STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146038	A. BUILDING _____ B. WING _____	C 04/22/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE CITY REHAB & H C	**825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY, IL 61470**

(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
F 000	INITIAL COMMENTS Original investigation of complaints 1622008/IL84788 and 1622060/IL84849. F325 cited for both complaints.	F 000		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to accurately monitor and recognize a significant weight loss for one of three residents (R1) reviewed for weight loss in a sample of three. Findings include: R1's physician's order sheets dated 2/2/16 notes that R1 was admitted on 2/2/16 with diagnosis including: Major Vascular Neurocognitive Disorder with Behavioral Disturbance, Cellulitis, Diabetes Mellitus, Chronic Venus Stasis Dermatitis, Obesity, Mood Disorder, Bollous Pemphigoid with mixed thickness wounds.	F 325		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 325	Continued From page 1 According to R1's weight sheets, R1 weighed 261 pounds on admission on 2/2/16, and then at the beginning of March R1 weighed 251 pounds. R1's April weights list 5 weights, 196 pounds with no date, 219 pounds with no date, 239 pounds on 4/6/16, 177 pounds on 4/10/16 and then 215 pounds on 4/11/16. On 4/21/16 at 10:15 A.M. E1 (Administrator) stated that R1's physician and Dietician were not notified of R1's weight loss since the facility never got an accurate weight on R1 in April. Hospital records dated 4/12/16 notes that R1's weight at that time was 213 pounds. A 38 pound weight loss from March to April.	F 325		