

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155698	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/16/2012
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NAME OF PROVIDER OR SUPPLIER BETHANY POINTE HEALTH CAMPUS	STREET ADDRESS, CITY, STATE, ZIP CODE 1707 BETHANY RD ANDERSON, IN 46012
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: May 10, 11, 14, 15 and 16, 2012</p> <p>Facility number: 011045 Provider number: 155698 AIM number: 200380790</p> <p>Survey Team: Toni Maley, BSW, TC Tammy Alley, RN Linn Mackey, RN Shelly Reed, RN</p> <p>Census Bed Type: SNF: 30 SNF/NF: 11 Residential: 26 Total: 67</p> <p>Census Payor Type: Medicare: 30 Medicaid: 11 Other: 26 Total: 67</p> <p>Residential Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>	F0000	<p>Preparation or execution of this plan of correction does not constitute admission or agreement of provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because it is required by the position of Federal and State Law. The Plan of Correction is submitted in order to respond to the allegation of noncompliance cited during the annual survey on May 16th, 2012. Please accept this plan of correction as the provider's credible allegation of compliance. The provider respectfully requests a desk review with paper compliance to be considered in establishing that the provider is in substantial compliance.</p>	

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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	Quality review completed on 5/23/2012 by Bev Faulkner,RN			

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F0242 SS=D	<p>483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES</p> <p>The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>Based on record review, observation and interview, the facility failed to ensure resident choices were honored for when to get up in the morning for 2 of 3 residents reviewed for choices of 3 who met the criteria for choices. (Resident # 91 and # 51)</p> <p>Findings include:</p> <p>1. During an interview with Resident # 91 on 5/10/12 at 11:03 a.m., the resident indicated she was gotten up in the morning too early. She indicated she was sometimes up by 5 a.m., and at times was up waiting for breakfast at 4:50 a.m. She indicated she needed assistance getting up because of her stroke.</p> <p>The record for Resident # 91 was reviewed on 5/14/12 at 2:19 p.m.</p> <p>A 3/20/12, quarterly Minimum Data Set assessment (MDS) indicated the resident had a BIMS (Brief Interview</p>	F0242	<p>F 242</p> <p>Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #91 and #51 were re-interviewed regarding their personal preferences, including what time they would like to get up in the morning. Each resident's Preference for Customary Routine and Activities Worksheet was updated, along with the CNA Assignment sheets, to include with changes in each resident's preference.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents and/or family members were re-interviewed regarding their personal preferences, including what time they would like to get up in the morning. Each resident's Preference for Customary Routine and Activities</p>	06/15/2012	

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	<p>of Mental Status) score of 15/15, indicating the resident was not cognitively impaired.</p> <p>A Resident Preference for Customary Routine and Activities Interview Worksheet, dated 2/25/12, indicated the resident preferred to get up at 7 a.m. The worksheet also indicated: "...I usually eat breakfast: ...within 1 hour of rising...."</p> <p>On 5/15/12 at 1:19 p.m., during an interview, the resident indicated she is always up in the morning before 5 a.m., and has to sit for a long time before breakfast. She indicated she had told this to LPN # 6 at least twice and nothing had changed. She indicated she does not want to be woke up prior to 6 a.m.</p> <p>A "Nursing Assistant Worksheet" provided by LPN # 4 on 5/15/12 at 1:24 p.m., indicated an "N" by the resident's name. A notation at the bottom of the form indicated "...N=Night Shift Assignment...." A notation in the comment section of the form beside the resident's name indicated "...wake up 6 a.m...."</p> <p>On 5/16/12 at 5:50 a.m., Resident # 91 was up in her wheelchair in the dining room, fully dressed.</p>		<p>Worksheet was updated, along with the CNA Assignment sheets, to include with changes in each resident's preference.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Interdisciplinary Care Plan Team on the campus standard for the completion of the Resident Preference for Customary Routine and Activities Routine Worksheet and the expectation of re-interviewing each resident regarding their personal preference, including what time they would like to get up each morning. These interviews are to be complete during the Resident First Meetings, held at a minimum of quarterly. Each resident's Preference for Customary Routine and Activities Worksheet will be updated, along with the CNA Assignment sheets, to include with changes in each resident's preference.</p> <p>DHS or designee will re-educate the nursing staff on the campus standard of understanding the needs, preferences and interests of the residents and practicing their usual and customary routines through the use of each resident's Preference for Customary Routine form and on the CNA assignment sheets. It is the expectation that the</p>				

