

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  035131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/25/2024
NAME OF PROVIDER OR SUPPLIER  Granite Creek Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1045 Scott Drive Prescott, AZ 86301	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46606</b></p> <p>Based on observation, interviews and policy review, the facility failed to ensure that one resident's medications were administered as ordered by the provider based on standards of practice for one resident (#350). The deficient practice could result in residents not receiving prescribed doses of medications.</p> <p>Findings include:</p> <p>Resident #350 was initially admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses that included urinary tract infection, chronic obstructive pulmonary disease, depression, gastro-esophageal reflux disease, hypertension, and convulsions.</p> <p>A care plan initiated on [DATE] indicated that the resident has acute/chronic pain. The goal was for resident to have adequate pain relief or be able to cope with pain. Interventions included to administer analgesia medication as ordered.</p> <p>Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE] revealed that a Brief Interview for Mental Status (BIMS) could not be conducted. The MDS indicated that the resident has moderately impaired cognitive skills. The MDS also noted that the resident is on scheduled pain medication regimen.</p> <p>A medication care plan initiated on [DATE] revealed that the resident was prescribed an Opioid for chronic pain. Interventions included to administer opioid as prescribed.</p> <p>Review of the physician's order summary revealed a prescription for oxyCODONE HCl oral tablet 5mg and indicated to give 3 tablets by mouth every 4 hours for pain.</p> <p>Review of the [DATE] Medication Administration Record (MAR) revealed that on multiple occasion for the scheduled medication time for oxyCODONE, it was not administered and instead coded as the resident was sleeping.</p> <p>However, review of the eMAR progress notes did not revealed that the oxyCODONE was not always attempted to be administered or that staff always attempted to wake up the resident.</p> <p>Further, review of the [DATE] MAR indicated that the prescribed oxyCODONE was held multiple times.</p> <p>(continued on next page)</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>However, upon review of the eMAR progress notes corresponding to the coded hold of the medication oxyCODONE, there were instances where the notes instead stated that the medication was either or order or awaiting delivery from pharmacy.</p> <p>Review of a facility investigation report dated [DATE], revealed that on [DATE] resident #350 brought up concerns regarding not receiving particular medications to include oxyCODONE HCl Oral tablet 5mg. According to the investigation report, the facility conducted a review of the resident's orders and medication administration record. The report indicated that according to the facility's review, documentation showed that all medication had been administered per physician's orders. The investigation report also revealed that the allegation of medication not being administered per physician order was unsubstantiated.</p> <p>An interview with a Licensed Practical Nurse (LPN/staff #30) was conducted on [DATE] at 2:31 PM. Staff #30 stated that if a resident has a medication that is scheduled every 4 hours, then it should be administered on the scheduled times. If the resident is sleeping then there should be an attempt to wake up the resident. She said that if a resident does not wake up or tells you to go away, then you should give them time and try again later. Staff #30 said that if the resident does not want to take the meds then let the Nurse Practitioner know. She stated that there should be a nursing note that reflects what happened. She said that if the MAR is being coded as the resident being asleep without any attempt to wake or administer the medication then it is not following the physician's orders.</p> <p>On [DATE], multiple attempts were made to contact a registry nurse (staff #00) that was assigned to resident #350. However, the number only rang and then disconnected.</p> <p>During an interview with the Assistant Director of Nursing (ADON/staff #35) conducted on [DATE] at 3:03 PM, she stated that her expectation is that her staff verifies that it is the right resident, right, time, right medication, and that the medication is not expired before administering the medication. Staff #35 stated that she expects for medications to be provided at the right time, handled properly, and documented. She indicated that refusals should be documented and the proper code is used if the medication was not administered. Staff #35 said that if you code that the resident was sleeping then there should be a corresponding note indicating that the resident was attempted to be woken up or that the resident refused. She said that she also expect that the staff notify the nurse practitioner if there is continuous issues during scheduled administration that it is relayed to the provider to determine if any changes/adjustment to the administration times have to be made.</p> <p>Resident #350's MAR was reviewed with the ADON (staff #35), on [DATE] at 3:03 PM. During the review staff #35 stated that it is not acceptable to code on the MAR that the resident was not sleeping and not have a corresponding eMAR note that the resident was attempted to be woken up to administer the medication. Staff #35 also noted that in the case of oxyCODONE, there was no reason for the reason not to have been administered the medication. If her supply ran out, the nurse could have called the pharmacy to ask for a code to obtain the medication from the Pixus. Additionally, she said that the mismatched code and progress note is also unacceptable. Staff #35 stated that the resident not getting her prescribed medication at the scheduled time could mean that the resident could have been in pain and that it could cause the resident to lose trust in the staff, and think that she would not be taken care.</p> <p>(continued on next page)</p>		

