STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535013	A. BUILDING _____ B. WING _____	C 07/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRANITE REHABILITATION AND WELLNESS	**3128 BOXELDER DRIVE CHEYENNE, WY 82001**

(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
F 000	INITIAL COMMENTS A complaint survey was conducted by Healthcare Licensing and Surveys from 7/13/22 to 7/14/22. The survey was prompted by complaint intakes WY00003423 and WY00003435.	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, resident and staff interview, facility incident investigation review, performance improvement plan review, and staff education and monitoring documentation review, the facility failed to ensure residents were transferred in a safe manner for 1 of 3 (#1) residents reviewed for appropriate transfer assistance. This failure resulted in harm to resident #1, who was transferred inappropriately and sustained a fracture. Corrective measures were implemented by the facility prior to survey, and and compliance was determined to be met on 3/29/22. The findings were: Review of the 6/11/22 quarterly MDS assessment showed resident #1 had diagnoses which included diabetes mellitus type II, "other" fracture, and seizure disorder. The review showed the resident had a brief interview for mental status	F 689	Past noncompliance: no plan of correction required.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		08/03/2022

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.

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F 689	Continued From page 1	F 689		

score of 15, which indicated s/he was cognitively intact. The review also showed the resident required extensive assistance with mobility and transfers. Review of the care plan showed a plan, initiated on 3/3/22, that required assistance of 2 staff members for transfers. Review of a late entry nursing progress note dated 3/24/22, timed 5:41 PM and titled, "Alert Charting: Fall/Accident/Injury" showed the following: "Patient was transferred by staff to the shower chair and 2 nurses assessed to note no injuries at that time. In the AM patient had increased pain and MD [medical doctor] was notified and telehealth appointment was given. MD ordered x-ray and sent out. Noted fracture of R [right] tibia..." Review of the 3/25/22 nursing progress note timed 1:07 PM showed the following: "Reported to me by the night nurse that resident's knee got injured during a transfer...Resident assessed and unable to straighten right leg, without resident yelling out. I had PT [physical therapy] assess and they were unable to straighten right leg out. Resident did request earlier to go to hospital. MD notified and management. Resident okay with [name of radiology center] for x-rays. Waiting for a return phone call from MD."

Review of a 3/24/22 facility incident investigation showed the following regarding an incident in the resident's room, "Nursing Description: Patient was transferred by staff to the shower chair and 2 nurses assessed to note no noted injury at that time. In the AM patient had increased pain and MD was notified and telehealth appointment was given. MD ordered x-ray and sent out. Noted fracture of R [right] tibia...Patient Description: I was getting up to the showers and slid my leg because of my slippers and extended my leg."

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F 689	Continued From page 2	F 689		

Review of incident logs from January 2022 to current showed no additional incidents related to staff-assisted transfers. The following concerns were identified:

1. Interview with resident #1 on 7/13/22 at 4:20 PM confirmed she had an injury to her right lower leg in March 2022 during a staff-assisted transfer, but could not remember the details, such as how many staff members were present to assist the resident at the time of the incident. The resident stated s/he was better now.

2. Interview with emergency direct care worker (EDCW) #1 on 7/14/22 at 2:30 PM confirmed she transferred the resident on the evening of 3/24/22, and the resident had an "assisted fall." The EDCW confirmed no other staff were assisting and no other staff were present during that time. The EDCW stated it was her first time caring for the resident, and she confirmed she failed to refer to the care plan, any other documentation, or to ask any other staff member how the resident was supposed to be transferred.

3. Interview with the administrator on 7/14/22 at 3 PM confirmed her expectation that staff follow the care plan for patient transfers.

Review of the 3/25/22 performance improvement project (PIP) titled, "CNA Tasks Transfers" showed the following:

"Goal: To validate CNAs [certified nurse aides] are able to articulate where to find CNA transfer status.

Measure: Monthly-staff interviews to validate where people find transfer status of our residents.

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F 689	Continued From page 3 Education can be done during all staff, huddles, walking rounds. Root Cause Analysis-Transfer statuses often change due to resident decline or improvement. Work with IDT team during clinical (which includes therapy) to ensure care plans get updated and it is added to the ISP. ISP is where all clinical staff can find transfer status for residents, and staff educated to ensure they use two people assist if not sure. Measure monthly times 3 to ensure compliance... Reviewed: 6/28/22 QAPI [quality assurance performance improvement]-Add additional 1 month review to ensure compliance with new staff and turnover." Review of the 3/29/22 "Inservice Education Summary" showed the summary included "Transfer Status," and staff signed in to the inservice.	F 689		