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	<p>On 5/16/12 at 6:00 a.m., during interview, CNA # 5 indicated she had gotten the resident up at 5 a.m., and the resident had also had a shower this a.m. When queried regarding the assignment sheet indicating the resident was to be woke up at 6 a.m., the CNA indicated it was easier to get Resident # 91 up early. She indicated the resident had in the past requested not to get up so early, but at times she wants up early so she has remained on the night shift get up assignment.</p> <p>Resident # 91 remained in the dining room until she was served breakfast at 7:45 a.m.</p> <p>2. During an interview with Resident # 51 on 5/11/12 at 8:45 a.m., the resident indicated that she does not</p>		<p>preferences listed or voiced by the resident will be honored. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and observations will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Audit 5 resident Preference for Customary Routine and Activities Worksheet to ensure updated with resident and/or family members on a minimum of a quarterly basis during the resident first conference meetings. Audit 5 residents Preference for Customary Routine and Activities Worksheet and the current CNA assignment sheet in use to ensure the preference times and requests match. Observe and interview 5 residents per week to ensure their personal preference for customary routine and choices are being honored.</p> <p>The results of the audit / observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter, for further recommendations.</p>				

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	<p>get to choose when to get up; the facility gets her up early for breakfast. Resident # 51 indicated this was not acceptable.</p> <p>During an observation on 5/11/12 at 8:45 a.m., Resident # 51 was sitting in a wheelchair and dressed in daytime clothes.</p> <p>Resident # 51's record was reviewed on 5/14/12 at 3:30 p.m.</p> <p>Resident # 51's current diagnoses included, but were not limited to generalized weakness, congestive heart failure, diabetes type 2, history of cerebellar stroke, sleep apnea and chronic pain.</p> <p>Review of a MDS (Minimum Data Set), dated 4/10/12, indicated the resident was cognitively intact.</p> <p>Review of a form titled Resident Preference for Customary Routine and Activities Interview Worksheet, indicated Resident # 51 normally wakes up at 9:00 a.m.</p> <p>Review of the CNA assignment sheet indicated a wake up time of 9:00 a.m. for Resident # 51.</p> <p>During an interview on 5/15/12 at 9:00 a.m., the Unit Manager indicated</p>			

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	<p>Resident # 51 preferred wake up time was 9:00 a.m.</p> <p>3.1-3(u)(1)</p>			
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F0411 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.</p> <p>Based on observation, record review and interview, the facility failed to provide routine dental visits for 1 of 2 residents reviewed for dental of the 2 who met the criteria for dental. (Resident #88)</p> <p>Findings include:</p> <p>1. During an interview on 5/11/12 at 1:45 p.m., Resident #88 and his wife indicated he had been having some tooth pain and has also been biting the inside of his cheek while eating. His wife indicated that he had seen a dentist in the facility but nothing was done about his teeth since the initial visit.</p> <p>During record review on 5/14/12 at</p>	F0411	<p>F 411 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #88 dental appointment scheduled for 5/31/12. Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: An oral assessment per a licensed nurse will be conducted on all residents to ensure there are no oral health concerns that need to emergency care or prompt referral. All residents' medical records will be reviewed to compile a list of the last completed dental appointment for each resident. Any resident who is has not had a routine annual inspection by a dentist in the last year, an appointment will be</p>	06/15/2012			

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	<p>12:54 p.m., Resident #88's record indicated he was seen by the dentist on 5/20/10 for a yearly exam. Resident #88 also had a gradual decline in weight since January 2012.</p> <p>During an interview on 5/14/12 at 1:10 p.m., Social Service Director # 2 indicated Resident #88 signed the consent on 5/20/10 to see the facility's contracted dentist. Social Service Director #2 could not recall if the resident had been seen since the initial visit. Social Service Director #2 contacted the dental office to request the most recent records be faxed to the facility but the resident had not been seen other than the initial visit on 5/20/10 for a yearly exam. Social service director #2 indicated he would put Resident #88 on the list to seen the dentist at the next scheduled visit but was unaware the resident needed to be seen by the dentist.</p> <p>During an observation on 5/15/12 at 1:00 p.m., Resident #88 was seated in the 600 hall dining room with his wife. The resident was observed to have severe crowding in his lower teeth and several missing upper teeth.</p> <p>During a second interview on 5/15/12 at 1:15 p.m., Resident #88 and his</p>		<p>scheduled. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the nursing staff on the following: The campus guidelines for Clinical Documentation Systems of Skilled, Admission and Monthly Nursing Assessment Data Collection. The expectation that oral inspection will be observed during oral care and an oral assessment will completed by a licensed nurse on admission and with each monthly assessment or skilled assessment to ensure there are no oral health concerns that need to be addressed. Any oral health concerns noted will be reported to the MD and the resident's dentist will be contacted to arrange an appointment. Any reports of oral health concerns by a resident or family member is to be promptly reported to the MD and residents dentist to schedule an appointment DHS or designee will re-educate the Social Service Director or designee regarding recording keeping of each resident's last dental appointment to ensure a process is in place to schedule and provide routine, timely dental visits for all residents. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and observations</p>		

