

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  09/20/2019
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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  Annual Licensure and Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b) 300.1210d)6) 300.3240a)  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 resident to meet the total nursing and personal care needs of the resident.  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:  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.  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)	S9999	Attachment A  Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
10/10/19

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S9999	<p>Continued From page 1</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide supervision and assistive devices for 4 of 7 residents (R38, R42, R74, R78) reviewed for falls in the sample of 41. This failure resulted in R38 falling multiple times sustaining a fractured humerus and fractured hip.</p> <p>Findings include:</p> <p>1. On 09/17/19 12:32 PM, R38 was observed sitting up in a wheelchair with a wedged cushion between her legs at the assisted dining room table. At 2:52 PM, V5 (Certified Nursing Assistant/CNA) stated R38 does not ambulate anymore after she fell and broke her hip.</p> <p>The Physician's Order Sheet (POS), dated 03/06/19 documented R38 had the following diagnoses, in part as, impaired mobility, Trans Ischemic Attack (TIA) and impaired cognition. The POS documented R38 required a full mechanical lift, a wedged cushion when up with activities, anti-tippers to wheelchair and canoe mattress. The Minimum Data Set (MDS), dated 07/24/19, documented R38 was severely cognitively impaired and required extensive assist of one to two staff for mobility, transfers, toileting and bathing. The Care Plan, dated 08/11/19, documented approaches, in part as, provide a safe environment, observe frequently to anticipate and meet needs and give verbal reminders not to ambulate or transfer without assistance. On 03/06/19, the Falls: Morse Scale documented R38 was "at risk" for falls. On 08/11/19, the Falls: Morse Scale scored R38 with</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>a 75, high risk for falls.</p> <p>On 03/17/19, a Resident Incident Report (RIR) documented R38 was found on the floor at the nurse's station, having stood up from wheelchair in an attempt to self-ambulate. There were no injuries reported. It documented the interventions as continue Occupational Therapy, chair alarm and Physical Therapy to evaluate for wheelchair positioning.</p> <p>On 03/25/19, a RIR documented R38 was found on the floor next to her bed. There were no injuries reported. It documented the intervention was to offer toileting before and after meals and encourage R38 to stay in high traffic areas.</p> <p>On 03/27/19, a RIR documented R38 was found on the floor at the nurse's station. It documented R38 complained of left hip pain. The intervention was for staff to keep resident at their side until ready to go to bed.</p> <p>On 04/02/19, a RIR documented R38 was found on the floor in a pool of urine by her bed. R38 complained of left buttocks and leg pain. X-rays were negative for fractures. It documented the intervention was R38 continues to be toileted frequently. No new interventions were put into place.</p> <p>On 04/10/19, a RIR documented R38 was found on the floor at the nurse's station on her right side. It documented the chair alarm was sounding. R38 complained of right upper extremity pain. X-ray revealed a right humerus fracture. The intervention was for therapy evaluation for positioning, anti-lock brakes and safety release belt when available. There were no observations of R38 having a self-release belt</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>during this survey but on 09/17/19 at 2:45 PM, R38 was observed sitting in the wheelchair across from the nurse's station, the desk was between staff and R38.</p> <p>On 08/06/19, a RIR documented R38 was witnessed by staff to stand up from her wheelchair and fall onto her buttocks to the floor and rolled to the left side into a fetal position, yelling out and grimacing when assessing right leg. X-ray revealed R38 fractured right femoral neck of right hip. R38 was hospitalized and returned to facility on 08/11/19. The interventions were staff educated on fall precautions, staff to monitor when in activities and anti-tippers to the wheelchair.</p> <p>The Interdisciplinary Fall Reduction/Injury Prevention Protocol was reviewed. It documented under "Intent: An interdisciplinary approach at reducing falls, preventing injury and increasing safety awareness ultimately resulting in improved quality of care for our residents. Recommendations: Nursing to complete a fall risk evaluation upon admission, re-admission, quarterly and with significant change. If the total score places the resident at risk, determine appropriate interventions."