

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 07/21/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews, review of clinical record, and review of facility policy and procedure, the facility failed to ensure medications were administered according to physician orders for one of four sampled residents (#2). The deficient practice could result in residents not receiving medications as ordered by the physician, which could lead to worsening of the resident's medical condition.-Findings include:Resident #2 re-admitted to the facility on [DATE], with diagnoses that included acquired absence of the right leg above the knee, primary osteoarthritis of the left hip, presence of left artificial hip joint, rheumatoid arthritis, other chronic pain, difficulty in walking, and need for assistance with personal care.A discharge physician order list dated July 11, 2026, included medication orders from the discharging hospital. The orders were uploaded into the resident's clinical record on July 11, 2026, at 9:52 a.m.A nursing note dated July 11, 2026, revealed Resident #2 admitted to the facility at approximately 5:35 p.m.Physician orders dated July 11, 2026, scheduled to start on July 11, 2026, included:-Clonazepam oral tablet 0.5 mg, to give 0.5 mg orally at bedtime for anxiety as evidenced by restlessness-Famotidine oral tablet 20 mg, to give 20 mg tablet orally at bedtime for gastrointestinal discomfort-Simvastatin oral tablet 20 mg, to give 20 mg orally at bedtime for hypercholesterolemia-Clonidine HCl oral tablet, to give 0.5 mg orally two times a day for hypertension-Doxycycline monohydrate oral capsule, to give 100 mg orally two times a day for infection-Flovent HFA inhalation aerosol 220 mcg/act, to administer 1 inhalation orally two times a day for wheezing-Fluticasone propionate nasal suspension 50 MCG/ACT, for 2 inhalations in both nostrils two times a day-Modafinil oral tablet 200 mg, to give 1 tablet orally two times a day for wakefulness-Gabapentin 300 mg capsule, to give 1 capsule by mouth three times a day for neuropathy-Sucralfate oral tablet 1 gm, to give 1 tablet orally three times a day for ulcer prevention-Oxycodone HCl oral tablet 10 mg, to give 10 mg orally every 4 hours as needed for pain management for pain level 1-10.The Medication Administration Record (MAR) for July 2026 revealed that the clonazepam, famotidine, simvastatin, clonidine, doxycycline, flovent, fluticasone, modafinil, gabapentin, and sucralfate were marked as not administered on the MAR for July 11, 2026; however, the nurse (Staff #66) documented 7 on the MAR, indicating other / see nurse notes.The clinical record revealed no evidence on July 11, 2026, indicating why the medications were not administered. Additionally, there was no evidence that the pharmacy was contacted, the provider was contacted, or that the medications were attempted to be administered from the emergency kit (e-kit).An admission assessment dated [DATE], revealed that Resident #2 had vocal complaints of pain, and was documented to have a pain level of 4 on July 12, 2026, at 2:26 a.m.The clinical record revealed no evidence that the resident was administered oxycodone for pain during the night shift of July 11-12, 2026.Physician orders dated July 11, 2026, to start on July 12, 2026, included:-Bifidobacterium bifidum oral capsule, to give 1 unit orally one time a day for bowel health-Enoxaparin sodium injection (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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 035131	Facility ID: 035131 If continuation sheet Page 1 of 4

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