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	wife again indicated he had been having some dental problems and it was affecting his ability to chew food. Resident #88's wife indicated she had mentioned it on several occasions to staff, including LPN #6, but he has not yet been seen by the dentist. His wife could not recall the date she mentioned her husband's teeth problems, but she would like something done soon. LPN #6 was unavailable for an interview during the survey. 3.1-24(a)(1)		will be conducted by the DHS or licensed designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Complete an oral assessment and / or interview on 5 residents to ensure there are no oral health concerns that need emergency care or prompt referral. Complete an audit on 5 residents' admission/monthly/skilled assessment to ensure the oral assessment section has been completed and is accurate. Complete an audit of the recording keeping of each resident's last dental appointment to ensure no resident is out of compliance with their routine annual dental visits. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.		

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F0431 SS=D	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on record review, observation and interview, the facility failed to ensure medications requiring an open date were dated when opened for 3 of</p>	F0431	<p>F 431</p> <p>Corrective actions accomplished for those residents found to be affected</p>	06/15/2012	

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	<p>9 resident eye drop medications. (Resident # 58, # 170 and # 99)</p> <p>Findings include:</p> <p>During observation of the 100 hall east medication cart with LPN # 1 on 5/14/12 at 1:30 p.m., Resident # 58 had 2 bottles of Latanoprost ophthalmic solution opened without an open date. Both bottles had labels from the admitting hospital. Resident # 170 had 2 bottles of Latanoprost ophthalmic solution opened with no open dates. Resident # 99 had a bottle of artificial tears opened without an open date. At that time,during interview, LPN # 1 indicated the medications from the hospital should not be in use and indicated eye drops should be dated when opened.</p> <p>A policy titled "Specific Medication Administration Procedures" was provided by the Director of Nursing on 5/15/12 at 2:45 p.m., and deemed as current. The policy indicated: "...When opening a multi-dose container, place the date on the container...."</p> <p>3.1-25(j)</p>		<p>by the alleged deficient practice: The medications that were not labeled with an open date for resident #58, #170 and #99 were destroyed and new medications were ordered.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: An audit was conducted of all multi-dose medications on all medication carts. Any multi-dose medication that was not labeled with an open date for any resident, the medication was destroyed and new medications were ordered.</p> <p>Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the licensed nursing staff on the following: The campus guideline for Specific Medication Administration Procedures, with specific notation to letter H of the guideline that states when opening a multi-dose container, the date is it be placed on the container.How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and /or observations will be conducted by the DHS or designee 2 times per</p>				

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			<p>week times 4 weeks, then monthly times 5 months to ensure compliance: DHS or designee will complete an audit of all multi dose medications, on all carts to ensure that opened multi-dose containters have a date of opening listed.</p> <p>The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation.</p>		

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F0520 SS=D	<p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>Based on interview, the facility failed to identify and implement a plan of action related to dental services and resident rights and choices. This deficient practice directly impacted 2 of 3 residents reviewed for choices (Residents #91, #51) and 1 of 2 residents reviewed for dental services (Resident #88).</p> <p>Findings include:</p>	F0520	F 520 Corrective actions accomplished for those residents found to be affected by the alleged deficient practice: Resident #91 and #51 were re-interviewed regarding their personal preferences, including what time they would like to get up in the morning. Each resident's Preference for Customary Routine and Activities Worksheet was updated, along with the CNA Assignment sheets, to include with changes in each resident's preference. Resident	06/15/2012