</p> <p>2. On 9-17-2019 1:15 PM, R78 reported that the facility took off her side rail, without explanation as to why and R78 rolled out of bed because her side rail had been removed.</p> <p>R78 had an air mattress laying on top of the therapeutic raised perimeter mattress.</p> <p>On 09/18/2019 at 2:50 PM, V28 (Quality Technician) stated that it is definitely not recommended to place any other overlay</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>mattress on top of the therapeutic perimeter mattress. This takes away from the therapy for the patient.</p> <p>The Manufacturer guidelines document in part, the therapeutic raised perimeter mattress with wings as supportive, raised perimeter (8" high) cradles the resident, helping prevent injury by discouraging independent exits from bed and gently urging users away from danger positions near the edge of the mattress.</p> <p>R78's Quarterly Minimum Data Set (MDS) dated 8/30/2019 documents intact cognition. The MDS also documents in part, a functional status for Bed Mobility as requiring extensive assistance with one-person physical assist.</p> <p>Diagnosis document in part, Cerebral Infarction, unspecified, Type 2 Diabetes Mellitus with foot ulcer, Hemiplegia following Cerebral Infarct affecting right dominant side, Peripheral Vascular Disease, acquired absence of right leg below knee, Atherosclerotic Heart Disease, Essential Hypertension.</p> <p>R78's Morse Fall Scale dated 8/23/2019 documents, no fall risk. R78's Side Rail Evaluation Form dated 5/14/2019 and 8/23/2019, document "NA" to all questions with no additional comments.</p> <p>R78's Care Plan revised date 8/31/2019, documents in part, "I am at risk for falls r/t (related to) my impaired mobility/weakness, right BKA (Below the Knee Amputation), mid foot amputation." Care plan approach documents, "I have a canoe mattress on my bed." Edit made on care plan dated 8/31/19 to add "Fall with no injury."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>On 8/31/19 at 5:57 AM Nursing was walking down hallway and heard resident scream for help, walked into residents' room and resident was laying on her back with her head against her nightstand with her stump and wound vac on her bed. Her back and neck were flat on the floor, resident stated that she hurt her neck and back.</p> <p>R78 Resident Fall Investigation dated 8/31/2019, documents the Post-Incident Action: Therapy to follow-up with resident r/t safety awareness.</p> <p>On 09/18/2019 to 1:25 PM in an interview with V25 (Physical Therapist) and V26 (Occupational Therapist/OT), neither recalled nor was able to find documentation regarding the care plans recommendations for nursing to follow up for safety awareness tips regarding R78's fall on 8/31/2019. V26 stated resident falls are reviewed in monthly department meetings. V26 stated there is no consult from therapy regarding the use of side rails but side rails may benefit residents who need them for mobility.</p> <p>3. On 9/18/19 at 1:44 PM R42 stated all his toes on his right foot and part of his foot were amputated. R42 also has stasis ulcers on left leg which are very painful. R42 stated it is difficult to transfer from bed to wheel chair (w/c) or from w/c to bed because of the pain in his feet and the loss of gait and balance.</p> <p>R42 stated using the side rail that had been removed from his bed helped a lot as that kept some of the weight off his legs and foot. The side rails also helped R42 with balance. R42 felt the side rail would have helped prevent him from some of the falls he has had. R42 could have grabbed it to keep from falling out of bed or just</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>from falling forward out of w/c, when he was sitting by the bed.</p> <p>R42 stated, "One day staff just came in and took the side rails off; no one told me why they were removing them."</p> <p>Per the Facility's Incident and Accident Log, R42 had falls on 1/31/19, 2/12/19, 2/26/19, 3/10/19, 3/19/19, 7/3/19, 9/12/19 and 9/16/19. R42's recent fall on 9/12/19 documents, "Resident stated he was reaching for his w/c and rolled out of bed."</p> <p>R42's MDS dated 7/25/19 documents his BIMs score of 15, indicating he is alert and oriented. The same MDS also documents R42 requires extensive assist of one staff for transfers and locomotion in the facility, although he propels himself in a w/c throughout the facility and outside to the smoke area.</p> <p>The MDS documents that R42 has a balance problem and was only able to steady self with staff assistance when moving from a seated to a standing position, moving on and off toilet, and when transferring surface to surface, including from bed to w/c or w/c to bed.