

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155754	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/06/2013
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NAME OF PROVIDER OR SUPPLIER HUBBARD HILL ESTATES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 28070 CR 24 ELKHART, IN 46517
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: February 25, 26, 27, 28, and March 1, 4, 5, and 6, 2013</p> <p>Facility number: 001131 Provider number: 155754 AIM number: 200823940</p> <p>Survey team: Julie Wagoner, RN-TC Deb Kammeyer, RN (February 25, 26, 27, 28, and March 4, 5, and 6, 2013) Lora Swanson, RN (February 25, 26, 27, 28, and March 4, 5, and 6, 2013)</p> <p>Census bed type: SNF: 49 SNF/NF: 06 Other: 98 Total: 153</p> <p>Census payor type: Medicare: 18 Medicaid: 06 Other: 129 Total: 153</p> <p>Residential sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>	F000000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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	IAC 16.2. Quality Review completed on March 12, 2013; by Kimberly Perigo, RN.				

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F000279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>Based on observation, record review, and interviews, the facility failed to provide and/or arrange routine dental services from a dentist for 1 of 40 residents reviewed for dental needs. (Resident #76)</p> <p>Findings includes:</p> <p>1. Interview with Resident #76 on 02/25/13 at 1:41 P.M., indicated she had fallen and broke her front tooth. She indicated it had hurt initially and caused her some problems, but it was not causing anymore problems and</p>	F000279	<p><u>What corrective action will be done by the facility?</u></p> <p>Resident #69 was examined by the facility dentist on 3-7-13 with no further orders at this time.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p>	03/29/2013			

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	<p>did not hurt.</p> <p>Observation of Resident on 03/01/13 at 9:30 A.M., indicated her natural teeth were fairly discolored brown and the front two teeth were notably crooked and thinner in width than the incisor teeth beside them on either side. The resident's bottom natural teeth were noted to also be discolored and did not look "clean." The resident was noted to have her natural teeth in the front of her mouth and partial dentures in the back. It was not able to be determined from a casual observation of the resident's mouth, if the resident had a broken tooth. The resident pointed to her front two teeth when asked which tooth had broken. She indicated she thought the tooth had been broken when she had fallen "about two weeks ago."</p> <p>The clinical record for Resident #76 was reviewed on 02/28/13 at 10:00 A.M. Resident #76 was admitted to the facility on 12/02/10, with diagnoses including but not limited to osteoporosis, htn (hypertension), s/p(status post) pneumonia, oa (osteoarthritis), hyperlipidemia, dysphagia, stress incontinence, and path fx (fracture) humerus.</p>		<p>All residents have been offered routine dental services from a dentist. Those residents requesting dental services have appointments scheduled with a dentist. Those declining dental services have signed the declination form or have given verbal consent.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <ol style="list-style-type: none"> Social Services will offer dental services from a dentist on admission and annually at the Care Plan meetings. The MDS nurse will audit the care plan documentation related to dental services to assure these services were offered on admission and annually. The MDS audits will be weekly x 4, bi-monthly x 2, then quarterly. <p>-</p> <p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p>		

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	<p>The Annual MDS assessment, completed on 04/19/12 and the most recent MDS quarterly review, completed on 12/20/12, indicated there were no oral status issues identified.</p> <p>There was no intervention on the care plans to assist the resident with routine dental exams, but there was a plan, dated 10/15/11 on a Self Care Deficit plan for the facility to assist the Resident with dressing and grooming by raising arms. An intervention to the plan included the following: "...10 Ensure that oral/dental care is completed twice daily..."</p> <p>3.1-35(a)</p>		<p>Results of the MDS nurse audits will be reviewed weekly at the Clinical Management Meeting with the Director of Nursing/Director of Quality Management, and quarterly at the QA meeting x 4. At that time will review for continued need for auditing.</p> <p><u>Compliance Date: March 29, 2013</u></p>	