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F 0658  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of the facility policy titled Administration of Drugs revised [DATE], stated that it is the policy of the facility that the medications shall be administered as prescribed. Furthermore, the policy noted that scheduled medications must be administered within facility time frame. Furthermore, it noted that if a medication is withheld, refused, or given other than at the scheduled time, the documentation will be reflected in the clinical record. It also indicated right documentation in which medication administration is documented or refusal of the medication after the administration or attempt and for concerns to be noted.		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>46606</p> <p>Based on observations, staff interviews, and the facility's policy, the facility failed to ensure that all resident shower rooms were in good repair.</p> <p>Findings include:</p> <p>During an initial observation and walk-through of both shower rooms conducted with the Maintenance Director (staff #10) on January 24, 2024 at 2:40 p.m., the following was observed:</p> <ul style="list-style-type: none"> <li>- Area 100/200 shower room only had 2 out of 5 shower stalls functional.</li> <li>- Area 100/200 shower room had an area on the tile floor that was either dirty or stained/discolored.</li> <li>- Area 300/400 shower room also only had 3 out of 5 shower functional stalls.</li> <li>- Area 300/400 shower room had cracked tiles on both the floor and lower wall of shower stalls.</li> </ul> <p>During an interview with the Maintenance Director (Staff #10) conducted on January 24, 2024 at 2:40 PM, staff #10 stated that having only 2 out of 5 shower stalls was not an issue since the staff try to only have one resident in the shower room at a time. Additionally, he stated that the broken and discolored tiles were not a concern. He said that they do a deep cleaning of the shower rooms. Staff #10 stated that no one has ever raised concerns about black mold. He also said that the facility has a preferred company that can be contacted in the event that there is an issue with black mold.</p> <p>An interview was conducted with a Certified Nursing Assistant (CNA/staff #15) on January 25, 2024 at 9:49 AM. Staff #15 stated that the shower rooms needs to be deep cleaned. She indicated that she had never seen housekeeping do any kind of deep cleaning. Staff #15 stated that there is crud all over the shower room. She said that shower heads need to be replaced in the shower stalls since there is little water coming out. Staff #15 said that in the 300/400 shower room only 3 out of the 5 stalls works. She noted that the water pressure is not very good in the shower room. Staff #15 said that the tiles are all stained. She said that the grout looks dirty and dingy since the grout is dark and it has not been cleaned. Staff #15 said that CNAs clean in between resident showers. However, she had never seen housekeeping clean in there or empty linen barrels until today.</p> <p>(continued on next page)</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with a CNA (staff #20) conducted on January 25, 2024 at 10:20 AM, staff #20 stated that maintenance is responsible for fixing any issues with the shower rooms. She said that housekeeping cleans the shower rooms but the CNAs makes sure it is okay for residents to use, and that CNAs are responsible for cleaning the shower room in between resident use. Staff #20 noted that there are multiple issues with the shower rooms. Among the issues she noted were: tubs not working, tiles in area 300/400 are missing, the grouts are nasty and appeared to have a dark brownish/gray tinge and looked like it had not been professionally cleaned in years, the area 300/400 shower room only had 3 out of the 5 working shower stall with the other two stalls used as storage, the tiles are cracked and have that nasty film on it. Staff #20 said that there was a work order placed months ago but nothing had been done. She noted that both shower rooms (area 100/200 and 300/400) need new tiles. Staff #20 said that the floors in the facility have been redone a few times but the shower room has never been fixed/remodeled. She said that the concern about the broken tiles are that they are sharp and that it could hurt the residents, both the aides and residents could trip on them, and it also made it hard to roll wheelchairs over the broken tiles.</p> <p>A follow-up observation/walk-through of the shower rooms was conducted with staff #20 on January 25, 2024 at 10:42 a.m. During the walk-through the following was observed:</p> <ul style="list-style-type: none"> <li>- Area 300/400: <ul style="list-style-type: none"> <li>-missing floor tiles on both door entrance/exit</li> <li>- stalls did not have a shower head and handle</li> <li>- brownish/gray material on the tile floor and bottom tile wall</li> <li>- cracked tiles in stalls with the cracked wall crevice appearing moist with dark/black unknown material</li> <li>- broken shower head holder</li> <li>- missing pull help string</li> <li>- tub box cracked and had black material</li> </ul> </li> <li>- Area 100/200: <ul style="list-style-type: none"> <li>- brownish/gray material on tile floor</li> <li>- stalls used as storage</li> <li>- missing floor tiles on door entrance/exit</li> <li>- area under the sink appeared wet with brown unknown material spot</li> </ul> </li> </ul> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview with another CNA (staff #25) conducted on January 25, 2024 at 11:03 AM, staff #25 stated that housekeeping is responsible for cleaning the shower rooms and that the CNAs clean them in between resident use. However, everyone is responsible for reporting any issues or concerns to maintenance. Staff #25 said that the shower rooms are dated and needed work done. She noted that the shower room floors needed to be replaced. Staff #25 said that some of the staff thought that there is mold in the shower rooms but she believed that the it is that dingy and old. She noted that some of the tiles are cracked. Staff #25 said that the cracked tiles are an issue since it can make it bumpy and not safe to roll residents in their wheelchair.</p> <p>On January 25, 2024 at 1:49 PM, a Resource Staff (staff #65) stated that the Maintenance Director is the one that does deep cleaning of the shower rooms once a week on Sundays which is the day when the facility does not schedule resident showers.</p> <p>During an interview with the Assistant Director of Nursing (ADON/staff #35) conducted on January 25, 2024 at 3:03 PM, staff #35, she stated that she had not heard any complaints about the shower rooms. She indicated that staff are responsible for reporting issues and placing it on TELS so that maintenance can take care of them.</p> <p>Review of the Shower Room Cleaning Log revealed that the shower rooms were cleaned weekly. According to the log, cleaning included shower areas being swept, moped, and walls and tiles deep cleaned with bleach.</p> <p>Review of Work Orders with date range of September 24, 2023 to January 23, 2024 did not indicate any work orders concerning the shower room issues.</p> <p>The facility policy titled Facility Maintenance revised May 2007 stated that it is the policy of the facility to establish procedures for routine and non-routine care of the facility/building to ensure that the facility remains in good working order for residents and staff safety.</p>