PRINTED: 05/10/2021 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ B. WING IL6001986 03/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3500 CENTURY DRIVE GRANITE NURSING & REHABILITATION GRANITE CITY, IL 62040** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** Complaint Investigation 2141690/IL131742 2141744/IL131805 S9999 S9999 Final Observations

Section 300,610 Resident Care Policies

Statement of Licensure Violations

300.610a) 300.1210b) 300.1210c) 300.3240a)

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

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

Section 300.1210 General Requirements for

Nursing and Personal Care

Attachment A Statement of Licensure Violations

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

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6001986 03/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3500 CENTURY DRIVE **GRANITE NURSING & REHABILITATION GRANITE CITY, IL 62040** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 1 S9999 S9999 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 were not met as evidenced by: Based on interview and record review the facility failed to answer call lights to provide timely dignified care for 4 of 5 residents (R2, R3, R5, R7) reviewed for call lights in a sample of 13. This failure resulted in R2 having feelings of embarrassment and she doesn't matter, R3 having feelings of embarrassment and being like a child and R5 crying when talking about her experience with not receiving timely care. Findings include: 1. R3's Care Plan, not dated, documents in part. "I require assist with my ADL's (Activities of Daily Living) r/t (related to) my impaired mobility. Dx (diagnosis) CVA (stroke), s/p (status post) Right hand fingers amputation/weakness." R3's Minimum Data Set (MDS), dated 1/24/2021, documents R3 is cognitively intact, frequently

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of 1 for all ADL's except eating.

incontinent of urine and requires extensive assist

DHX811

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6001986 03/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3500 CENTURY DRIVE **GRANITE NURSING & REHABILITATION GRANITE CITY, IL 62040** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 2 On 3/22/2021 at 10:27 AM R3 stated that there is not enough staff and only have one CNA (Certified Nursing Assistant) on evenings. R3 stated that it takes a long time to answer the call light if they answer it at all, especially on evenings. On 3/23/2021 at 10:30 AM R3 stated that she has had accidents (incontinent episodes) waiting on staff to answer her call light. R3 stated that she feels embarrassed and it makes her feel like a child. 2. R2's Care Plan, not dated, documents in part, "I require assist with my ADL's r/t my impaired mobility. Dx COPD (Chronic Obstructive Pulmonary Disease), CHF (Congestive Heart Failure), OA (Osteoarthritis). I have some hearing loss. I have a L (left) prosthetic eye." On 3/23/2021 at 10:19 AM R2 stated that she has sat in stool for about 3 hours waiting on staff to clean her up. R2 stated that she is incontinent of bowel and bladder and needs help with cleaning. R2 stated that she needs two people to help turn her over and because they only have one CNA it takes even longer to receive care. R2 also stated that she has waited for 40 minutes, fell asleep waking up 1 hour later and no one has answered her light or changed her. R2 stated that she feels embarrassed and like she doesn't matter. R2 stated she waits as long as she can before calling for help, because she doesn't want to inconvenience the staff. 3. R7's Care Plan, not dated, documents in part, "I require assist with my ADL's r/t my impaired

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mobility - dx CVA (stroke) with hemiplegia."

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED C 03/25/2021 | |
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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3500 CENTURY DRIVE | | | | | | |
| GRANITE NURSING & REHABILITATION 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) COMPLETE DATE |
| S9999 | Continued From page 3 | | S9999 | | | |
| | R7's MDS, dated 1/26/2021, documents R7 is cognitively intact, always incontinent of bowel and bladder and requires extensive assist from staff for ADL's. | | | 20 | | |
| | On 3/24/2021 at 10:00 AM R7 stated that call lights can take over an hour to be answered. | | 8 | | | <u> </u> |
| | she and V19 (CNA building on 3/13/20 evening shift. V20 shefore, as recent a that with one CNA give the residents to V20 also stated that long periods of time over an hour to ansand longer than that she is in a room wirelse's light is on it rethat resident gets to be everywhere. V2 nurses here, but the stuff. They (Nurses V20 stated that the coordinator to get if phone. V20 stated, leave the hall unatted side of the building that needed two perwait. V20 stated the herself. V20 stated was none. | 20 PM V20 (CNA) stated that) were the only CNAs in the 21 and 3/14/2021 for the stated that this has happened s the Monday prior. V20 stated on the hall she is not able to the proper care they deserve. at the residents had to wait for the to get care. V20 stated it took swer some residents' call lights at to get care. V20 stated that if the a resident and someone may take a long time before tare. With one staff she can't 0 stated, "There were two ey were busy passing pills and s) couldn't and didn't help us." by kept calling the staff melp, but she didn't answer the "Sometimes you have to tended to go help on the other ." V20 stated that the residents explete to assist had a very long at she couldn't do them by I she needed help and there | | | | |
| | she and V20 were V19 stated that she not getting quality | 50 PM V19 (CNA) stated that the only CNAs in the building. e felt that the residents were care. V19 stated that it is he is the only aide working the | | | | |

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

IL6001986

STREET ADDRESS, CITY, STATE, ZIP CODE

3500 CENTURY DRIVE

3500 CENTURY DRIVE GRANITE NURSING & REHABILITATION GRANITE CITY, IL 62040 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 hall. V19 stated call lights were not answered timely and some people waited up to three to four hours to be checked and changed. V19 stated if someone fell, she wouldn't know because she is in another person's room or at the other end of the hall at the other end of the building. V19 stated showers were not completed. V19 stated she is not aware if anyone made any calls. V19 stated there is no need to complain, there is no one to come in. V19 stated they don't have the staff. On 3/23/2021 at 10:50 AM V2 (Director of Nursing) stated they have contracts with two staffing agencies. V2 stated if someone calls off, they reach out to them. V2 stated, "If they can't get anyone then the nurse managers come in and help." V2 stated that she would have to check into why this didn't happen. On 3/23/2021 at 2:20 PM V22 (Regional Clinical Nurse) stated that she would expect the staff to answer the call light before one hour and provide care before three to four hours. On 3/23/2021 at 2:30 PM V1 (Administrator) stated that the facility did not have a call light policy. The Facility's Resident Council Record, dated 2/16/2021, documents in part, "Issues, Recommendations, Comments: Not enough CNAs." It also documents "Call light, they take too long." 4. R5's Care Plan, not dated, documents in part, "I require assist with my ADL's r/t my impaired

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neuropathy."

mobility. Dx morbid obesity, OA, scoliosis,

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