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F000280 SS=D	<p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>Based on observation, record review, and interviews, the facility failed to ensure a behavior management care plan was updated for 1 of 10 residents reviewed for unnecessary medications. (Resident #3)</p> <p>Finding includes:</p> <p>1. The clinical record for Resident #3 was reviewed on 02/28/13 at 10:30 A.M. Resident #3 was readmitted to the facility from an inpatient psychiatric hospital, on 10/30/12. The resident's diagnoses, included but were not limited to, hypothyroidism, advanced chronic renal disease,</p>	F000280	<p><u>What corrective action will be done by the facility?</u></p> <p>Resident #3's behavior tracking form has been updated to include "give textured blanket" as an intervention.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents on behavior tracking</p>	03/29/2013			

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	<p>chronic small vessel cerebrovascular disease, severe vascular dementia, L4-5 spinal stenosis, degenerative disc disease of the lumbar spine, vitamin D deficiency, torticollis 10 presbycusis, advanced age, and dementia with behavioral disturbance</p> <p>Physician orders, dated 10/30/12, upon admission, included orders for the antianxiety medication, Xanax to be given three times a day, and the antipsychotic medication, Zyprexa to be given three times a day. The resident also had orders to be given the antidepressant medication, duloxetine, and a medication to for dementia, Namenda twice a day.</p> <p>The initial psychiatric evaluation, completed on 10/31/12, indicated the psychiatrist wanted to change the antianxiety and antipsychotic medications to different antianxiety and antipsychotic medication, discontinue the dementia and antidepressant medications. In addition, the psychiatrist indicated the resident was quiet when someone was talking with her, but otherwise would scream out. The psychiatrist noted the resident had enjoyed crocheting and sewing in the past and "wanted to be busy with her hands." The note indicated the psychiatrist</p>		<p>have had their interventions reviewed and are present on their behavior forms and care plans.</p> <p>All residents followed by the psychiatric physician have had their progress notes reviewed for the past 6 months to assure all interventions are implemented.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <ol style="list-style-type: none"> 1. Nursing staff inserviced regarding policy and procedure related to behavior monitoring. 2. Social Services to complete Behavior Tracking forms monthly to assure appropriate interventions are in place. 3. Nursing Unit Managers to audit Behavior tracking forms monthly to assure appropriate interventions are in place. 4. Behavior Monitoring Meeting to continue to be held monthly to assure documentation is appropriate. <p><u>How will corrective action be monitored to ensure the deficient</u></p>				

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	<p>had met with Resident #3's POA (power of Attorney) about, "getting objects for tactile stim (stimulation)."</p> <p>The psychiatric follow up evaluations, completed on 11/14/12 and 11/28/12, indicated the resident had responded well to the nonpharmacological interventions of "blanket with texture." The 01/23/13 evaluation indicated the following: "cont (continues) to yell out some, increased anxiety, grieving loss of sister, behaviors can be calmed down with pain medication or diversion with blanket materials." The psychiatrist added the medication "Remeron (an antidepressant medication) 7.5 mg at hs (bedtime)."</p> <p>The care plans for behaviors, initiated on 01/25/13, for the socially inappropriate behavior of calling out loudly had a goal for the resident to have less than one episode/fewer than 3 episodes per shift/per day. The interventions included the following: " Monitor resident frequently, maintain behavior log, analyze key times, places, circumstances, triggers, and what de-escalates behavior, assess for contributing sensory deficits, psychiatric evaluation, evaluate for side effects of medications, assess</p>		<p><u>practice does not recur and what QA will be put into place?</u></p> <p>Results of the Nursing Unit Managers audits will be reviewed monthly at the Clinical Management Meeting with the Director of Nursing/Director of Quality Management, and quarterly at the QA meeting x 4. At that time will review for continued need for auditing.</p>				