</p> <p>R42's Side Rail Assessment dated 1/29/19 documents R42 uses a "right horseshoe rail" but does not include any explanation of risks, benefits or recommendations on how to use it. R42's next Side Rail Assessment dated 8/13/19 does not document any type of enabler or side rail, but documents "Y" for yes to the question, "Does the resident have voluntary movement?" All the other assessment questions on this form are marked "N/A" (Not Applicable).</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>R42's undated Care Plan documents the problem, "I require assist with my ADL's (activities of daily living) r/t (related to) impaired mobility/weakness, Dx (Diagnosis of) CHF (Congestive Heart Failure)" and includes the intervention which has been discontinued: "I have R (Right) side enabler bar and I have bilateral mobility enabler bars." There is no date documenting when the enabler bars were discontinued.</p> <p>On 9/20/19 at 1:05 PM V10 (Care Plan Coordinator) stated she did not know when or why the right-side enabler was removed from R42's bed. V10 stated she removed it from R42's care plan when V1 (Administrator) and V2 (Director of Nursing/DON) told her the enabler had been removed. V10 stated she did not know if R42 needed the enabler or not and was not aware of the reason why the enabler was discontinued. V10 stated there was not a Care Plan Note discussing reason the enabler was discontinued.</p> <p>On 9/20/19 at 1:08 PM V2 stated the date on the siderail assessment would have been the date the enabler would have been discontinued. The assessment would be the reason the enabler was discontinued. V2 did not give an explanation why the enabler was discontinued even though R42 stated it helped him.</p> <p>4. On 9/17/19 at 9:22 AM R74 was sitting on toilet. Her door was open and there was no clear view of the resident from the hall. R74 stood up from the toilet and turned around and let herself drop into the seat of her w/c, which was causing the w/c to roll back into the wall. About a minute later, V14 (Certified Nursing Assistant/CNA) walked into the room as R74 was wheeling</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>herself back to her bed and stated, "Oh, you got yourself off the toilet, did you?" and then assisted R74 to transfer back to bed. V14 stated, "She (R74) should have waited for me to come back and help her off the toilet."</p> <p>The Facility's Incident Log dated 2/20/19 to 9/17/19 documents R74 had five falls during that time on 2/17/19, 3/27/19, 4/2/19, 4/14/19, and 6/9/19. A review of R74's Resident Incident Reports and staff interviews document the following: on 2/17/19 at 10:20 AM R74 was found on the floor in her room; on 3/27/19 R74 was found lying on the floor near her bathroom; on 4/2/19 R74 was left sitting on bed while CNA left the room to get more towels to clean urine off the bathroom floor and she fell; on 4/14/19 CNA left resident sitting on bed while she went to get her wheel chair from out in the hall and resident fell and sustained two lacerations to her forehead that required an Emergency Room visit for two staples to close the laceration on her right forehead; and on 6/9/19, R74 transferred herself from the toilet to her w/c, which was not locked and it rolled backwards and R74 fell to the floor.</p> <p>R74's MDS dated 8/26/19 documents R74 is severely cognitively impaired and requires extensive assist of one staff for ambulation and transfers and documents R74's is not steady when moving from a seated to standing position, including moving on and off the toilet, and can only stabilize with human assistance.</p> <p>R74's undated Care Plan with a review date of September 2019 documents, "I am at risk of falls r/t (related to) my impaired mobility d/t (due to) h/o (history of) right hip fracture, h/o falls, dx (diagnosis of) Alzheimer's/dementia with impaired cognition/communication, hearing loss, diagnosis</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>of OA (Osteoarthritis), and Depression with use of psychotropic medication, use of opioid medication routinely." The interventions include "transfer with assist of one," "provide me with a safe environment," and "observe me frequently to anticipate and meet my needs."</p> <p>On 9/18/19 at 3:55 PM V1 stated R74 should not have been left alone when she was on the toilet.</p> <p>The Facility provided the document, "Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings" date April 2003 as their policy for side rails and mobility. This policy documents, "Bed rails are adjustable metal or rigid plastic bars that attach to the bed and are available in a variety of shapes and sizes from full to half, one-quarter, and one eighth in lengths. Bed rails can facilitate turning and repositioning within the bed or transferring in and out of a bed."</p> <p>(B)</p>	S9999		
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