

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 03/13/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47954</p> <p>Based on review of facility documentation, staff interviews, personnel files, and facility policy, the facility failed to ensure that one resident (#5) received treatment and care in accordance with professional standards of practice. This deficient practice may result in resident not receiving treatment and care.</p> <p>Findings include:</p> <p>Resident #5 was admitted [DATE] with pertinent diagnoses including Ischemic cardiomyopathy, atrial fibrillation, stage 4 chronic kidney disease, diabetes mellitus type 2, hypertension, and hyperlipidemia.</p> <p>Review of the facility assessment dated [DATE], revealed care required by resident populations include residents who require assistance with bed mobility and transfers, and some who require total mechanical lift transfers, and some who are independently mobile. It further states that some residents are ones who can bear some weight, and who require assistance with sit-stand lift transfers. Types of assistance provided include but are not limited to bathing, showers, responding to requests for assistance to the bathroom or toilet, transfers, and ambulation. The assessment included factors that may affect the care provided by the facility, including staff competencies. The assessment noted that in addition to required certification and licensure, all staff are oriented at the time of hire and receive all required training on an ongoing basis on appropriate competencies, including activities of daily living.</p> <p>A facility investigative report dated February 16, 2024 revealed that on February 15, 2024 at approximately 1:40 p.m. was found unresponsive by a hospitality aid (HA/staff #108) while sitting on the toilet. The hospitality aide then alerted the nurse who initiated a code blue. The resident expired and time of death was pronounced at 2:02 p.m.</p> <p>Review of the personnel record for staff #108 did not reveal lift and transfer training.</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
---	-------	-----------

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 03/13/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted on [DATE] at 1:21 p.m. with the hospitality aide (HA/staff #108) who stated that she is a hospitality aide and not a certified nursing assistant. (CNA). The HA stated that they were required to be with a CNA at all times. The HA stated that the CNA left for a little while, no idea where he went. The HA stated that resident #5 was a nice guy but needed help to make sure he didn't fall over. He wanted to go to the restroom so I helped him. The HA further stated that he didn't hit the call light like he said he would, and I found him slumped over. The HA further stated she got nurse kat and a couple of other nurses came to the room and started doing CPR.</p> <p>An interview was conducted with a Licensed Practical Nurse (LPN/staff #55) on [DATE] at 1:54 p.m. The LPN stated that resident #5 was her patient on the day of the incident, that he was very weak, the morning of the February 15 2024 his oxygen was low in the morning before therapy. He was put on oxygen and was fine in bed after that. The nurse noted that the hospitality aid (staff #108) assisted the resident to the bathroom, transferred him from the wheelchair to the toilet, and then came and alerted me a few minutes later at the nursing station asking if I could check on the patient in 114 (resident #5). The LPN stated they checked the chart to ensure the resident was a full code, and after assessing the resident began CPR until EMS arrived and took over. The LPN further stated she doesn't know the duties of a hospitality aide and what they are allowed to do.</p> <p>An interview was conducted with a Certified Nursing assistant (CNA/staff #30) on [DATE] at 3:48 p.m. The CNA stated that the incident happened while they were at lunch. The CNA further stated that hospitality aides are not allowed to do anything with the patients without a CNA present.</p> <p>Review of the facility policy titled Granite Creek Health and Rehab Policy / procedure revised [DATE] revealed it is the policy of the facility that services provided by the facility meet professional standards of quality and be provided by qualified persons in accordance with each resident's care plan.</p>