STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285095	A. Building B. Wing	08/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Monument Rehabilitation and Care Center	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. Number of residents sampled: Number of residents cited: Based on observation, record review, interview, and facility policy review, the facility failed to implement an adequate pain management program by accurately assessing, monitoring, and treating pain, which affected 1 (Resident #90) of 3 residents reviewed for pain management. The failure resulted in Resident #90 experiencing uncontrolled pain. Findings included: A facility policy titled, Pain Assessment and Management, revised 10/2022, indicated, The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain. The policy revealed, 1. The pain management program is based on a facility-wide commitment to appropriate assessment and treatment of pain, based on professional standards of practice, the comprehensive care plan, and the resident's choices related to pain management. 2. 'Pain management' is defined as the process of alleviating the resident's pain based on his or her clinical condition and established treatment goals. 3. Pain management is a multidisciplinary care process that includes the following: a. Assessing the potential for pain; b. Recognizing the presence of pain; c. Identifying the characteristics of pain; d. Addressing the underlying causes of pain; e. Developing and implementing approaches to pain management; f. Identifying and using specific strategies for different levels and sources of pain; g. Monitoring for the effectiveness of interventions; and h. Modifying approaches as necessary. The policy also indicated, Recognizing Pain included 1. Observe the resident (during rest and movement) for physiological and behavioral (non-verbal) signs of pain; and 5. Review the medication administration record to determine how often the individual requests and receives PRN [pro re nata; as needed] pain medication, and to what extent the administered medications relieve the resident's pain. The policy revealed, Assessing Pain included 1. Assess the resident at admission and during ongoing assessments to help identify the resident who is experiencing pain or for whom pain may be anticipated during specific procedures, care, or treatment; and 4. Assess pain using a consistent approach and a standardized pain assessment instrument appropriate to the resident's cognitive level. The policy continued, 5. During the pain assessment gather the following information as indicated from the resident (or legal representative), which included c. Characteristics of pain; d. Impact of pain on quality of life; f. Factors and strategies that reduce pain; and h. Physical and psychosocial issues (physical examination of the site of the pain, movement, or activity that causes the pain, as well as any discussion with resident about any psychological or psychosocial concerns that may be causing or exacerbating pain). The Implementing Pain Management Strategies included 1. Establish a treatment regimen that is specific to the resident based on consideration of the following: a. The resident's medical condition; b. Current medication regimen; c. History of addiction or opioid use disorder; d. Nature, severity, and cause of the pain; e. Course of the illness; and f. Treatment goals. The policy continued, 2. Non-pharmacological interventions may be appropriate alone or in conjunction with medications. The (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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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	policy revealed, 5. The following are considered when establishing the medication regimen: a. Starting with lower doses and titrating upward as necessary; b. Administering medication around the clock rather than PRN; c. Combining long-acting medications with PRNs for breakthrough pain; d. Combining non-narcotic analgesics with narcotic (opioid) analgesics; and e. Reducing or preventing anticipated adverse consequences of medications. The policy revealed, Monitoring and Modifying Approaches included 5. Contact the prescriber immediately if the resident's pain or medication side effects are not adequately controlled, and 6. If pain has not been adequately controlled, the multidisciplinary team, including the physician, shall reconsider approaches and make adjustments as indicated. The policy revealed, Report the following information to the physician or practitioner, which included 4. Prolonged, unrelieved pain despite care plan interventions. An admission Record indicated the facility admitted Resident #90 on 08/05/2025. According to the admission Record, the resident had a medical history that included diagnoses of primary osteoarthritis of the left shoulder, the presence of a left artificial shoulder joint, aftercare following joint replacement surgery, pain in the left shoulder, low back pain, and chronic pain. An admission Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 08/11/2025, revealed Resident #90 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had intact cognition. The MDS indicated the resident received or was offered PRN medication during the assessment timeframe. Resident #90's Care Plan Report included a focus area initiated 08/07/2025, that indicated the resident was at risk for pain related to the primary diagnosis of osteoarthritis and left shoulder surgery. Interventions initiated on 08/07/2025 directed staff to administer medications as ordered and to reposition the resident. The Care Plan Report revealed no other non-pharmacological