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	<p>resident's needs - evaluate food, thirst, toileting needs, comfort level, body position, pain, make sure clothing is not too hot, give resident privacy, assess resident's understanding of the situation, assess resident's coping skills and support system, emphasize positive aspects of compliance, give positive feedback and reinforcement for resident's compliance, staff to deal with resident consistently, give positive feedback for socially appropriate behaviors, distract resident with activities based on resident's preferences."</p> <p>Review of the February 2013 behavior monitoring forms, located in the Mediation Administration Record (MAR) , indicated three forms. One form was generic with no specific information of what to monitor on the form. There was one episode of "anxious complaints" documented. Another form, to monitor "crying and tearfulness" had no behaviors documented and no specific interventions to use except written in on the intervention form was "reposition." The last form, for monitoring repetitive calling out had no behaviors and no specific interventions to use.</p> <p>Review of the January 2013 forms</p>				

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	<p>titled, "Monthly Behavior Monitoring Flowsheets" indicated a form to document "aggressive behaviors" for the use of the Abilify medication, a form to document "anxiety" for the use of the Xanax medication, and a form to document "crying, tearfulness" for the use of the Klonopin medication. There were no behaviors documented on any of the forms. There were 12 printed interventions on the forms, but no individualized interventions documented on the monitoring forms.</p> <p>A "behavior intervention monitoring" form, dated November 2012, indicated 19 behaviors from 11/08/12 - 01/25/13 documented on the form. 14 of the 19 behaviors were "anxious, persistent attention seeking" and interventions were attempted consistently were "calm reassurance, pain management, modification of resident's environment, repositioning, and personal care." There were 4 episodes of crying and tearfulness, 2 episodes of verbally threatening behavior, and one episode of stealing. "Give a square of material" was listed as one of the individualized interventions, but it was only documented as having been attempted once, in November 2012.</p>			

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	<p>Interview with the Social Services Director, on 03/01/13 at 9:45 A.M., indicated she had changed the type of documentation form for behavior documentation in January 2013, but some staff were still not utilizing the form and continued to document on the "old" form. Neither the old or new form had "texture blanket" listed as an intervention though the psychiatrist seemed to think it was a successful intervention. She indicated the textured blanket was actually a blanket the resident and her sister had made.</p> <p>Resident #3 was observed on 02/27/13 at 10:00 A.M., weakly calling out for "Help." The resident was seated in a tilt in space wheelchair near the nurse's station. Several staff were noted to walk by the resident, speak briefly with her, and inform her of the upcoming activity schedule. On 02/27/13 at 10:30 A.M., Resident #3 was able to indicated she was hurting. She was placed in her bed and was noted to fall asleep. At 11:00 A.M., the resident was heard calling "Help" from her room. Her roommate, came out of the room and informed staff Resident #3 needed the bedpan. After she was given the bedpan and assisted to toilet, Resident #3 was noted to fall back</p>				

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	<p>asleep.</p> <p>Interview with RN #5, the unit manager, on 03/01/13 at 10:30 A.M., indicated staff were "diligent" to "redirect and distract" Resident #3 all day long, when she had behavior issues of "calling out for help." She mentioned the physician was also addressing and changing some of her pain medications. She did not mention, nor were any staff observed to give the resident a "textured blanket" when she was noted to be calling out for "Help."</p> <p>3.1-35(d)(2)(B)</p>				

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interviews, the facility failed to attempt a gradual dose reduction for a hypnotic medication for 1 of 10 residents reviewed for unnecessary medications. (Resident #22)</p> <p>Finding includes:</p> <p>1. The clinical record for Resident #22 was reviewed on 03/02/13 at 10:00 A.M. Resident #22 was admitted to the facility on 09/20/10</p>	F000329	<p><u>What corrective action will be done by the facility?</u></p> <p>Resident #22 continues on Ambien. On 3-11-13, the physician sent a letter clarifying that Resident #22 "has had a sleep disturbance for many years. Ambien has been successful in treating her sleep where other psychotropics/hypnotics have not previously helped over the years. It is my point of view, with experience with this individual,</p>	03/29/2013			