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NAME OF PROVIDER OR SUPPLIER BETHANY POINTE HEALTH CAMPUS			STREET ADDRESS, CITY, STATE, ZIP CODE 1707 BETHANY RD ANDERSON, IN 46012		
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	<p>1.) During a 5/16/12, 8:36 a.m., interview, the Administrator and the Director of Nursing indicated they had no knowledge on concerns regarding residents choosing their times to get up prior to the annual survey. Both indicated they were unaware Residents #91 and #51 felt their time to awaken preference was not being honored.</p> <p>2.) On 5/15/12 at 1:19 p.m., during an interview, Resident #91 indicated she is always up in the morning before 5 a.m., and has to sit for a long time before breakfast. She indicated she had told this to LPN # 6 at least twice and nothing had changed. She indicated she does not want to be woke up prior to 6 a.m.</p> <p>A "Nursing Assistant Worksheet" provided by LPN # 4 on 5/15/12 at 1:24 p.m., indicated a notation in the comment section of the form beside the resident's name indicated "...wake up 6 a.m...."</p> <p>On 5/16/12 at 5:50 a.m., Resident # 91 was up in her wheelchair in the dining room, fully dressed.</p> <p>On 5/16/12 at 6:00 a.m., during</p>		<p>#88 dental appointment scheduled for 5/31/12.</p> <p>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions taken: All residents and/or family members were re-interviewed regarding their personal preferences, including what time they would like to get up in the morning. Each resident's Preference for Customary Routine and Activities Worksheet was updated, along with the CNA Assignment sheets, to include with changes in each resident's preference. An oral assessment per a licensed nurse will be conducted on all residents to ensure there are no oral health concerns that need to emergency care or prompt referral. All residents' medical records will be reviewed to compile a list of the last completed dental appointment for each resident. Any resident who is has not had a routine annual inspection by a dentist in the last year, an appointment will be scheduled. This list will be updated with each new appointment. Measures put in place and systemic changes made to ensure the alleged deficient practice does not recur: DHS or designee will re-educate the Interdisciplinary Care Plan Team on the campus standard for the completion of the Resident Preference for Customary Routine and Activities</p>		

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	<p>interview, CNA # 5 indicated she had gotten the resident up at 5 a.m., and the resident had also had a shower this a.m. When queried regarding the assignment sheet indicating the resident was to be woke up at 6 a.m., the CNA indicated it was easier to get Resident # 91 up early. She indicated the resident had in the past requested not to get up so early, but at times she wants up early so she has remained on the night shift get up assignment.</p> <p>3.) During an interview with Resident # 51 on 5/11/12 at 8:45 a.m., the resident indicated that she does not get to choose when to get up; the facility gets her up early for breakfast. Resident # 51 indicated this was not acceptable.</p> <p>During an observation on 5/11/12 at 8:45 a.m., Resident # 51 was sitting in a wheelchair and dressed in daytime clothes.</p> <p>4.) During a 5/16/12, 8:36 a.m., interview, the Administrator and the Director of Nursing indicated they were unaware of any concerns regarding the provision of dental services prior to the annual survey. Both indicated the were unaware Resident #88's family felt the resident</p>		<p>Routine Worksheet and the expectation of re-interviewing each resident regarding their personal preference, including what time they would like to get up each morning. These interviews are to be complete during the Resident First Meetings, held at a minimum of quarterly. Each resident's Preference for Customary Routine and Activities Worksheet will be updated, along with the CNA Assignment sheets, to include with changes in each resident's preference. DHS or designee will re-educate the nursing staff on the campus standard of understanding the needs, preferences and interests of the residents and practicing their usual and customary routines through the use of each resident's Preference for Customary Routine form and on the CNA assignment sheets. It is the expectation that the preferences listed or voiced by the resident will be honored. DHS or designee will re-educate the nursing staff on the following: The campus gudielines for Clinical Documentation Systems of Skilled, Admission and Monthly Nursing Assessment Data Collection. The expectation that oral inspection will be observed during oral care and an oral assessment will completed by a licensed nurse on admission and with each monthly or skilled assessment to ensure there are</p>				