interventions to address the resident's pain. Resident #90's hospital Post Acute Care Transition Report, dated 08/05/2025, revealed Active Medications included the following: -Acetaminophen (an analgesic) 500 milligrams (mg), two tablets (1,000 mg) by mouth every six hours PRN, with a maximum of 4,000 mg a day. -Hydrocodone-acetaminophen (a narcotic analgesic combination) 5-325mg, two tablets by mouth every four hours PRN for acute pain. Resident #90's hospital Post Acute Care Transition Report, dated 08/05/2025, revealed Discontinued Medications included tramadol (an opioid) 50 mg. Resident #90's Order Recap [Recapitulation] Report, for order dates from 08/01/2025 through 08/31/2025, included the following orders: -Pain monitoring every day and night shift, with an order to utilize an appropriate pain scale according to the resident's cognition, ordered on 08/05/2025. -Acetaminophen extra strength 500 mg, two tablets by mouth every six hours PRN for pain, with instructions to not exceed 4,000 mg per day, ordered on 08/05/2025. -Hydrocodone-acetaminophen 5-325 mg, two tablets by mouth every four hours PRN for acute pain, ordered on 08/05/2025 and discontinued on 08/12/2025. -Hydrocodone-acetaminophen 5-325, one tablet by mouth every six hours PRN for acute pain, ordered 08/12/2025. The Order Recap Report revealed no orders for non-pharmacological interventions for pain. Resident #90's Pain Evaluation, dated 08/05/2025, was incomplete. The evaluation indicated the resident was on a scheduled pain management regimen and received PRN and non-medication interventions for pain. The evaluation included a Pain Interview that indicated that the resident had almost constant pain over the previous five days that made it hard to sleep at night and limited their day-to-day activities. The evaluation revealed the sections for indicating the location of the pain, potential underlying causes of pain, pain intensity, pain relief, type of pain, timing and contributing factors, manner of expressing pain and associated symptoms, pain interference, laxatives ordered, and interventions were incomplete. The evaluation did not include the signature of the staff member who completed the evaluation. Resident #90's August 2025 Medication Administration Record [MAR], for the timeframe from 08/05/2025 (date of admission) through (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	#90's Progress Notes revealed an Administration Note, dated 08/10/2025 at 5:37 AM, that indicated the resident received two tablets of acetaminophen extra strength 500 mg and their follow-up pain level documented at 9:51 AM (over three hours after administration) was 10 and the effectiveness was unknown. The Progress Notes revealed an Administration Note, dated 08/10/2025 at 9:51 AM, that indicated the resident received two tablets of hydrocodone-acetaminophen 5-325 mg and their follow-up pain level documented at 1:46 PM (over four hours after administration) was 10, but it was documented that the administration as effective. Resident #90's Nursing Daily Skilled Charting, dated 08/10/2025 at 10:58 AM, indicated the resident rated their pain a 10. The record indicated that the resident displayed non-verbal indicators of pain, indicating that the resident was tearful at times. Resident #90's Nursing Daily Skilled Charting, dated 08/11/2025 at 3:07 PM, indicated the resident rated their pain a 10. The record indicated that the resident displayed non-verbal indicators of pain, indicating that the resident was tearful at times. Resident #90's August 2025 MAR revealed staff documented the resident received two tablets of hydrocodone-acetaminophen 5-325 mg on 08/12/2025 at 2:22 PM (pain level 10) and the effectiveness was unknown. Resident #90's Progress Notes revealed an Administration Note, dated 08/12/2025 at 2:22 PM that indicated the resident received two tables of hydrocodone-acetaminophen 5-325 mg and their follow-up pain level documented at 7:23 PM (over five hours after administration) was unknown. The Progress Notes revealed no other follow-up or intervention was provided until 08/13/2025 at 3:57 AM (over seven hours later) when the resident was given one tablet of hydrocodone-acetaminophen 5-325 mg. Resident #90's Nursing Daily Skilled Charting, dated 08/12/2025 at 10:09 PM, indicated the resident rated their pain a 10. The record indicated that the resident displayed non-verbal indicators of pain, indicating that the resident was tearful at times. Resident #90's August 2025 MAR revealed staff documented the resident received one tablet of hydrocodone-acetaminophen 5-325 mg on 08/13/2025 at 5:04 PM (pain level 10) and the administration was ineffective. Resident #90's Progress Notes revealed an Administration Note, dated 08/13/2025 at 5:04 PM, that indicated that the resident received one tablet of hydrocodone-acetaminophen 5-325 mg and their follow-up pain level documented at 7:37 PM (over two hours later) was a 10 and indicated the administration was ineffective. The Progress Notes indicated that the resident received two tablets of acetaminophen extra strength 500 mg at 7:39 PM and their follow-up pain level documented at 9:47 PM was a 5 and indicated the administration was effective. Resident #90's August 2025 MAR revealed staff documented the resident received one tablet of hydrocodone-acetaminophen 5-325 mg on 08/14/2025 at 5:12 PM (pain level 10) and the administration was ineffective, and the next administration was at 11:40 PM (pain level 10). Resident #90's Progress Notes revealed an Administrative Note, dated 08/14/2025 at 5:12 PM, that indicated that the resident received one tablet of hydrocodone-acetaminophen 5-325 mg and their