

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  465112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/06/2025
NAME OF PROVIDER OR SUPPLIER  Monument Healthcare Bountiful		STREET ADDRESS, CITY, STATE, ZIP CODE  460 West 2600 South Bountiful, UT 84010	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review it was determined, for 1 out of 6 sampled residents, the facility did not ensure that all alleged violations involving neglect were reported no later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. Specifically, a resident sustained a fall which resulted in a fracture during a one-person assisted transfer in a Hoyer lift and the State Survey Agency (SSA) and Adult Protective Services (APS) were not notified within 24 hours of the incident. Resident identifier: 2. Findings included: Resident 2 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included type 2 diabetes mellitus, fracture of the right femur, abrasion of lower back, asthma, insomnia, major depressive disorder, obstructive sleep apnea, hemiplegia and hemiparesis, respiratory failure, hypertension, dysphagia, cognitive communication deficit, anxiety disorder, presence of urogenital implants, and bilateral cataracts. Resident 2's medical record was reviewed. On 9/25/25, the Interdisciplinary Team fall review documented that resident 2 sustained a fall from a Hoyer lift on 9/22/25 at 8:00 AM. The facility abuse investigation documented that the facility reported to the SSA that on 9/29/25 at 1:45 PM, Certified Nurse Assistant (CNA) 1 and CNA 2 were assisting resident 2 with a Hoyer lift transfer, and resident 2 fell out of sling upon lifting. It should be noted that the SSA was notified of the incident approximately seven days after the injury occurred. Additionally, no documentation could be found to demonstrate that APS was notified of the incident. On 11/5/25 at 1:31 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that they were mandated to report to the SSA to identify problems such as harm, neglect, and policy failures. The DON stated that the regulatory requirement for reporting to the state for suspected abuse or neglect was two hours. The DON confirmed that from the investigation it was not evident that they investigated the incident for possible neglect. The DON stated that they did not report to APS and she did not know why.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review it was determined, for 1 out of 6 sampled residents, that in response to allegations of neglect the facility must have evidence that all alleged violations were thoroughly investigated. Specifically, a resident sustained a fall which resulted in a fracture during a one-person assisted transfer in a Hoyer lift and the facility abuse investigation did not contain documentation of all staff and resident interviews that were conducted to rule out neglect. Additionally, the abuse investigation incorrectly documented the date of the incident. Findings included: Resident 2 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included type 2 diabetes mellitus, fracture of the right femur, abrasion of lower back, asthma, insomnia, major depressive disorder, obstructive sleep apnea, hemiplegia and hemiparesis, respiratory failure, hypertension, dysphagia, cognitive communication deficit, anxiety disorder, presence of urogenital implants, and bilateral cataracts. Resident 2's medical record was reviewed. On 9/22/25 at 7:36 AM, the nursing note documented, RNA [Restorative Nurse Aide] alerted nurse that resident had fallen from the Hoyer lift during transfer from bed to wheelchair. Nurse rushed into room to assess resident. Resident was found on her back slightly on R [right] side. Nurse evaluated resident for step off or fx [fracture] limbs and extremities and spine felt intact with no step off felt or unusual movement and pain to joints or extremities. Resident did c/o [complaint of] pain to L [left] knee and R hip. Goose egg to back of L side head found approximately 30mins [minutes] [sic] after fall. Nurse evaluated resident for injuries, broken bones, bruising and pain. No new injuries noted but resident did c/o pain to R shoulder, R hip, and L knee. Bruising to R buttock was already present and being monitored before fall. Nurse notified On-call [provider company name omitted] provider [name omitted]. New orders [sic] received from provider for x-rays to R shoulder, R hip, and bilateral knee 2 views, and to start neuro's [neurological assessment] and to apply ice PRN [as needed] and PRN pain medications as applicable. Neuros started. On 9/25/25, the Interdisciplinary Team fall review documented that resident 2 sustained a fall from a Hoyer lift on 9/22/25 at 8:00 AM. The facility abuse investigation documented that the facility reported to the State Survey Agency (SSA) that on 9/29/25 at 1:45 PM, Certified Nurse Assistant (CNA) 1 and CNA 2 were assisting resident 2 with a Hoyer lift transfer, and resident 2 fell out of sling upon lifting. The investigation documentation did not contain interviews with CNA 1 or CNA 2 regarding the incident. Additionally, the Investigation Summary documented that an interview was conducted with resident 2, but no documentation could be found of the interview. On 11/5/25 at 1:31 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that they were mandated to report to the SSA to identify problems such as harm, neglect, and policy failures. The DON stated that during the investigation they conducted staff interviews, inspected the sling and Hoyer, and then conducted training with every CNA on the Hoyer use which emphasized inspecting the sling each time for damage and proper placement. The DON stated she would have to ask the previous Administrator where the interviews for the staff and resident were located. The DON confirmed that from the investigation it was not evident that they investigated the incident for possible neglect and that the investigation documentation did not contain copies of the interviews that were completed.