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	<p>had unmet dental needs.</p> <p>5.) During an interview on 5/11/12 at 1:45 p.m., Resident #88 and his wife indicated he had been having some tooth pain and has also been biting the inside of his cheek while eating. His wife indicated that he had seen a dentist in the facility but nothing was done about his teeth since the initial visit.</p> <p>During record review on 5/14/12 at 12:54 p.m., Resident #88's record indicated he was seen by the dentist on 5/20/10 for a yearly exam.</p> <p>During an interview on 5/14/12 at 1:10 p.m., Social Service Director # 2 indicated Resident #88 signed the consent on 5/20/10 to see the facility's contracted dentist. Social Service Director #2 could not recall if the resident had been seen since the initial visit. Social Service Director #2 contacted the dental office to request the most recent records be faxed to the facility, but the resident had not been seen other than the initial visit on 5/20/10 for a yearly exam. Social service director #2 indicated he would put Resident #88 on the list to seen the dentist at the next scheduled visit, but was unaware the resident needed to be seen by the dentist.</p>		<p>no oral health concerns that need to be addressed. Any oral health concerns noted will be reported to the MD and the resident's dentist will be contacted to arrange an appointment. Any reports of oral health concerns by a resident or family member is to be promptly reported to the MD and residents dentist to schedule an appointment DHS or designee will re-educate the Social Service Director or designee regarding recording keeping of each resident's last dental appointment to ensure a process is in place to schedule and provide routine, timely dental visits for all residents. The list will be updated with each new dental appointment. The ED or deisignee will re-educate the campus leadership team members on the Guideline for the Quality Assessment and Assurance Process. How the corrective measures will be monitored to ensure the alleged deficient practice does not recur: The following audits and observations will be conducted by the DHS or designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Audit 5 resident Preference for Customary Routine and Activities Worksheet to ensure updated with resident and/or family members on a minimum of a quarterly basis during the resident first conference meetings. Audit</p>		

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	<p>During an observation on 5/15/12 at 1:00 p.m., Resident #88 was seated in the 600 hall dining room with his wife. Resident was observed to have severe crowding in his lower teeth and several missing upper teeth.</p> <p>6.) During a 5/16/12, 8:36 a.m., interview, the Administrator and the Director of Nursing indicated they would review the QAA records and determine if they committee had a system for reviewing provision of dental services and resident rights related to choices.</p> <p>During a 5/16/12, 9:15 a.m., interview, the Director of Nursing indicated the QAA committee or a subcommittee had not reviewed the provision of dental services or resident rights regarding choices. She indicated at this time there was no system in place to identify concerns regarding resident rights and choices or provision of dental services.</p> <p>3.1-52(b)(2)</p>		<p>5 residents Preference for Customary Routine and Activities Worksheet and the current CNA assignment sheet in use to ensure the preference times and requests match. Observe and interview 5 residents per week to ensure their personal preference for customary routine and choices are being honored. The following audits and observations will be conducted by the DHS or licensed designee 2 times per week times 4 weeks, then monthly times 5 months to ensure compliance: Complete an oral assessment and / or interview on 5 residents to ensure there are no oral health concerns that need emergency care or prompt referral. Complete an audit on 5 residents' admission/monthly or skilled assessment to ensure the oral assessment section has been completed and is accurate. Complete an audit of the recording keeping of each resident's last dental appointment to ensure no resident is out of compliance with their routine annual dental visits. The ED or designee will complete an audit of the content presented at the monthly QA&A meeting montly times 6 months to ensure that designated campus leaders have collected and analyzed data from the above stated audits, observations, interviews and concerns identified and present the reults to the committee. Will ensure the committee further</p>		

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			identifies the root cause or causal factors of the data results and develop a plan of action to address the concern. Through the plan of action, teh outcomes will be monitored and addressed at each montly meeting. Revisions will be made to the plan, through the committee if achieveing or sustaining the desired outcomes have not been met. The results of the audit observations will be reported, reviewed and trended for compliance thru the campus Quality Assurance Committee for a minimum of 6 months then randomly thereafter for further recommendation. In addition, the campus will collect and analyze data from multiple sources when identifying a resident rights /self determination of right to make choices / resident services concerns. These sources include, but are not limited to, the routine review, interview with resident and / or update of the following: resident Preference for Customary Routine and Activities, CNA assignment sheets listing the residents personal preferences and customary routines, admission and monthly assessment for oral health status and any dental needs, documentation of each residents' last dental appointment, resident concern forms, routine interdisciplinary interviews that are conducted by various leadership team members such	

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			as nursing, administration, activities and social service. Any concerns will be brought forth through the campus daily morning and clinical meetings, weekly clinically at risk meeting, if applicable, and finally through the monthly quality assessment and assurance (QA&A) committee meeting. Once a concern as stated above has been identified, the QA&A Committee will identify the root cause or causal factors of the concern and then develop a plan of action to address the concern. The plan of action may include re-education, additional audits/observations or revision of current guidelines/protocols/standards. Through the plan of action, the outcomes will be monitored and presented at the monthly QA&A committee meeting. Any revisions needed to the plan of action, due to not achieving or sustaining the desired outcomes, will be made at that time, as recommended by the committee.	