follow-up pain level documented at 8:27 PM (over three hours after the administration) was 10 and indicated the administration was ineffective. The resident's Progress Notes revealed no documentation of other follow-up or intervention until 11:40 PM when the resident was given another tablet of hydrocodone-acetaminophen 5-325 mg. Resident #90's record revealed no documented rationale for decreasing the resident's hydrocodone-acetaminophen. The record revealed no documentation of non-pharmacological interventions for pain offered or provided to the resident. During an interview and observation on 08/12/2025 at 2:47 PM, Resident #90 stated it took forever to get pain medications. The resident stated they had just gotten pain medication a few minutes earlier, but they had not had any since that morning. Resident #90 stated they had shoulder surgery and was supposed to get the staples out that Friday (08/15/2025). The resident grimaced in pain with the movement of the left arm. ? During an interview on 08/13/2025 at 10:06 AM, Resident #90 was lying in bed and stated the pain (continued on next page)

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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to their left shoulder was rated an 8 at that time, and they were unsure when they had last received pain medication but wished they could get something to help. ? During an interview on 08/14/2025 at 10:45 AM, Resident #90 stated they had increased shoulder pain that day. The resident stated the facility decreased their pain medication to one pill every six hours, and the resident did not know why. Resident #90 stated the physician had not come in and talked to them about their pain. The resident stated they were trying to work with therapy staff as much as they could but felt they (Resident #90) were limited due to the pain. Resident #90 grimaced when they moved their arm and was guarding it.? During an interview on 08/14/2025 at 10:57 AM, Licensed Practical Nurse (LPN) Q stated they ran out of Resident #90's hydrocodone-acetaminophen 5-325 mg that was ordered for two tablets every four hours. They stated that they tried to get the pharmacy to refill the prescription on Tuesday (08/12/2025), and the physician sent the prescription for one tablet every six hours right before the end of their shift, so they were not the one to follow up on it. LPN Q stated the provider wanted to start weaning the resident off the pain medication since it had been a week since the resident's surgery. LPN Q stated the provider did not assess the resident prior to decreasing the resident's medication. LPN Q stated Resident #90 continued to rate their pain level at a 10. LPN Q stated the resident did not like to use ice, saying it made the pain worse. During an interview on 08/14/2025 at 11:50 AM, LPN Q stated they called the physician's office to follow up on the decrease in the pain medication and was told that it was their protocol to start decreasing the pain medications the further out from surgery that the resident got. LPN Q stated that the nurse practitioner was out at that time, but they would let them know to follow up with the resident the following morning since the resident was still complaining their pain level was 10 out of 10 most of the time.? During an interview on 08/15/2025 at 4:44 PM, Unit Nurse Manager (UNM) U, who was the UNM where Resident #90 resided, stated residents should be assessed half an hour to an hour after receiving a PRN pain medication to see if it was effective. UNM U stated that if it was not effective, then other PRN medications or non-pharmacological interventions should be provided. They stated if there were still no positive results, the physician should be notified to get further orders on what to do. UNM U stated they had not been notified of Resident #90's pain levels and said it should have been followed up on prior to that day. UNM U stated that any time a resident had ineffective results from a pain medication, the nurse should follow up on it and do something more. UNM U stated they were not aware of Resident 90's pain levels. They stated it should have been reported and followed up on sooner. UNM U stated that even if the resident rated their pain 10 out of 10 every time, the staff should have used an alternate type of assessment to follow up on the resident's pain.? During an interview on 08/14/2025 at 3:10 PM, the Director of Rehabilitation (DOR) stated Resident #90 was having a lot of muscle spasms that limited their range of motion (ROM). The DOR stated they tried to ensure the resident had been given pain medication prior to therapy. The DOR stated they were looking to see what they could do for the resident's pain and decreased ROM. During a concurrent interview on 08/15/2025 at 1:45 PM, Physical Therapist (PT) N, while providing ROM for Resident #90, stated the resident had been able to do more ROM in the previous two days than since they were admitted . PT N stated there was a concern about the swelling in the resident's arm, so the resident was going for an ultrasound at 2:00 PM. Resident #90 stated they spoke with a physician assistant (PA) about their pain, and the PA ordered an X-ray that was negative, an ultrasound, and some laboratory tests. The resident stated that the PA did not adjust their pain medication. PT N stated the resident's therapy had been limited due to the resident's staples and the limited ROM. PT N stated the resident's pain needed to be under control in order for therapy to be effective.? During an interview on 08/15/2025 at 2:24 PM, Medical Assistant (continued on next page)

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