</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review it was determined, for 1 out of 6 sampled residents, that the facility did not ensure that each resident received supervision and assistance devices to prevent accidents. Specifically, a resident sustained a fall which resulted in a fracture during a one-person assisted transfer in a Hoyer lift and it was determined that the lift was missing safety latches on the cradle hooks. Resident identifier: 2.NOTICEOn [DATE] at 10:38 AM, Immediate Jeopardy (IJ) was identified when the facility failed to implement Centers for Medicare and Medicaid Services recommended practices to ensure that each resident received adequate supervision and assistance devices to prevent accidents. Notice of IJ was given verbally and in writing to the facility Administrator (ADM), Director of Nursing (DON), and the Regional Compliance Nurse (RCN). On [DATE] at 2:46 PM, the Administrator provided the following abatement plan for the removal of the IJ effective on [DATE] at 2:30 PM. Immediate Action Taken1. 2 Hoyer lifts in question were removed from the facility on [DATE] at 10:40 [10:40 AM]. 2. 2 new Hoyer lifts were rented the evening of [DATE] from [Durable Medical Equipment (DME) name omitted] to replace the Hoyer lifts in question.3. On [DATE] all Hoyer Lifts were inspected and staff on shift were trained and performed a return demonstration to show competency.4. Manufacturer guide was obtained for new Hoyer lifts5. Education to facility maintenance team that if there is ever a concern with equipment that it is pulled out of use immediately.6. Hoyer lift policy updated for clarityIdentification of others:1. On [DATE], the nursing administration performed a skin check on all 13 residents that use the Hoyer Lifts and have potential to be affected.2. All residents that are able to be interviewed were questioned in regard to their experience with mechanical lifts. No additional concerns have been identified.Ongoing Compliance Plan:1. Before clinical staff work their next shift, they will be required to pass off and return demonstrate the correct way to use the Hoyer Lifts per manufacturer guides and assess for safe function.2. Rental of Hoyer Lifts will continue until the original Hoyer Lifts can be replaced/repared.3. Hoyer use training will be passed off before a new clinical employee operates them as part of general orientation and annually and as needed.Monitoring:1. The manufacturer's guide was obtained for new Hoyer Lifts and a weekly audit/inspection will be completed by Maintenance manager/designee to ensure functionality and efficacy per manufacturer's guidelines. Any defective equipment will be removed and replaced.2. Clinical staff will be randomly interviewed and/or observed at an interval of 5 times per week regarding appropriate Hoyer lift use and safety x 4 weeks for one month, then 2 per week for one month and 1 per week for one month.3. All monitoring results will be presented to facility QAPI [Quality Assurance and Performance Improvement] and plan of correction will be adjusted as needed by QAPI team.On [DATE] at 2:36 PM, while completing the abbreviated complaint survey, surveyors conducted an onsite revisit to verify that the Immediate Jeopardy had been removed. The surveyors determined that the Immediate Jeopardy was removed as alleged on [DATE] at 2:30 PM. Findings included:Resident 2 was admitted to the facility on [DATE] and re-admitted on [DATE] with diagnoses which included type 2 diabetes mellitus, fracture of the right femur, abrasion of lower back, asthma, insomnia, major depressive disorder, obstructive sleep apnea, hemiplegia and hemiparesis, respiratory failure, hypertension, dysphagia, cognitive communication deficit, anxiety disorder, presence of urogenital implants, and bilateral cataracts.Resident 2's medical record was reviewed.On [DATE], resident 2's annual Minimum Data Set (MDS) assessment documented that resident 2 had a Brief Interview for Mental Status score of 13, which indicated that the resident was cognitively intact. The assessment documented that the resident had a functional limitation in Range of Motion to the bilateral lower extremities and that a wheelchair was utilized as a mobility device.On [DATE], the Restorative Program review documented that the resident was unable to complete functional tasks of bed mobility, and upper extremity strength due to history of a stroke.On [DATE], the Interdisciplinary Team (IDT) fall review documented that resident 2 sustained a fall from a Hoyer lift on [DATE] at 8:00 AM. The injuries documented were bruising to the buttocks and pain in the left shoulder. RNA [Restorative Nurse Aide] alerted nurse that resident had fallen from the Hoyer lift during transfer from bed to wheelchair. Nurse rushed into room to assess resident. Resident was found on her back slightly on R [right] side. Nurse evaluated resident for step off or fx [fractured] limbs and extremities and spine felt intact with no step off felt or unusual movement and pain to joints or extremities. Resident did c/o [complaints of] pain to L [left] knee and R hip. Goose egg to back of L side head found approximately 30 mins [minutes] after fall. The new intervention identified was coaching for the staff member that set up the Hoyer. On [DATE] at 1:20 PM the Discharge-Transfer report</p>		