STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146075	A. BUILDING _____ B. WING _____	09/13/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE NURSING & REHABILITATION	**3500 CENTURY DRIVE GRANITE CITY, IL 62040**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F9999	FINAL OBSERVATIONS Licensure Violations 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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.	F9999		

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F9999	Continued From page 16	F9999		

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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)

These requirements are not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure 2 of 8 residents (R7 and R9) in the sample of 15 reviewed for falls were transferred safely. This failure resulted in R7 obtaining a fracture of the clavicle.

Findings include:

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F9999	Continued From page 17	F9999		

1. R7's Care Plan of 2/13/12 documents R7 has potential for falls and decreased ability to perform ADL's (Activities of Daily Living) related to diagnosis of late effect Cardiovascular Accident, Flaccid hemiplegia on dominate side and muscle weakness. The Care Plan notes of 6/3/13 and 7/8/13 document to transfer via mechanical sling lift with 2 assistance.

R7 was observed through out the survey to have her left arm in a sling. R7 stated her clavicle was fractured during a transfer.

The Nurses Note of 7/27/13 documents R7 just finished shower. Aide taking her to room. While in room, sitting at nurse station heard some screaming/yelling. Went to investigate resident sitting on side of bed making faces like grimacing and stating her left shoulder is hurting. Note documents Z1, R7's Physician, ordered an X-ray.

The X-ray report of 7/27/13 was negative for fracture. The Nurses Note of 7/31/13 documents Z1 assessed R7 and ordered an x ray of the left Clavicle.

The X-ray report of 7/31/13 documents a fracture of mid shaft of clavicle with inferior displacement and overriding of distal fracture fragment appears sub acute.

The Facility "Falls Witness Statement" of 7/27/13 signed by E10, Certified Nurses Aide, CNA, documents, "We use a gait belt to transfer her to bed." "Falls Witness Statement" of 7/27/13 documents, "Ready to put to bed...Transferring with gait belt from chair to bed two people."

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F9999	Continued From page 18 The Facility investigation report documented E10 and E11 were given "Category one violation" stating "On 7/27/13 employee failed to follow accurate and available care guide information and transferred a resident by improper method resulting in significant injury to resident." 2. On 9/11/13, at 9:40 a.m., E6 and E7 CNA's were preparing to transfer R9 with the mechanical lift from bed to wheelchair. R9 was observed to attached two of the four clips onto the bar of the lift. E6 and E7 did not observe, assist, or check placement of the two clips that R9 attached to lift bar before transferring R9. R9 was further observed to independently operate the remote as she was transfered. E7 was observed to have R9's wheelchair tipped on the back two wheels with the front two wheels suspended in free air. R9 lowered herself to the wheelchair by operating the remote. E7 continued to have the wheelchair tipped back on the back two wheels until R9 was positioned in the wheelchair. Interview with E6 on 9/12/13 at 12:25 p.m., and E6 stated that R9 is not transferred with the mechanical lift. R9's Care Plan dated 7/20/12 documents that transfers are to be done with the assist of 2 and a mechanical lift. The Minimum Data Set, MDS, dated 7/17/13 documents R9 is totally dependent on two or more staff for transfer and weighs in excess of 300 pounds. (B)	F9999		