

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/11/2025
NAME OF PROVIDER OR SUPPLIER Monmouth Rehab and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 117 South I Street Monmouth, IL 61462	

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)
F 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0580 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure complete and timely physician notification following a resident accident and subsequent change in condition for one of three residents (R1) reviewed for notification of change out of a sample list of three. This failure resulted in R1 experiencing excruciating pain to her right hand due to a delay in notifying the physician and ultimately leading to a diagnosis of a fracture. Findings include: The facility's Physician Notification Policy revised 11/5/2022 documents a facility will immediately inform the resident; consult with the resident's physician; and notify, of a significant change in condition in a resident's physical, mental, or psychosocial status or a need to alter treatment significantly. The facility's Change in Condition Procedure revised 9/21/2022 documents a change in condition requires notification of Medical Doctor of change and resident assessment information. R1's Nurse Progress Note dated 8/12/25 documents R1, who utilizes a wheelchair was on a supervised outing with facility staff. While navigating a grassy area, R1 slid forward out of her wheelchair, landing on her knees and both hands. Staff immediately assessed the resident on-site. R1 voiced she was fine and attempted to reposition herself independently. Staff assisted her back into the wheelchair without issue and returned R1 to the facility. R1 was assessed upon return to facility and Physician, Director of Nursing (DON), and Administrator were notified, and an intervention was initiated for foot supports to be added to R1's wheelchair to prevent future sliding incidents. R1's Medical Diagnoses revealed R1 has Myasthenia Gravis and Cerebellar Ataxia, both of which affect muscle strength, coordination, and mobility. R1's Minimum Data Set (MDS) dated [DATE] documents that R1 is cognitively intact and requires substantial/maximal assistance with standing and transfers. R1's Nurse Progress Note dated 8/12/25 at 3:50 PM, documents R1 reported minimal pain in the right hand following a fall earlier that day. R1's right hand had mild edema and scant discoloration observed on the 3rd, 4th, and 5th fingers. Ice was applied to the right hand. R1 stated It does not hurt really unless she moves her fingers. R1's Nurse Progress Note dated 8/13/25 at 12:30 AM documents R1 was complaining of discomfort right hand, right hand is very swollen and bruised, unable to grip with hand. R1's right great toe is painful and bruised. Ice offered for hand, resident declined, the pressure causes discomfort. R1 states she injured her hand on outing in wheelchair. R1's Nurse Progress Note dated 8/13/25 at 10:30 AM documents R1 was up in her recliner chair with right lower extremity (RLE) elevated due to swelling on the top of right foot area from the previous incident on 8/12/25. Bruising continues to R1's right great toe between toe and top of right foot. R1's right hand remains swollen with bruising. Will continue to monitor. R1's Nurse Progress Note dated 8/13/25 at 11:30 AM documents Ordered through portable X-Ray two view Xray of right hand due to moderate swelling and moderate bruising with pain, per V9 (Medical Director). R1's Nurse Progress Note dated 8/14/25 at 10:45 AM documents R1's X-ray results of right hand reveal prominent displaced fractures involving the base of the proximal phalanges of the third through fifth digits. On 9/10/2025 at 8:50 AM, R1 was seated in a wheelchair and had a hard cast on her right wrist. R1 was pleasant and alert during the interview. When asked about the injury, R1 stated, (R1) was with (V3/Activity Director) on my way to the store. (V3) was pushing me in my wheelchair, and we hit a curb or something on the ground, and (R1) fell out into the grass and broke her hand. R1 stated they had her foot in a boot as well because of her toe, but it's doing better. R1 stated she normally wears foot pedals outside of facility but forgot them that day. R1 stated if she had foot pedals on the chair she would not have fallen out. R1 further stated that she immediately felt excruciating pain in her right hand shortly after her fall and that she made the staff aware of the pain as soon as staff arrived to help R1 up from the ground. On 9/10/25 at 9:54 AM, V3 (Activity Director) stated that the facility regularly takes residents on outings to a local store, located one block from the facility. V3 reported, We take side streets when we walk because it's less busy. There's a three-four-foot patch of grass off the sidewalk. V3 explained that during the outing on 8/12/2025, she remained with R1 while other residents and staff returned to the facility. V3 stated, I told her hold on, I'll put my bags down and help you. V3 reported that R1 self-propels using her arms and feet, and that as V3 attempted to assist R1 through the grassy area, which was uneven, then it happened so fast that R1's wheelchair's front wheels were in the grass and the rear wheels remained on concrete. V3 stated, (R1) slipped out of wheelchair going forward and I think R1 put her feet down to break the fall and was on her knees, put her hands down on the ground to break her fall. (R1) then rolled over in the grass. V3 noted that R1 was not wearing foot pedals at the time, adding She never does wear them. V3 acknowledged. It was</p>		