 hall, there was no call light accessible from the toilet or the shower area. On 12/02/25 at 2:39 PM in the shower room on the 100 hall, there was no call light accessible from the shower stall. On 12/04/25 at 11:43 AM, V4 (Maintenance Director) stated the toilets and shower stalls should have call light strings available and in reach to utilize if a resident was to fall. V4 stated, he would get them back up today. The Long-term care facility application for Medicare and Medicaid dated 12/01/25 documents 60 residents residing in the facility. The facility policy dated 08/20/22 titled, Call Light Guidance documents: a call light activation device shall be kept within resident reach while in resident rooms and bathrooms.</p>		