

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001986	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/09/2019
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NAME OF PROVIDER OR SUPPLIER GRANITE NURSING & REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 CENTURY DRIVE GRANITE CITY, IL 62040
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S 000	Initial Comments Complaint Investigation 1942282/IL110841	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE 	(X6) DATE 04/19/19
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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to implement safe transfers for 1 of 3 residents (R9) reviewed for falls in the sample of 13. This failure resulted in R9 being sent to the emergency room and admitted to the hospital with a fractured right femur.</p> <p>Findings include:</p> <p>On 4/01/19 at 1:50 PM V2 (Director of Nursing/DON) stated that R9 reported to V2 that</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>V12 (Certified Nursing Assistant/CNA) had picked R9 up "using her muscles, and tripped falling into nightstand." V2 stated that when questioned about the incident, V12 did state that she picked R9 up. V2 stated that R9 is to be transferred with a mechanical lift.</p> <p>R9's Care Plan dated 9/18/13 documents that R9 is at risk for falls. R9's Care Plan Documents that R9 is to be transferred with assist, times 2 and the use of a mechanical lift.</p> <p>R9's Minimum Data Set (MDS) date 1/02/19 documents that R9 requires extensive assistance and two plus person physical assistance for transfers.</p> <p>R9's X-ray report dated 3/27/19 documents fixated hip fracture, Anatomic alignment, Hardware intact, and Osteopenia with degenerative change.</p> <p>R9's X-ray report dated 3/31/19 documents fixated intertrochanteric fracture with moderate healing.</p> <p>R9's X-ray report dated 4/04/19 of AP and lateral views of the right knee documents mildly displaced oblique fracture of the distal femur metaphysis at the distal margin of the right femoral, antegrade intramedullary nail.</p> <p>R9's x-ray report dated 4/01/19 documents a distal femoral fracture at the distal margin of the intramedullary nail.</p> <p>R9's Physician Orders (PO) dated 4/02/19 documents x-ray of right femur, immobilizer to Right leg to be removed daily and check skin.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 4/04/19 at 2:00PM V2 stated that she would expect staff to use mechanical lift if indicated for a resident.</p> <p>On 4/08/19 at 1:28PM V15 (R9's Physician) stated that an improper transfer could have contributed to R9 receiving a fractured femur.</p> <p>The Facility Policy Invacare Total Lift dated 8/16 documents the total lift is to be used for total lifts.</p> <p>(B)</p>	S9999		
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