

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285095	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/09/2025
NAME OF PROVIDER OR SUPPLIER  Monument Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  111 West 36th Street Scottsbluff, NE 69361	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>State Statute 28-372</p> <p>Based on record review and interview, the facility failed to submit an investigative report to the State Agency within 5 working days following a fall that resulted in significant injury for 1 (Resident 1) of 3 sampled residents. The facility identified a census of 88.</p> <p>Findings are:</p> <p>A record review of the facility's policy Abuse, Neglect, Exploitation or Misappropriation - Reporting and Investigating, with a last revised date of September 2022 revealed the facility would provide a follow-up investigative report of any allegation of abuse or incidents that resulted in serious bodily injury within 5 business days of the incident to the state agency.</p> <p>A record review of an admission Record revealed the facility admitted Resident 1 on 5/2/2025. Resident 1 had an admitting diagnosis of metabolic encephalopathy (problems with a person's metabolism that can cause brain dysfunction).</p> <p>A record review of an Un-witnessed Fall Report with a date of 6/28/2025 revealed Resident 1 had tripped and fallen. Resident 1 had bleeding from the nose and was transported to the hospital for treatment.</p> <p>A record review of Resident 1's Emergency Department Provider Notes with a date of 6/28/2025 revealed Resident 1 had a fractured nasal bone and required stitches to their nose and finger.</p> <p>A record review of the facility's provided records of their submitted investigative reports revealed no evidence that an investigative report had been submitted following Resident 1's fall with significant injury.</p> <p>An interview on 7/9/2025 at 10:30 AM with the Director of Nursing (DON) revealed Resident 1 had sustained a broken nose following their fall on 6/28/2025. The DON confirmed the facility had notified the State Agency within 2 hours of being made aware of Resident 1's significant injury, but did not submit a follow-up investigative report to the State Agency within 5 business days and should have.</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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