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	<p>with diagnoses, including but not limited to CHF (congestive heart failure), diabetes mellitus, gerd, dyslipidemia, depression, chronic pain syndrome, hypertension, and insomnia.</p> <p>The resident's physician orders, upon admission, dated 09/20/10, included orders for the hypnotic medication, Ambien 2.5 mg to be given at bedtime routinely. The current physician's orders, signed as current for the month of February 2013, indicated the resident still received the Ambien 2.5 mg at bedtime routinely.</p> <p>A pharmacy review note, printed 12/24/12 indicated the following: "Resident has an order for Ambien 2.5 mg hs (bedtime) for insomnia. Hypnotics should be reviewed for possible dosage reductions. Please consider a trial dosage reduction. Reduction could be Ambien 2.5 mg qod (every other day) or a mild reduction of discontinuing the Sunday evening dose. If a reduction is not attempted please document the date of last failed reduction and why a reduction would not be appropriate...." The physician responded with a handwritten note, dated 01/13/13, "The patient and family request this dose."</p>		<p>that she continue to take the Ambien as written."</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>Pharmacist has reviewed all residents' medical records on 3-22-13 specifically focusing on residents receiving antipsychotics/hypnotics to assure a Gradual Dose Reduction has been attempted per regulations or that there is documentation that it is contraindicated.</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <p>1 Pharmacist to continue to review every resident's drug regimen every month including all residents receiving psychotropic medications.</p> <p>2 Behavior Monitoring Meeting to continue to be held monthly to review all residents receiving psychotropic medications. During this review, residents requiring a Gradual Dose Reduction will be</p>				

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	<p>Interview with RN #5, the Unit Manager , on 03/04/13 at 2:30 P.M., indicated Resident #22 had been on the medication Ambien "for a long time." She indicated they had asked for a reduction but the physician refused because, "the resident wanted it."</p> <p>3.1-48(b)(2)</p>		<p>addressed.</p> <p>3 Social Services to audit the residents on psychotropic medications monthly to assure all physician follow-up is documented according to regulations regarding Gradual Dose Reduction.</p> <p><u>How will corrective action be monitored to ensure the deficient practice does not recur and what QA will be put into place?</u></p> <p>Results of the Social Service audits will be reviewed at the monthly Behavior Meeting and presented to QA meeting quarterly times 4. At that time will review for continued need for auditing.</p>		

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F000411 SS=D	<p>483.55(a) ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS The facility must assist residents in obtaining routine and 24-hour emergency dental care.</p> <p>A facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine and emergency dental services to meet the needs of each resident; may charge a Medicare resident an additional amount for routine and emergency dental services; must if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and promptly refer residents with lost or damaged dentures to a dentist. Based on observation, record review, and interviews, the facility failed to arrange routine professional dental services for 1 of 1 residents reviewed for dental care in a sample of 40. (Resident #76)</p> <p>Finding includes:</p> <p>1. Interview with Resident #76 on 02/25/13 at 1:41 P.M., indicated she had fallen and broke her front tooth. She indicated it had hurt initially and caused her some problems but it was not causing anymore problems and did not hurt.</p> <p>Observation of Resident on 03/01/13 at 9:30 A.M. indicated her natural teeth were fairly discolored brown and</p>	F000411	<p><u>What corrective action will be done by the facility?</u></p> <p>Resident #69 was examined by the facility dentist on 3-7-13 with no further orders at this time.</p> <p><u>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</u></p> <p>All residents have been offered routine dental services from a dentist. Those residents requesting dental services have appointments scheduled with a dentist. Those declining dental</p>	03/29/2013	

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	<p>the front two teeth were notably crooked and thinner in width than the incisor teeth beside them on either side. The resident's bottom natural teeth were noted to also be discolored and did not look "clean." The resident was noted to have her natural teeth in the front of her mouth and partial dentures in the back. It was not able to be determined from a casual observation of the resident's mouth, if the resident had a broken tooth. The resident pointed to her front two teeth when asked which tooth had broken. She indicated she thought the tooth had been broken when she had fallen "about two weeks ago."</p> <p>The clinical record for Resident #76 was reviewed on 02/28/13 at 10:00 A.M. Resident #76 was admitted to the facility on 12/02/10, with diagnoses including, but not limited to osteoporosis, htn (hypertension), s/p (status post) pneumonia, oa (osteoarthritis), hyperlipidemia, dysphagia, stress incontinence, and path fx (fracture) humerus.</p> <p>The admission paper work, dated 12/02/2010, and signed by the resident's power of attorney, indicated the resident did not designate her own dentist.</p>		<p>services have signed the declination form or have given verbal consent..</p> <p><u>What measures will be put into place to ensure this practice does not recur?</u></p> <ol style="list-style-type: none"> 1. Social Services will offer dental services from a dentist on admission and annually at the Care Plan meetings. 2. Oral assessments completed annually by a licensed nurse. Based on the oral assessment, if there is need for dentist services, resident and/or POA will be notified and services will be offered. 3. For routine and emergent dentist services, the facility has contracted with a local dentist who will come to the facility. 4. The MDS nurse will audit the care plan documentation related to dental services to assure these services were offered on admission and annually. The MDS audits will be weekly x 4, bi-monthly x 2, then quarterly. <p>-</p> <p><u>How will corrective action be monitored to ensure the deficient</u></p>		

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	<p>A dental assessment dated 02/28/13, completed by a facility nurse, indicated some teeth present, no complaints of mouth pain, odor, or difficulty eating, teeth/mouth clean - mouth care assisted by staff, no dentist needed, partial upper and lower dentures. The 04/03/12, dental assessment indicated the same oral status as the 02/28/13 assessment.</p> <p>Interview with RN #5, the Unit Manager on 03/01/13 at 9:35 A.M., indicated because the resident was private pay she would only be seen if the family consented to have a dental examination. She indicated the family was reformed of these issues, dental, vision, etc during the care plan meetings.</p> <p>Interview with SSD (Social Service Director), Employee #2, on 03/01/13 at 9:45 A.M., indicated she usually documented on the Care plan meetings minutes if she offered those services to the resident's family. Review of the last couple care plan meeting minute notes indicated they did not contain any documentation of discussing dental services with the resident's family nor any plan to decline dental services.</p>		<p><u>practice does not recur and what QA will be put into place?</u></p> <p>Results of the MDS nurse audits will be reviewed weekly at the Clinical Management Meeting with the Director of Nursing/Director of Quality Management, and quarterly at the QA meeting x 4. At that time will review for continued need for auditing.</p>				

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	<p>In addition, Employee #2, the SSD, indicated on 03/01/13 at 9:45 A.M., there was no facility form for families or residents to sign to document that they were declining dental services on admission. She indicated private pay residents were not routinely assessed by a dentist unless family requested or special needs arose and then family would be contacted. The SSD indicated Resident #76 had not been seen by a dentist since her admission to the facility.</p> <p>Interview with ADON, on 03/04/13 at 9:00 A.M., indicated Social Services had called the family and they indicated approximately 6 months ago they had discussed seeing the dentist with Resident #76 and they decided they were not interested with that at the time.</p> <p>Review of a social service note, dated 03/01/13, indicated Resident #76'S daughter was contacted regarding her mother'[s complaint of a broken tooth. She indicated her mother had "told her about the tooth quite a while ago, but that she hadn't pursued anything....offered our dental services since (Resident #76's name) dentist no longer practices (according to daughter). She agreed to have our dentist examine her mother...."</p>						

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	<p>Nursing notes for the past 3 months were reviewed and there was no documentation of any falls or complaints of a broken tooth from Resident #76. Interview with RN #5, on 03/04/13 at 10:00 A.M., indicated Resident #76 was sometimes confused and had not fallen recently.</p> <p>The Annual MDS assessment, completed on 04/19/12 and the most recent MDS quarterly review, completed on 12/20/12, indicated there were no oral status issues identified.</p> <p>There was no intervention on the care plans to assist the resident with routine dental exams, but there was a plan, dated 10/15/11 on a Self Care Deficit plan for the facility to assist the Resident with dressing and grooming by raising arms. An intervention to the plan included the following: "...10 Ensure that oral/dental care is completed twice daily..."</p> <p>3.1-24(a)(1)</p>				